



# Blue Shield TotalDual Plan (HMO D-SNP)

2024 年服務提供者目錄

縣：San Diego

H2819\_23\_380B\_CT\_C 07172023

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



# Blue Shield TotalDual Plan | 2024 年提供者名錄

## 簡介

此提供者名錄包含 Blue Shield TotalDual Plan 提供者類型的相關資訊，以及截至名錄日期的所有計劃提供者清單。清單包含地址、聯絡資訊及其他詳細資訊，例如營業日期和時間、專科和技能。關鍵術語及其定義按字母順序在《承保範圍說明書》最後一章中列示。

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†同時註冊了Medi-Cal的DSNP提供者

如有問題，請致電 Blue Shield TotalDual Plan，電話：1-800-452-4413 (TTY: 711)，服務時間：每週七天，每天早上 8 點至晚上 8 點。此為免費電話。如欲瞭解更多資訊，請造訪 [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare)





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## A. 免責聲明

- ❖ 本名錄列出了醫療保健專業人員（如醫生、執業護士和心理學家）和機構（如醫院或診所）。本名錄也列出您作為 Blue Shield TotalDual Plan 會員可使用的長期服務與支援 (LTSS) 提供者（例如成人日間護理和家庭健康提供者）。我們亦列出了您可用於獲取處方藥的藥房。
- ❖ 於本名錄中，這些群體被稱為「網絡內提供者」。該等提供者與我們簽訂了合約以向您提供服務。這是 Blue Shield TotalDual Plan 面向 San Diego 縣提供服務的網絡內提供者清單。
- ❖ 您可免費索取本文件的其他格式，例如：大字版、盲文版或音訊版。請致電 1-800-452-4413 (TTY: 711)，服務時間：每週七天，每天早上 8 點至晚上 8 點。此為免費電話。
- ❖ 我們提供免費口譯服務，回答您有關我們的健康或藥物計劃的任何問題。如須請求口譯員協助，只需致電 1-800-452-4413。會說英語、西班牙語、阿拉伯語、波斯語、亞美尼亞語、高棉語、韓語、俄語、他加祿語或越南語的人員可以為您提供幫助。這是一項免費服務。您可提出標準申請，以於現在或未來獲得英語之外的其他語言或其他格式的文件。如欲提出申請，請聯絡 Blue Shield TotalDual Plan 客戶關懷部，其將記錄您的偏好語言和格式，以供未來進行溝通。如欲更新偏好，請聯絡 Blue Shield TotalDual Plan。
- ❖ 此清單為截至 04/02/2024 日的最新版本，但您需知悉：
  - 此名錄出版後，Blue Shield TotalDual Plan 的某些網絡內提供者可能已納入或移出我們的網絡。
  - Blue Shield TotalDual Plan 的某些網絡內提供者可能不再接受新會員。如果您在尋找接受新會員的提供者時遇到困難，請致電客戶關懷部，電話：1-800-452-4413 (TTY: 711)，我們將為您提供幫助。
  - 如欲獲取有關所在區域 Blue Shield TotalDual Plan 網絡內提供者的最新資訊，請造訪 [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare)，或致電客戶關懷部，電話：1-800-452-4413 (TTY: 711)，服務時間：每週七天，每天早上 8 點至晚上 8 點。此為免費電話。

Blue Shield TotalDual Plan 網絡中的醫生和其他醫療保健專業人員列於第 13-2436 頁。

您可使用目錄背面的索引來查找列明服務提供者或藥房的頁面。

## B. Blue Shield TotalDual Plan 網絡內服務提供者背景資訊

### B1. 關鍵術語

本節就目錄中的關鍵術語作出說明。

- **服務提供者**指專業人員，例如醫生、護士、藥劑師、治療師及其他提供護理及服務的人士。**服務**包括醫療護理、長期服務與支援 (LTSS)、用品、處方藥、設備及其他服務。
  - 術語提供者包括醫院、診所以及其他提供醫療服務和醫療設備的場所。其中也包括 Blue Shield TotalDual Plan 會員可使用的 LTSS 提供者。
  - 屬於我們計劃網絡一部分的提供者被稱為網絡提供者。
- **網絡內提供者**已與我們簽約，以向本計劃的會員提供服務。網絡內提供者參與我們的計劃。這意味著他們接受本計劃的會員，並且提供本計劃承保的服務。當您在網絡內提供者處看診時，您通常無須為承保服務付費。
- **主治醫師 (PCP)** 指為您提供常規醫療保健的內科醫生、家庭醫生、全科醫生或專科醫生。PCP 將保存您的醫療紀錄，而長此以往其將瞭解您的健康需求。倘若您需要看專科醫生或其他提供者，您的 PCP 亦將為您安排轉介。
- **專科醫生**指為單種疾病或身體某部位提供醫療保健服務的醫生。專科醫生分為多種類別。此為幾個示例：
  - 腫瘤科醫生，負責治療癌症患者。
  - 心臟科醫生，負責治療心臟有問題的患者。
  - 骨科醫生，負責治療骨頭、關節或肌肉有某些問題的患者。
- **醫療團體或獨立醫師協會 (IPA, Independent Physician Association)** 是根據加州法律成立的組織，該組織與健康計劃簽約，以為健康計劃參保人提供或安排提供醫療保健服務。請查閱第 B3 節，以瞭解其他資訊。
- 您可能需要一個轉介或者事先的授權去看專家或非您的 PCP 的人。轉介指您的網絡 PCP 必須先獲得您的批准，然後您才能使用其他服務提供者。**事先授權**與轉介不同。其指的是 Blue Shield TotalDual Plan (非您的網絡內 PCP) 必須先予以批准，然後我們才會承保特定服務、用品、藥物或網絡外服務提供者。如果您未獲得轉介或者事先授權，Blue Shield TotalDual Plan 可能不會承保該服務、用品或藥物。
  - 下述各項無需轉介或事先授權：
    - 急診護理；
    - 急需護理；
    - 當您不在計劃的服務區域時，您在 Medicare 認證的透析機構獲得的腎透析服務；
    - 婦女健康專家的服務；或

†同時註冊了Medi-Cal的DSNP提供者

如有問題，請致電 Blue Shield TotalDual Plan，電話：1-800-452-4413 (TTY: 711)，服務時間：每週七天，每天早上 8 點至晚上 8 點。此為免費電話。如欲瞭解更多資訊，請造訪 [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare)



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– Medicare 承保的所有預防性服務，包括篩檢和疫苗。

- 此外，如果您符合資格獲得印第安健康提供者提供的服務，您可在此等提供者處就診，無需轉介。我們須為該等服務向印第安健康提供者付款，即便其不在我們計劃的網絡內。
- 更多關於轉介和事先授權的資訊可查閱《承保範圍說明書》第 3 章。
- 您也將被指派一個**護理團隊**。護理團隊從您與 PCP 的關係開始，為您提供服務。根據您護理計劃中所述的需求等級，護理團隊可能包括照護者、護理指導員、專科醫生和其他人員。護理團隊中的每位成員將通力合作，確保您的護理得到妥善協調。這表示他們確保您接受所需的所有測試、化驗及其他護理，並與相關提供者共享結果。這也表示您的 PCP 應知道您使用的所有藥物，以便幫助您減少任何副作用。在與其他提供者分享您的醫療資訊之前，PCP 始終會先徵求您的同意。護理團隊成員可能包括：
  - **護理指導員**，可幫助您管理您的醫療提供者及服務。
  - **您的主治醫師**

如果您需要專科醫生或其他醫療保健提供者，護理團隊也將幫助您尋找提供醫療、行為健康或長期服務與支援 (LTSS) 的其他提供者。那樣您將獲得適合的提供者，以幫助解決您的問題。

## B2. 初級保健和行為健康的等待時間

我們必須在以下時間範圍內為您提供初級保健和行為健康服務：

- 立即提供緊急服務或緊急情況；
- 7 天內，適用於非緊急或緊急需要、但您需要醫療護理的服務；
- 30 天內，適用於常規或預防性護理。

## B3. 如何選擇主治醫師 (PCP)

首先，您需要選擇一位主治醫生 (PCP)。您也可讓專科醫生擔任您的 PCP。如果專科醫生同意提供一般由 PCP 提供的所有服務，則您可以選擇專科醫生擔任您的 PCP。如需讓您的專科醫生擔任您的 PCP，請聯絡 Blue Shield TotalDual Plan 客戶關懷部。您可選擇接受新會員的任何網絡內 PCP。

我們計劃的 PCP 隸屬於醫療團體。當您選擇 PCP 時，您也選擇了其所屬的醫療團體。這意味著，您的 PCP 會將您轉介至同樣隸屬於其醫療團體的專科醫生和服務提供者。

- 如果您想使用特定的專科醫生或醫院，請務必瞭解他們是否屬於您的 PCP 所在的醫療團體。請在本目錄中查找或詢問 Blue Shield TotalDual Plan 客戶關懷部，以便確定您想選擇的 PCP 是否可將您轉介至該專科醫生處或使用該醫院。
- 如果您離開 PCP 所在的醫療團體，Blue Shield TotalDual Plan 可能不會承保該服務。

若要選擇 PCP，請參閱第 13-2436 頁上的醫生列表並選擇一位醫生：

- 您目前使用的醫生，或
- 您信任的人士推薦的醫生，或

- 您方便前往其診室的醫生。
- 如果您未在網絡內選擇一個 PCP，Blue Shield TotalDual Plan 將會為您做出選擇。
- 如果您想幫助更換 PCP，請致電客戶關懷部，電話：1-800-452-4413 (TTY: 711)，服務時間：每週七天，每天上午 8 點至晚上 8 點。此為免費電話。或者造訪 [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare)
- 如果您對我們是否承保您想要或需要的任何服務或護理有任何疑問，與您的護理團隊探討或致電客戶關懷部，電話：1-800-452-4413 (TTY: 711) 並在接受該服務或護理之前來電諮詢。

#### B4. 長期服務與支援 (LTSS) 服務提供者

作為 Blue Shield TotalDual Plan 的會員，如有需求，您將能獲得長期服務與支援 (LTSS)，例如社區成人日間服務 (CBAS)，該服務在社區中心提供護理服務、身體、職業和言語治療、治療活動和膳食。此外，居家援助服務 (IHSS) 指為沒有護理援助就無法安全居家的人士提供的居家護理。LTSS 旨在幫助在沐浴、穿衣、烹飪和用藥等日常活動中需要協助的人士。其中大部分服務是在您的家中或社區中提供，但也可以在療養院或醫院提供。

如果您需要 LTSS，您的護理指導員或 MSSP 可幫助您與您的護理團隊確定哪些選項可以您想要的方式提供支援。

#### B5. 如何從 Blue Shield TotalDual Plan 網絡內提供者處獲取服務

您必須從屬於您 PCP 所在醫療團體的網絡內提供者處獲取所有承保服務。如果您就診的服務提供者不屬於 Blue Shield TotalDual Plan 網絡，並且不屬於您 PCP 所在醫療團體（沒有取得事先授權），則需您自己支付賬單。

**事先授權**是指 Blue Shield TotalDual Plan 事先批准接受網絡外服務或者我們的網絡通常不承保的服務，然後您才能接受該等服務。

本規定之唯一例外情況包括：當您需要緊急或急診護理或透析服務，但無法獲得計劃內提供者服務的情況，例如同身處外地的時候。如果 Blue Shield TotalDual Plan 事先已授予許可，您也可前往不屬於計劃或您 PCP 醫療團體的提供者處獲取非急診服務。

- 您可於全年任何時候在網絡內更換提供者。如您已在使用一位網絡內提供者，您無需繼續同位提供者。對於某些提供者，您可能需要 PCP 的轉介。如果我們在當月 20 號之前收到您的申請，PCP 更換將於次月首日開始生效。若要更換您的 PCP，請致電客戶關懷部。在您致電時，請務必告知客戶關懷部您是否就在診專科醫生，或是否在接受其他需要 PCP 批准的承保服務（例如：居家健康服務和耐用醫療設備）。當您更換 PCP 時，客戶關懷部將會協助確保您可繼續獲得專科醫生的護理或其他服務。客戶關懷部還會確定您想要指定的 PCP 是否接受新患者。客戶關懷部會將新 PCP 的姓名更新到您的會員記錄中，並告知您新 PCP 更換的生效日期。客戶關懷部還將給您郵寄一張新會員卡，註明新 PCP 的姓名與電話號碼。
- 請記住，我們計劃的 PCP 隸屬於醫療團體。如果您更換 PCP，可能也變更了醫療團體。在您申請更換時，請務必告知客戶關懷部您是否在向專科醫生求診，或是否在接受其他需要 PCP 批准的承保服務。當您更換 PCP 時，客戶關懷部將會協助確保您可繼續獲得專科醫生的護理或其他服務。

†同時註冊了 Medi-Cal 的 DSNP 提供者

如有問題，請致電 Blue Shield TotalDual Plan，電話：1-800-452-4413 (TTY: 711)，服務時間：每週七天，每天早上 8 點至晚上 8 點。此為免費電話。如欲瞭解更多資訊，請造訪 [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare)



- Blue Shield TotalDual Plan 會與網絡內所有提供者合作，幫助滿足殘障人士的各種需求。本目錄所載網絡內提供者清單包含其所提供的便利設施的資訊（如適用）。
- 若您需要前去某個提供者處就診，但不確定他們能否提供您所需的便利設施，Blue Shield TotalDual Plan 可以幫助您。請諮詢您的護理指導員，以獲取協助。

### C. Blue Shield TotalDual Plan 網絡內提供者清單

目錄的這一部分包括了 Blue Shield TotalDual Plan 的網絡內提供者，這些網絡內提供者同時參與並接受 Blue Shield TotalDual Plan。其中包含：

- **醫療保健專業人員**，包括主治醫生、專科醫生、行為健康服務提供者、牙科服務提供者、視力服務提供者；
- **機構**，包括醫院、護理機構、行為健康機構；及
- **支援提供者**，包括長期服務與支援 (LTSS) (例如成人日間健康) 和社區支援服務 (例如同儕支援)。

Medi-Cal 牙科管理式護理提供者列在牙科管理護理計劃的網站上。目前，牙科管理式護理計劃名稱為：Liberty Dental Plan、Access Dental Plan 和 Health Net of California。可以根據服務提供者名稱、地址、城市、郵遞區號、專業或所使用的語言進行搜尋。有關當前計劃的資訊，您還可以撥打 1-800-430-4263 (TTY 用戶請撥打 1-800-430-7077) 聯絡 Health Care Options 尋求幫助，週一至週五上午 8 點至下午 6 點。

Medi-Cal 牙科收費服務提供者列於 Smile, California 網站的《提供者目錄》中：

[www.dental.dhcs.ca.gov/find-a-dentist/home](http://www.dental.dhcs.ca.gov/find-a-dentist/home)。可以根據地址、城市、郵遞區號、專業或所使用的語言進行搜尋。除了《提供者目錄》可以搜尋已登記的牙科服務提供者外，Smile, California 同時提供一份按縣列出的已登記註冊牙科衛生師名單。

San Mateo 的牙科服務由 Health Plan of San Mateo (HPSM) 承保。這份《提供者目錄》已列入計劃的網站。可以根據服務提供者名稱或郵遞區號進行搜尋。

提供者將按其姓氏的字母順序排列。在目錄末尾的索引處，您還可找到提供者名稱及其他聯絡資訊的所在頁面。在索引中，提供者按其姓氏的字母順序排列。除聯絡資訊外，提供者清單還包含專科與技能資訊，例如所說的語言或文化能力培訓的完成情況。

文化能力培訓是針對醫療保健提供者的額外指導，能幫助他們更深入地瞭解您的文化背景、價值觀和信仰，以便調整服務，適應您的社會、文化和語言需求。

Blue Shield TotalDual Plan 整體網絡組成如下：

PCP 總數: 2613

專科醫生總數: 2959

醫院總數: 19

針灸和脊椎按摩師總數：服務提供者: No Data

牙科服務提供者總數: No Data

居家健康服務提供者總數: 1

精神健康服務提供者總數: 399

視力服務提供者總數: 429

長期服務與支援提供者總數: No Data

精神健康機構總數: No Data

專業護理機構總數: 81

其他服務提供者: 1

## C1. 網絡內提供者清單 附屬醫院

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### **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** <sup>Ⓞ</sup>

Effective as of 01-JAN-20

 1117 E DEVONSHIRE AVE  
HEMET, CA 92543

Birthing Friendly: Y

### **HOAG HOSPITAL IRVINE** <sup>Ⓞ</sup>

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** <sup>Ⓞ</sup>

Effective as of 01-JAN-20

 28400 MCCALL BLVD  
SUN CITY, CA 92585

### **MISSION HOSPITAL LAGUNA BEACH** <sup>Ⓞ</sup>

Effective as of 01-JAN-10

 31872 COAST HWY  
LAGUNA BEACH, CA 92651

### **PALOMAR HEALTH** <sup>Ⓞ</sup>

Effective as of 01-JAN-12

 15615 POMERADO RD  
POWAY, CA 92064

Birthing Friendly: Y

### **PALOMAR MEDICAL CENTER** <sup>Ⓞ</sup>

Effective as of 01-JAN-12

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

### **PARADISE VALLEY HOSPITAL** <sup>Ⓞ</sup>

Effective as of 01-AUG-12

 2400 E 4TH ST  
NATIONAL CITY, CA 91950

### **PROVIDENCE MISSION HOSPITAL** <sup>Ⓞ</sup>

Effective as of 01-JAN-10

 27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691

Birthing Friendly: Y

### **SADDLEBACK MEMORIAL MED CTR** <sup>Ⓞ</sup>

Effective as of 01-JAN-12

 24451 HEALTH CENTER DR  
LAGUNA HILLS, CA 92653

Birthing Friendly: Y

### **SCRIPPS GREEN HOSPITAL** <sup>Ⓞ</sup>

Effective as of 01-JAN-12

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

### **SCRIPPS MEMORIAL HOSPITAL** <sup>Ⓞ</sup>

Effective as of 01-JAN-12

 9888 GENESEE AVE  
LA JOLLA, CA 92037

Birthing Friendly: Y

### **SCRIPPS MEMORIAL HOSPITAL ENCINITAS** <sup>Ⓞ</sup>

Effective as of 01-JAN-12

 354 SANTA FE DR  
ENCINITAS, CA 92024

Birthing Friendly: Y

### **SCRIPPS MERCY HOSPITAL** <sup>Ⓞ</sup>

Effective as of 01-JAN-12

 4077 5TH AVE  
SAN DIEGO, CA 92103

Birthing Friendly: Y

### **SCRIPPS MERCY HOSPITAL CHULA VISTA** <sup>Ⓞ</sup>

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. 網絡內提供者清單 附屬醫院

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### **UCSD LA JOLLA JOHN SALLY THORNTON** <sup>Ⓢ</sup>

Effective as of 01-OCT-14

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

### **UCSD MEDICAL CTR** <sup>Ⓢ</sup>

Effective as of 01-OCT-14

 200 W ARBOR DR  
SAN DIEGO, CA 92103

Birthing Friendly: Y






## C1. 網絡內提供者清單




### 緊急護理中心

本計劃承保網絡內與網絡為的急需服務。如欲網絡內緊急照護中心的最新清單，請聯絡您的醫療團體。




#### ACCELERATED URGENT CARE

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




#### ACCELERATED URGENT CARE

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

#### ACCELERATED URGENT CARE

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




#### ACCELERATED URGENT CARE

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

#### ANAHEIM URGENT CARE INC



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

#### BAHIA FAMILY MEDICAL GROUP INC




 584 E ST  
CHULA VISTA, CA 91910  
 (619) 420-1378  
 M-F 8:00AM-5:30PM

#### CONCENTRA URGENT CARE




 5810 EL CAMINO REAL STE

A  
CARLSBAD, CA 92008  
 (866) 944-6046  
 M-F 7:00AM-6:00PM




#### CONCENTRA URGENT CARE

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




#### CONCENTRA URGENT CARE

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




#### CONCENTRA URGENT CARE

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




#### CONCENTRA URGENT CARE

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




#### CONCENTRA URGENT CARE

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




#### CONCENTRA URGENT CARE

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




#### CONCENTRA URGENT CARE

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




#### CONCENTRA URGENT CARE

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

#### CONCENTRA URGENT CARE

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




#### CONCENTRA URGENT CARE

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

#### CONCENTRA URGENT CARE

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

#### CONCENTRA URGENT CARE

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

#### CONCENTRA URGENT CARE

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



#### CONCENTRA URGENT CARE

 5333 MISSION CENTER RD  
SAN DIEGO, CA 92108

## C1. 網絡內提供者清單

### 緊急護理中心




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 (866) 944-6046  
 M-F 8:00AM-6:00PM




#### **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  
 (949) 643-9111



#### **MISSION HERITAGE MED GRP**

 26800 CROWN VALLEY

## C1. 網絡內提供者清單

### 緊急護理中心



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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. 網絡內提供者清單 初級保健提供者

### ***FAMILY PRACTICE***

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



Provider ID: 100027672005

 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656  
 (949) 360-1069

Effective as of 01-JUL-12

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



Provider ID: 100027672003

 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656  
 (949) 360-1069

Effective as of 01-JUL-12

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

Provider ID: 100027672006



 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656  
 (949) 360-1069


Effective as of 01-OCT-07

### ***GENERAL PRACTICE***

#### **THOMAS, SEAN, MD<sup>M†</sup>**

Provider ID: 100112751013

 15 MAREBLU STE 310  
ALISO VIEJO, CA 92656  
 (949) 831-1001


 French, Spanish

Effective as of 01-APR-19

### ***INTERNAL MEDICINE***

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

Provider ID: 100414181004

 26671 ALISO CREEK RD STE  
206  
ALISO VIEJO, CA 92656  
 (949) 791-3104


Effective as of 01-SEP-23

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

Provider ID: 100347353012

 26671 ALISO CREEK RD STE  
206

ALISO VIEJO, CA 92656


 (949) 791-3104


Effective as of 01-JAN-21

### ***FAMILY PRACTICE***

#### **DUBE, BIANCA, MD<sup>F†</sup>**

Provider ID: 100374087003

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 (619) 662-4100

Teleservice


Effective as of 01-JUL-21

### ***FQHC***

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

Provider ID: PG0094125003

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 (619) 662-4100


Teleservice


Effective as of 01-JAN-21


### ***FAMILY PRACTICE***

#### **AJIR, MAHYAR, DO<sup>M†</sup>**

Provider ID: 100067406005

 2801 JEFFERSON ST  
CARLSBAD, CA 92008

 (760) 729-4952

 Farsi, Spanish


Effective as of 01-APR-16

#### **KORFF, GARY, MD<sup>M†</sup>**

Provider ID: 100021811011

 2910 JEFFERSON ST STE  
100

CARLSBAD, CA 92008


 (760) 729-7186


 Spanish

Effective as of 01-JAN-23

#### **PEREZ, RONALD, MD<sup>M†</sup>**

Provider ID: 100323488011

 1207 CARLSBAD VILLAGE  
DR STE A  
CARLSBAD, CA 92008


 (760) 896-3030


 Spanish, Tagalog

Effective as of 01-JAN-20

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

Provider ID: 100090572021

 2855 CARLSBAD BLVD  
CARLSBAD, CA 92008

 (858) 832-2500


Teleservice


Effective as of 01-NOV-23

### ***FQHC***

#### **TRUECARE,**

Provider ID: PG0092587007

 1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008

 (760) 736-6767

Teleservice

Effective as of 01-JUL-22


### ***GENERAL PRACTICE***


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

Provider ID: 100023664010

 5814 VAN ALLEN WAY STE  
215

CARLSBAD, CA 92008

 (760) 444-5544

 French

Teleservice

Effective as of 01-APR-23




### ***INTERNAL MEDICINE***




#### **CHONG, YOO JIN, MD<sup>M†</sup>**




Provider ID: 100055662004




## C1. 網絡內提供者清單 初級保健提供者



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



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

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




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




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




### ***FAMILY PRACTICE***




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




 Spanish  
Effective as of 01-NOV-14

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




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




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




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




Effective as of 01-JAN-21

**ALB, OVIDIU, MD<sup>M†</sup>**  
Provider ID: 100034030006  
 480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
 (619) 427-3361  
 Romanian, Spanish,  
Tagalog  
Effective as of 01-JAN-14

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

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




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

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




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






## C1. 網絡內提供者清單 初級保健提供者

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




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

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




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

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



### **FARRIS, REUBEN, MD<sup>M†</sup>**


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

### **GARCIA, KARLA, MD<sup>F†</sup>**




Provider ID: 100269760002  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 (619) 662-4100  
 Spanish  
Teleservice  
Effective as of 01-MAR-16

### **GARCIA, KARLA, MD<sup>F††</sup>**



Provider ID: 100269760005  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 (619) 662-4100

 Spanish  
Teleservice  
Effective as of 01-APR-23



### **HERNANDEZ, RALPH, MD<sup>M†</sup>**

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




### **JIMENEZ, KRYSTAL, MD<sup>F††</sup>**

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




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

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




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

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




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

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




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

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




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

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




### **MERRILL, SARAH, MD<sup>F†</sup>**

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

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

Provider ID: 100177550016  
 855 THIRD AVE  
STE 2230  
CHULA VISTA, CA 91911  
 (619) 656-5252  
 Spanish  
Effective as of 01-FEB-24

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

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**

## C1. 網絡內提供者清單 初級保健提供者

<p>M† Provider ID: 100177550028 480 4TH AVE STE 500 CHULA VISTA, CA 91910 (619) 656-5252 Spanish Effective as of 01-FEB-23</p> <p><b>MONDRAGON, GUSTAVO, MD</b> M† Provider ID: 100177550027 480 4TH AVE STE 500 CHULA VISTA, CA 91910 (619) 656-5252 Spanish Effective as of 01-FEB-23</p> <p><b>MOYA, MARY, MD</b><sup>F*</sup> Provider ID: 100099596009 678 3RD AVE CHULA VISTA, CA 91910 (619) 662-4100 Spanish Effective as of 01-APR-23</p> <p><b>NGUYEN, CARIE, MD</b><sup>F†</sup> Provider ID: 100099766010 678 3RD AVE CHULA VISTA, CA 91910 (619) 662-4100 Effective as of 01-APR-23</p> <p><b>NGUYEN, CARIE, MD</b><sup>F†</sup> Provider ID: 100099766005 678 3RD AVE CHULA VISTA, CA 91910 (619) 662-4100 Effective as of 01-NOV-20</p> <p><b>NOVENCIDO, JOSEPH, DO</b><sup>M†</sup> Provider ID: 100244053017 752 MEDICAL CENTER CT STE 210 CHULA VISTA, CA 91911 (619) 527-7700</p>	<p>Spanish Effective as of 01-SEP-20</p> <p><b>ORTIZ ILIZALITURRI, ANA, MD</b> F*† Provider ID: 100394347004 678 3RD AVE CHULA VISTA, CA 91910 (619) 662-4100 Spanish Teleservice Effective as of 01-OCT-22</p> <p><b>PALOMINO, MARY, MD</b><sup>F†</sup> Provider ID: 100249271002 678 3RD AVE CHULA VISTA, CA 91910 (619) 662-4100 Spanish Effective as of 01-JUL-15</p> <p><b>PATEL, PAAVAN, DO</b><sup>M</sup> Provider ID: 100413256007 752 MEDICAL CENTER CT CHULA VISTA, CA 91911 (619) 527-7700 Effective as of 01-NOV-23</p> <p><b>PATEL, PAAVAN, DO</b><sup>M</sup> Provider ID: 100413256011 752 MEDICAL CENTER CT STE 210 CHULA VISTA, CA 91911 (619) 656-0206 Effective as of 01-DEC-23</p> <p><b>PIEROS, JANELLE, DO</b><sup>F†</sup> Provider ID: 100220799004 678 3RD AVE CHULA VISTA, CA 91910 (619) 662-4100 Spanish, Faroese Effective as of 01-OCT-15</p> <p><b>RIZKALLAH, JEAN, MD</b><sup>M†</sup></p>	<p>Provider ID: 100106136009 450 4TH AVE STE 408 CHULA VISTA, CA 91910 (619) 691-1990 French, Spanish Effective as of 01-MAR-15</p> <p><b>RIZKALLAH, JEAN, MD</b><sup>M††</sup> Provider ID: 100106136010 450 4TH AVE STE 408 CHULA VISTA, CA 91910 (619) 691-1990 French, Spanish Effective as of 01-MAR-16</p> <p><b>ROSADO, IVAN, MD</b><sup>M†</sup> Provider ID: 100365788004 1637 3RD AVE STE H CHULA VISTA, CA 91911 (619) 662-4100 Effective as of 01-FEB-21</p> <p><b>ROSADO, IVAN, MD</b><sup>M†</sup> Provider ID: 100365788003 1635 3RD AVE CHULA VISTA, CA 91911 (619) 662-4100 Effective as of 01-JAN-21</p> <p><b>STILLWELL, CARLA, MD</b><sup>F†</sup> Provider ID: 100147691019 480 4TH AVE STE 202 CHULA VISTA, CA 91910 (619) 427-3361 Polish, Portuguese, Spanish Effective as of 01-APR-22</p> <p><b>STILLWELL, CARLA, MD</b><sup>F†</sup> Provider ID: 100147691006 480 4TH AVE STE 202 CHULA VISTA, CA 91910 (619) 427-3361 Polish, Portuguese, Spanish Effective as of 01-JAN-14</p>
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## C1. 網絡內提供者清單 初級保健提供者

### **STILLWELL, CARLA, MD<sup>F†</sup>**

Provider ID: 100147691017

480 4TH AVE STE 202  
CHULA VISTA, CA 91910

(619) 427-3361

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

### **STILLWELL, CARLA, MD<sup>F†</sup>**

Provider ID: 100147691020

480 4TH AVE STE 202  
CHULA VISTA, CA 91910

(619) 427-3361

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

### **STILLWELL, CARLA, MD<sup>F†</sup>**

Provider ID: 100147691005

480 4TH AVE STE 202  
CHULA VISTA, CA 91910

(619) 427-3361

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

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

Provider ID: 100334847006

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Teleservice

Effective as of 01-APR-23

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

Provider ID: 100088864004

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Effective as of 01-JAN-14

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

Provider ID: 100391945011

752 MEDICAL CENTER CT  
STE 200

CHULA VISTA, CA 91911

(858) 554-1212

Spanish

Effective as of 01-DEC-22

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

Provider ID: 100090572020

3302 BONITA RD  
CHULA VISTA, CA 91910

(858) 832-2500

Teleservice

Effective as of 01-NOV-23

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

Provider ID: 100197848006

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Effective as of 01-JAN-21

## **FQHC**

### **CHULA VISTA FAMILY HLTH CTR,**

Provider ID: PG0025044035

251 LANDIS AVE  
CHULA VISTA, CA 91910

(619) 515-2500

Effective as of 01-JAN-21

### **CHULA VISTA PEDIATRICS,**

Provider ID: PG0092670003

855 3RD AVE STE 2200  
CHULA VISTA, CA 91911

(619) 662-4100

Teleservice

Effective as of 01-JAN-21

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

Provider ID: PG0082946004

352 L ST

CHULA VISTA, CA 91911

(619) 515-2325

Effective as of 01-JAN-21

### **SAN YSIDRO HEALTH CHULA VISTA, †**

Provider ID: PG0047560016

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Teleservice

Effective as of 01-JAN-21

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

Provider ID: PG0120846002

780 BAY BLVD STE 200  
CHULA VISTA, CA 91910

(619) 662-4100

Effective as of 01-APR-23

## **GENERAL PRACTICE**

### **FARRIS, REUBEN, MD<sup>M†</sup>**

Provider ID: 100105788005

340 4TH AVE STE 2  
CHULA VISTA, CA 91910

(619) 422-8338

Spanish

Effective as of 01-JAN-14

### **GUEFEN, URI, MD<sup>M†</sup>**

Provider ID: 100072802029

299 J ST  
CHULA VISTA, CA 91910

(858) 779-2366

Spanish

Teleservice

Effective as of 01-DEC-23

### **GUEFEN, URI, MD<sup>M†</sup>**




Provider ID: 100072802018

299 J ST






## C1. 網絡內提供者清單 初級保健提供者




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

### **GUEFEN, URI, MD<sup>M†</sup>**



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

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




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

## **INTERNAL MEDICINE**

### **BALDERAS-MAGALLANES, RODOLFO, MD<sup>M</sup>**




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

### **BRACE, ELION, MD<sup>M†</sup>**




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

### **BRACE, ELION, MD<sup>M†</sup>**



Provider ID: 100159959020

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




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

Provider ID: 100187934012  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 (619) 662-4100  
 Portuguese, Spanish  
Effective as of 01-APR-23




### **DE LA ROSA, JOSE, MD<sup>M</sup>**

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


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



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

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




Provider ID: 100110262019  
 754 MEDICAL CENTER CT  
STE 103  
CHULA VISTA, CA 91911  
 (619) 397-5001  
 Spanish, Tagalog  
Effective as of 01-JAN-21

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




Provider ID: 100110262018  
 754 MEDICAL CENTER CT  
STE 103  
CHULA VISTA, CA 91911

 (619) 397-5001  
 Spanish, Tagalog  
Effective as of 01-JAN-21




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

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




### **HAMMETT, ERIN, DO<sup>F†</sup>**

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




### **KAISEY, MUSHRIK, MD<sup>M†</sup>**

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

### **KAISEY, MUSHRIK, MD<sup>M†</sup>**

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

### **KAISEY, MUSHRIK, MD<sup>M††</sup>**

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


## C1. 網絡內提供者清單 初級保健提供者


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### **KAISEY, MUSHRIK, MD<sup>M†</sup>**

Provider ID: 100024815009

 340 4TH AVE STE 9  
CHULA VISTA, CA 91910

 (619) 426-9731

 Arabic, Spanish


Effective as of 01-JAN-14

### **MAY, LOUIS, MD<sup>M†</sup>**

Provider ID: 100325305003

 1061 TIERRA DEL REY STE  
303 304 305

CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish

Teleservice


Effective as of 01-JUN-21

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

Provider ID: 100328564040

 2436 FENTON ST STE  
100-B

CHULA VISTA, CA 91914

 (619) 264-1934


 Spanish

Effective as of 01-NOV-23

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

Provider ID: 100328564041

 1323 3RD AVE  
CHULA VISTA, CA 91911

 (619) 409-6900


 Spanish

Effective as of 01-NOV-23

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

Provider ID: 100328564034

 1323 3RD AVE  
CHULA VISTA, CA 91911


 (619) 409-6900


 Spanish

Effective as of 01-SEP-22

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

Provider ID: 100328564027

 1323 3RD AVE  
CHULA VISTA, CA 91911

 (619) 409-6900


 Spanish

Effective as of 01-SEP-21

### **PENA, JOSE, MD<sup>M†</sup>**

Provider ID: 100104432024

 333 H ST STE 1065  
CHULA VISTA, CA 91910

 (619) 691-1766


 Spanish

Effective as of 01-JUL-21

### **PENA, JOSE, MD<sup>M†</sup>**

Provider ID: 100104432025

 333 H ST STE 1065  
CHULA VISTA, CA 91910

 (619) 691-1766


 Spanish

Effective as of 01-FEB-23

### **PENA, JOSE, MD<sup>M†</sup>**

Provider ID: 100104432022

 333 H ST STE 1065  
CHULA VISTA, CA 91910

 (619) 691-1766


 Spanish

Effective as of 01-MAY-21

### **PENA, JOSE, MD<sup>M†</sup>**

Provider ID: 100104432023

 333 H ST STE 1065  
CHULA VISTA, CA 91910

 (619) 691-1766

 Spanish


Effective as of 01-MAY-21

### **UWEDJOJEVWE, LETICIA, MD**

<sup>F†</sup>

Provider ID: 100110303015

 340 4TH AVE STE 10  
CHULA VISTA, CA 91910

 (619) 934-2215

 Spanish


Effective as of 01-JAN-18

### **UWEDJOJEVWE, LETICIA, MD**

<sup>F†</sup>

Provider ID: 100110303013

 340 4TH AVE STE 10  
CHULA VISTA, CA 91910

 (619) 934-2215

 Spanish


Effective as of 01-DEC-17

### **UWEDJOJEVWE, LETICIA, MD**

<sup>F†</sup>

Provider ID: 100110303031

 340 4TH AVE STE 10  
CHULA VISTA, CA 91910

 (619) 934-2215

 Spanish


Effective as of 01-NOV-23

### **UWEDJOJEVWE, LETICIA, MD**

<sup>F†</sup>

Provider ID: 100110303030

 340 4TH AVE STE 10  
CHULA VISTA, CA 91910

 (619) 934-2215

 Spanish

Effective as of 01-JAN-21


## ***PEDIATRICS***

### **GARCIA, CARLOS, MD<sup>M†</sup>**

Provider ID: 100067783008

 1392 E PALOMAR ST STE  
501

CHULA VISTA, CA 91913

 (619) 271-4059

 Spanish

Effective as of 01-JAN-14

## ***INTERNAL MEDICINE***

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

Provider ID: 100360975007

 3955 BEDFORD CANYON

## C1. 網絡內提供者清單 初級保健提供者

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

### **FAMILY PRACTICE**

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

### **INTERNAL MEDICINE**

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

### **GENERAL PRACTICE**

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

### **FAMILY PRACTICE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## C1. 網絡內提供者清單 初級保健提供者

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

### **MOULD, KEVIN, MD<sup>M†</sup>**

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

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

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

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

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

### **ROUEL, LINDA, MD<sup>F†</sup>**

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

### **ROUEL, LINDA, MD<sup>F†</sup>**

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

### **ROUEL, LINDA, MD<sup>F†</sup>**

Provider ID: 100259719020

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

### **ROUEL, LINDA, MD<sup>F†</sup>**

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

### **ROUEL, LINDA, MD<sup>F†</sup>**

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

### **SALEM, RAMSEY, MD<sup>M†</sup>**

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

### **SAZEGAR, PAYAM, MD<sup>M†</sup>**

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

Effective as of 01-JUL-21

### **SAZEGAR, PAYAM, MD<sup>M†</sup>**

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

Effective as of 01-JUL-21

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

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

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

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

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

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

## ***FQHC***

### **CENTRO MEDICO EL CAJON,**

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

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

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

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

## C1. 網絡內提供者清單 初級保健提供者

Provider ID: PG0084245003

📍 525 E MAIN ST  
EL CAJON, CA 92020

☎ (619) 515-2498

Effective as of 01-JAN-21

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

Provider ID: PG0085229003

📍 1032 BROADWAY  
EL CAJON, CA 92021

☎ (619) 795-5991

Effective as of 01-JAN-21

### **LA MAESTRA FAMILY CLINIC INC, †**

Provider ID: PG0053396002

📍 165 S 1ST ST  
EL CAJON, CA 92019

☎ (619) 312-0347

Teleservice

Effective as of 01-JAN-21

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

Provider ID: PG0111464002

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020

☎ (619) 662-4100

Teleservice

Effective as of 01-JAN-21

### **GENERAL PRACTICE**

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

Provider ID: 100339082002

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

☎ (619) 447-6001

📄 Farsi

Effective as of 01-JUL-19

### **INTERNAL MEDICINE**

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

Provider ID: 100338426004

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

☎ (619) 401-0404

Effective as of 01-NOV-20

#### **AWDISHO, ALAN, DO<sup>M†</sup>**

Provider ID: 100381973002

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020

☎ (619) 662-4100

Teleservice

Effective as of 01-JAN-22

#### **BENSON, JIMI, MD<sup>M†</sup>**

Provider ID: 100149523029

📍 1351 BROADWAY  
EL CAJON, CA 92021

☎ (619) 383-6703

📄 Spanish, Vietnamese

Effective as of 01-APR-21

#### **BENSON, JIMI, MD<sup>M†</sup>**

Provider ID: 100149523023

📍 1351 BROADWAY  
EL CAJON, CA 92021

☎ (619) 383-6703

📄 Spanish, Vietnamese

Effective as of 01-JAN-21

#### **BENSON, JIMI, MD<sup>M†</sup>**

Provider ID: 100149523026

📍 1351 BROADWAY  
EL CAJON, CA 92021

☎ (619) 383-6703

📄 Spanish, Vietnamese

Effective as of 01-JUN-21

#### **BENSON, JIMI, MD<sup>M†</sup>**

Provider ID: 100149523028

📍 1351 BROADWAY  
EL CAJON, CA 92021

☎ (619) 383-6703

📄 Spanish, Vietnamese

Effective as of 01-MAR-21

#### **BENSON, JIMI, MD<sup>M†</sup>**

Provider ID: 100149523031

📍 1351 BROADWAY  
EL CAJON, CA 92021

☎ (619) 383-6703

📄 Spanish, Vietnamese

Effective as of 01-OCT-23

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

Provider ID: 100103500015

📍 165 S 1ST ST  
EL CAJON, CA 92019

☎ (619) 312-0347

📄 Arabic

Teleservice

Effective as of 01-AUG-22

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

Provider ID: 100076454021

📍 343 E MAIN ST STE 101  
EL CAJON, CA 92020

☎ (619) 447-6001

📄 Arabic, Farsi, Spanish

Effective as of 01-SEP-22

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

Provider ID: 100076454007

📍 343 E MAIN ST STE 101  
EL CAJON, CA 92020

☎ (619) 447-6001

📄 Arabic, Farsi, Spanish

Effective as of 01-JUL-19

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

Provider ID: 100076454017

📍 343 E MAIN ST STE 101  
EL CAJON, CA 92020

☎ (619) 447-6001

📄 Arabic, Farsi, Spanish

Effective as of 01-AUG-20



## C1. 網絡內提供者清單 初級保健提供者

### **MANSOUR, DAVID, DO<sup>M†</sup>**

Provider ID: 100390972007

855 E MADISON AVE  
EL CAJON, CA 92020

(619) 440-2751

Arabic

Effective as of 01-NOV-22

### **MICHAEL, RAMI, MD<sup>M†</sup>**

Provider ID: 100341876009

875 EL CAJON BLVD  
EL CAJON, CA 92020

(619) 662-4100

Arabic

Teleservice

Effective as of 01-DEC-22

### **NASSIR, BASSAM, MD<sup>M††</sup>**

Provider ID: 100159191011

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020

(619) 662-4100

Arabic

Effective as of 01-MAR-16

### **NASSIR, BASSAM, MD<sup>M††</sup>**

Provider ID: 100159191015

875 EL CAJON BLVD  
EL CAJON, CA 92020

(619) 662-4100

Arabic

Effective as of 01-MAY-21

### **ROUEL, WADI, MD<sup>M†</sup>**

Provider ID: 100246050008

860 JAMACHA RD STE 107  
EL CAJON, CA 92019

(619) 456-9920

Arabic, Spanish, Syriac

Effective as of 01-JAN-21

### **ROUEL, WADI, MD<sup>M†</sup>**

Provider ID: 100246050009

860 JAMACHA RD STE 107

EL CAJON, CA 92019

(619) 456-9920

Arabic, Spanish, Syriac

Effective as of 01-JAN-21

### **ROUEL, WADI, MD<sup>M†</sup>**

Provider ID: 100246050016

860 JAMACHA RD STE 107  
EL CAJON, CA 92019

(619) 456-9920

Arabic, Spanish, Syriac

Effective as of 01-SEP-22

### **ROUEL, WADI, MD<sup>M†</sup>**

Provider ID: 100246050015

860 JAMACHA RD STE 107  
EL CAJON, CA 92019

(619) 456-9920

Arabic, Spanish, Syriac

Effective as of 01-SEP-22

### **SHEIKH-MOHAMED, HALA, MD<sup>F</sup>**

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<sup>M†</sup>**

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<sup>M</sup>**

Provider ID: 100373969005

133 W MAIN ST STE 100  
EL CAJON, CA 92020

(619) 401-0404

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

## ***FAMILY PRACTICE***

### **CLOTFELTER, CHRISTINE, DO<sup>F†</sup>**

Provider ID: 100065251012

477 N EL CAMINO REAL  
STE A306

ENCINITAS, CA 92024

(760) 942-0118

Spanish

Effective as of 01-SEP-21

### **DUCK, CRAIG, MD<sup>M</sup>**

Provider ID: 100086514008

477 N EL CAMINO REAL  
STE A306

ENCINITAS, CA 92024

(760) 942-0118

Effective as of 01-SEP-21

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

Provider ID: 100028293005

477 N EL CAMINO REAL  
STE A100

ENCINITAS, CA 92024

(760) 943-9111

Farsi, Turkish, Fataleka

Effective as of 01-APR-02

### **KAKIMOTO, AMY, MD<sup>F†</sup>**

Provider ID: 100113530009

477 N EL CAMINO REAL  
STE A306

ENCINITAS, CA 92024

(760) 942-0118

Effective as of 01-SEP-21

### **MERCER, SCOTT, MD<sup>M\*</sup>**

Provider ID: 100030142008

320 SANTA FE DR STE 205  
ENCINITAS, CA 92024

(760) 944-8484

Spanish

## C1. 網絡內提供者清單 初級保健提供者

Effective as of 01-SEP-21

### **PAYNE, RICHARD, MD<sup>M†</sup>**

Provider ID: 100069305009

477 N EL CAMINO REAL  
STE A306  
ENCINITAS, CA 92024

(760) 942-0118

Spanish

Effective as of 01-SEP-21

### **SEXTON, PERRY, MD<sup>M††</sup>**

Provider ID: 100099693003

351 SANTA FE DR STE 101  
ENCINITAS, CA 92024

(760) 274-1385

Spanish

Effective as of 01-FEB-11

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

Provider ID: 100350661007

1130 2ND ST  
ENCINITAS, CA 92024

(760) 736-6767

Portuguese

Effective as of 01-SEP-23

## **FQHC**

### **TRUECARE,**

Provider ID: PG0092584007

1130 2ND ST  
ENCINITAS, CA 92024

(760) 753-7842

Teleservice

Effective as of 01-JUL-22

## **GENERAL PRACTICE**

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

Provider ID: 100028293009

477 N EL CAMINO REAL  
STE A100  
ENCINITAS, CA 92024

(760) 943-9111

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

## **INTERNAL MEDICINE**

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

Provider ID: 100031646009

320 SANTA FE DR STE 303  
ENCINITAS, CA 92024

(760) 943-6730

Spanish

Effective as of 01-SEP-21

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

Provider ID: 100064987002

4401 MANCHESTER AVE  
STE 103  
ENCINITAS, CA 92024

(858) 756-3021

Farsi, Spanish

Effective as of 01-MAR-03

## **FAMILY PRACTICE**

### **AVILA, MICHAEL, MD<sup>M††</sup>**

Provider ID: 100369494002

460 N ELM ST  
ESCONDIDO, CA 92025

(833) 867-4642

Effective as of 01-JUN-21

### **COX, VICTORIA, MD<sup>F†</sup>**

Provider ID: 100374049005

704 E GRAND AVE  
ESCONDIDO, CA 92025

(619) 662-4100

Teleservice

Effective as of 01-AUG-22

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

Provider ID: 100409222006

362 W MISSION AVE STE  
105

ESCONDIDO, CA 92025

(760) 741-1224

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

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

Provider ID: 100409222004

362 W MISSION AVE STE  
105

ESCONDIDO, CA 92025

(760) 741-1224

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

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

Provider ID: 100409222002

362 W MISSION AVE STE  
105

ESCONDIDO, CA 92025

(760) 741-1224

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

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

Provider ID: 100402893002

488 E VALLEY PKWY STE  
411

ESCONDIDO, CA 92025

(760) 466-9800

Spanish

Effective as of 01-MAR-23

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

Provider ID: 100315025010

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Hindi, Urdu

Effective as of 01-AUG-21

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

Provider ID: 100320650005

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Spanish

Effective as of 01-APR-21

## C1. 網絡內提供者清單 初級保健提供者

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

Provider ID: 100320650016

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

(760) 737-6900

Spanish

Effective as of 01-FEB-24

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

Provider ID: 100320650009

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Spanish

Effective as of 01-JAN-24

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

Provider ID: 100339325007

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

(760) 737-6900

Effective as of 01-JAN-24

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

Provider ID: 100339325006

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Effective as of 01-JAN-24

### **RAO, USHA, MD<sup>F†</sup>**

Provider ID: 100381993007

704 E GRAND AVE  
ESCONDIDO, CA 92025

(619) 662-4100

Hindi, Spanish

Effective as of 01-AUG-22

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

Provider ID: 100331220005

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

French

Effective as of 01-AUG-20

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

Provider ID: 100331220007

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

French

Effective as of 01-JAN-24

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

Provider ID: 100030577030

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

(760) 737-6900

Farsi, Greek, Spanish

Effective as of 01-JAN-24

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

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<sup>M†</sup>**

Provider ID: 100030577028

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Farsi, Greek, Spanish

Effective as of 01-JAN-24

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

Provider ID: 100030577016

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Farsi, Greek, Spanish

Effective as of 01-AUG-20

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

Provider ID: 100418703004

704 E GRAND AVE  
ESCONDIDO, CA 92025

(619) 662-4100

Teleservice

Effective as of 01-NOV-23

### **SNYDER, CHRISTOPHER, DO<sup>M†</sup>**

Provider ID: 100024789048

704 E GRAND AVE  
ESCONDIDO, CA 92025

(619) 662-4100

Spanish

Teleservice

Effective as of 01-FEB-22

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

Provider ID: 100090572019

710 W 13TH AVE  
ESCONDIDO, CA 92025

(858) 832-2500

Teleservice

Effective as of 01-NOV-23

## **FQHC**

### **CENTRO MEDICO ESCONDIDO,**

Provider ID: PG0083717004

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

(760) 871-0606

Teleservice

Effective as of 01-JAN-21

### **ESCONDIDO FAMILY HEALTH CENTER,**

Provider ID: PG0125224002

128 N BROADWAY  
ESCONDIDO, CA 92025

(619) 515-2474

Effective as of 01-NOV-23

### **NEIGHBORHOOD**



### **HEALTHCARE ESCONDIDO,**

Provider ID: PG0024990052





## C1. 網絡內提供者清單 初級保健提供者



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



**NEIGHBORHOOD  
HEALTHCARE PEDIATRICS  
AND PRENATAL,**  
Provider ID: PG0087195004

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



**NEIGHBORHOOD  
HEALTHCARE PEDS AND  
PRENATAL,**  
Provider ID: PG0024990050

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



**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY,**  
Provider ID: PG0024990046

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




**PALOMAR FAMILY  
COUNSELING SERVICES,**  
Provider ID: PG0125237002

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




**SAN YSIDRO HEALTH**




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

**GENERAL PRACTICE**



**LOPEZ, IRMA, MD<sup>Ft</sup>**  
Provider ID: 100082249016  
 1035 E GRAND AVE STE 101  
ESCONDIDO, CA 92025  
 (760) 480-4747  
 Spanish  
Effective as of 01-JAN-21

**INTERNAL MEDICINE**



**CARRERA, JORGE, MD<sup>Mt</sup>**  
Provider ID: 100075629010  
 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 (619) 662-4100  
 Spanish  
Teleservice  
Effective as of 01-FEB-22




**CHEN, MARGARET, MD<sup>Ft</sup>**  
Provider ID: 100184661008  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 (760) 520-8100  
 Greek, Spanish  
Effective as of 01-AUG-20




**PEDIATRICS**




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




**FAMILY PRACTICE**


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

**DEEL, MARGARET, MD<sup>Ft</sup>**  
Provider ID: 100027747012  
 593 E ELDER ST STE B  
FALLBROOK, CA 92028  
 (760) 723-5900  
 Spanish  
Effective as of 01-AUG-20

**DEEL, MARGARET, MD<sup>Ft</sup>**  
Provider ID: 100027747004  
 593 E ELDER ST STE B  
FALLBROOK, CA 92028  
 (760) 723-5900  
 Spanish  
Effective as of 01-OCT-14

**DEEL, MARGARET, MD<sup>Ft</sup>**  
Provider ID: 100027747014  
 593 E ELDER ST STE B  
FALLBROOK, CA 92028  
 (760) 723-5900  
 Spanish  
Effective as of 01-NOV-20

**DEEL, MARGARET, MD<sup>Ft</sup>**  
Provider ID: 100027747015  
 593 E ELDER ST STE B  
FALLBROOK, CA 92028  
 (760) 723-5900  
 Spanish  
Effective as of 01-SEP-22

**MILLER, BRANDON, DO<sup>Mt</sup>**  
Provider ID: 100148562018  
 521 E ELDER ST STE 103

## C1. 網絡內提供者清單 初級保健提供者

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

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

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

📄 Spanish  
Effective as of 01-SEP-21

### **FAMILY PRACTICE**

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

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

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

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

**ESKANDARI, HAMID, MD<sup>M††</sup>**  
Provider ID: 100110778010  
📍 26730 TOWNE CENTRE DR  
STE 102

FOOTHILL RANCH, CA  
92610  
☎ (949) 559-5153  
📄 Farsi  
Effective as of 01-JUN-18

**ESKANDARI, HAMID, MD<sup>M††</sup>**  
Provider ID: 100110778017  
📍 26730 TOWNE CENTRE DR  
STE 102  
FOOTHILL RANCH, CA  
92610  
☎ (949) 559-5153  
📄 Farsi  
Effective as of 01-OCT-22

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

### **INTERNAL MEDICINE**

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

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

## C1. 網絡內提供者清單 初級保健提供者

Effective as of 01-SEP-23

### **VALADEZ, JESUS, MD<sup>M†</sup>**

Provider ID: 100098540068

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

(949) 557-0750

Effective as of 01-JAN-21

### **FAMILY PRACTICE**

### **ANDERSON, ALBERT, MD<sup>M†</sup>**

Provider ID: 100079441012

1000 E LATHAM AVE STE G  
HEMET, CA 92543

(951) 391-0580

Spanish

Teleservice

Effective as of 01-AUG-22

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

Provider ID: 100114105043

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011

Punjabi, Spanish, Urdu

Effective as of 01-OCT-23

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

Provider ID: 100114105042

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011

Punjabi, Spanish, Urdu

Effective as of 01-OCT-23

### **ASHRAF, HADIA, MD<sup>F†</sup>**

Provider ID: 100094934002

903 E DEVONSHIRE AVE  
STE F  
HEMET, CA 92543

(951) 929-1611

Farsi, Hindi, Persian

Effective as of 01-OCT-98

### **ASHRAF, HADIA, MD<sup>F†</sup>**

Provider ID: 100094934008

903 E DEVONSHIRE AVE  
STE F  
HEMET, CA 92543

(951) 929-1611

Farsi, Hindi, Persian

Effective as of 01-OCT-20

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

Provider ID: 100384377002

949 CALHOUN PL STE G  
HEMET, CA 92543

(951) 765-5594

Effective as of 01-MAR-22

### **CASSADAY, DONALD, MD<sup>M†</sup>**

Provider ID: 100048311004

2390 E FLORIDA AVE STE  
101  
HEMET, CA 92544

(951) 925-1449

Effective as of 01-NOV-17

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

Provider ID: 100113399019

1035 SAINT JOHN PL  
HEMET, CA 92543

(951) 223-4833

Spanish

Effective as of 01-SEP-23

### **COMBS, MATTHEW, MD<sup>M†</sup>**

Provider ID: 100337168008

3853 W STETSON AVE STE  
200  
HEMET, CA 92545

(951) 225-6802

Effective as of 01-NOV-20

### **GANTA, SANYASI, MD<sup>M†</sup>**

Provider ID: 100113069005

225 LAURSEN ST  
HEMET, CA 92543

(951) 925-6657

Hindi, Spanish, Telugu

Effective as of 01-JAN-17

### **GANTA, SANYASI, MD<sup>M†</sup>**

Provider ID: 100113069011

225 LAURSEN ST  
HEMET, CA 92543

(951) 925-6657

Hindi, Spanish, Telugu

Effective as of 01-APR-21

### **GOHIL, RAJIT, MD<sup>M†</sup>**

Provider ID: 100391418005

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011

Effective as of 01-OCT-22

### **GOHIL, RAJIT, MD<sup>M†</sup>**

Provider ID: 100391418004

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011

Effective as of 01-OCT-22

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

Provider ID: 100047360074

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011

Effective as of 01-OCT-22


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

Provider ID: 100047360075

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544



## C1. 網絡內提供者清單 初級保健提供者

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



**HARRISON, AMY, MD<sup>F</sup>**  
Provider ID: 100410706005

 2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544




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

**HARRISON, AMY, MD<sup>F</sup>**  
Provider ID: 100410706006



 2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

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



**HEIN, PETER, MD<sup>M†</sup>**  
Provider ID: 100169562038

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


**HOWARD, NATHAN, MD<sup>M</sup>**  
Provider ID: 100053015006


 850 E LATHAM AVE STE E  
HEMET, CA 92543  
 (951) 658-7205  
Effective as of 01-JUL-23

**HOWARD, NATHAN, MD<sup>M</sup>**  
Provider ID: 100053015004



 850 E LATHAM AVE  
HEMET, CA 92543  
 (951) 658-7205  
Effective as of 10-SEP-10

**HUGHES, LARRY, MD<sup>M†</sup>**  
Provider ID: 100049939002




 4020 W FLORIDA AVE STE  
H  
HEMET, CA 92545

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




**HUGHES, HEATHER, MD<sup>F\*</sup>**  
Provider ID: 100050011003

 4020 W FLORIDA AVE  
HEMET, CA 92545  
 (951) 925-9565  
Effective as of 01-NOV-13



**HUNT, TYRELLE, MD<sup>F</sup>**  
Provider ID: 100417653002

 1701 E FLORIDA AVE  
HEMET, CA 92544  
 (951) 658-4486  
 Spanish  
Effective as of 01-NOV-23




**MEHARDA, SANJIWANI, MD<sup>F</sup>**  
Provider ID: 100327486019

 255 N GILBERT ST STE C2  
HEMET, CA 92543  
 (951) 694-8549  
 Hindi, Punjabi, Urdu  
Effective as of 01-DEC-23




**OBRIEN, KATHARINE, DO<sup>F†</sup>**  
Provider ID: 100319273003

 1600 E FLORIDA AVE STE  
103  
HEMET, CA 92544  
 (951) 929-8121  
Effective as of 01-DEC-17

**YUN, JONATHAN, DO<sup>M†</sup>**  
Provider ID: 100025475023



 255 N GILBERT ST STE C2  
HEMET, CA 92543  
 (951) 599-8532  
 Korean, Spanish  
Effective as of 01-AUG-20

**YUN, JONATHAN, DO<sup>M†</sup>**  
Provider ID: 100025475025



 255 N GILBERT ST STE C2  
HEMET, CA 92543  
 (951) 599-8532  
 Korean, Spanish  
Effective as of 01-NOV-20

### **GENERAL PRACTICE**



**EL-HENAWI, IGLAL, MD<sup>F</sup>**  
Provider ID: 100107885007

 4020 W FLORIDA AVE  
HEMET, CA 92545  
 (951) 765-5000  
Effective as of 01-AUG-20

**EL-HENAWI, IGLAL, MD<sup>F</sup>**  
Provider ID: 100107885003




 4020 W FLORIDA AVE  
HEMET, CA 92545  
 (951) 765-5000  
Effective as of 01-JAN-14

**EL-HENAWI, IGLAL, MD<sup>F</sup>**  
Provider ID: 100107885005

 4020 W FLORIDA AVE  
HEMET, CA 92545  
 (951) 765-5000  
Effective as of 01-SEP-15

### **INTERNAL MEDICINE**

**BARVE, PRANAV, MD<sup>M†</sup>**  
Provider ID: 100318437028

 2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544  
 (951) 414-4011  
 Hindi, Marathi  
Effective as of 01-AUG-21

**BARVE, PRANAV, MD<sup>M†</sup>**  
Provider ID: 100318437029

 2390 E FLORIDA AVE STE

## C1. 網絡內提供者清單 初級保健提供者

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

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

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

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

**CHODAY, PRITHI, MD<sup>F</sup>**  
Provider ID: 100419896004  
📄 1030 E FLORIDA AVE  
HEMET, CA 92543  
☎ (833) 867-4642  
📄 Telugu  
Effective as of 01-DEC-23

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

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

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

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

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

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

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

☎ (951) 925-1449  
Effective as of 01-JAN-22

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

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

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

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

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



## C1. 網絡內提供者清單 初級保健提供者

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

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

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

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

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

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

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

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

### **FQHC**

### **IMPERIAL BEACH HEALTH CENTER,**

Provider ID: PG0005455007  
949 PALM AVE

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

### **FAMILY PRACTICE**

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

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

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

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

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

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

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

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

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

Provider ID: 100007711005

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

### **MACAULEY, TODD, DO<sup>M†</sup>**

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

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

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

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

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

### **SAAM, SHIDA, DO<sup>F†</sup>**

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

### **SAAM, SHIDA, DO<sup>F†</sup>**

Provider ID: 100093095029  
16300 SAND CANYON AVE  
STE 602  
IRVINE, CA 92618  
(949) 783-1911

## C1. 網絡內提供者清單 初級保健提供者



Farsi

Effective as of 01-JUN-19

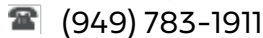
### **SAAM, SHIDA, DO<sup>F†</sup>**

Provider ID: 100093095027

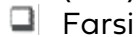


16300 SAND CANYON AVE  
STE 602

IRVINE, CA 92618



(949) 783-1911



Farsi

Effective as of 01-JUN-19

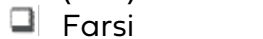
### **SAAM, SHIDA, DO<sup>F†</sup>**

Provider ID: 100093095032



16300 SAND CANYON AVE  
STE 602

IRVINE, CA 92618



(949) 783-1911

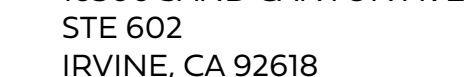


Farsi

Effective as of 01-JUN-19

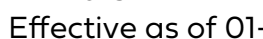
### **SAAM, SHIDA, DO<sup>F†</sup>**

Provider ID: 100093095026



16300 SAND CANYON AVE  
STE 602

IRVINE, CA 92618



(949) 783-1911

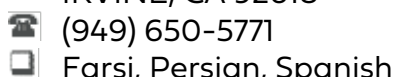


Farsi

Effective as of 01-JUN-19

### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

Provider ID: 100090804007



18 ENDEAVOR STE 201  
IRVINE, CA 92618



(949) 650-5771

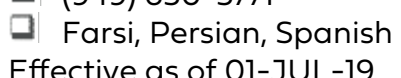


Farsi, Persian, Spanish

Effective as of 01-MAR-15

### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

Provider ID: 100090804015



18 ENDEAVOR STE 201  
IRVINE, CA 92618



(949) 650-5771



Farsi, Persian, Spanish

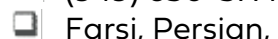
Effective as of 01-JUL-19

### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

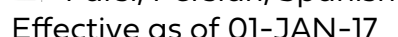
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18 ENDEAVOR STE 201  
IRVINE, CA 92618



(949) 650-5771



Farsi, Persian, Spanish

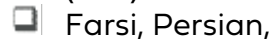
Effective as of 01-JAN-17

### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

Provider ID: 100090804011



18 ENDEAVOR STE 201  
IRVINE, CA 92618



(949) 650-5771



Farsi, Persian, Spanish

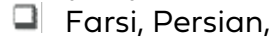
Effective as of 01-JAN-18

### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

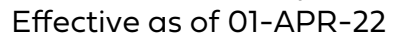
Provider ID: 100090804017



18 ENDEAVOR STE 201  
IRVINE, CA 92618



(949) 650-5771



Farsi, Persian, Spanish

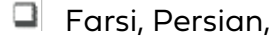
Effective as of 01-APR-22

### **SHEIDAYI, PERRY, DO<sup>M†</sup>**

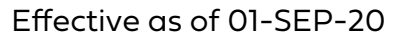
Provider ID: 100090804016



18 ENDEAVOR STE 201  
IRVINE, CA 92618



(949) 650-5771



Farsi, Persian, Spanish

Effective as of 01-SEP-20

### **TONG, ELAIN, DO<sup>F\*</sup>**

Provider ID: 100328017002



18 ENDEAVOR STE 304  
IRVINE, CA 92618



(714) 556-8664



Chinese, Mandarin

Effective as of 01-MAY-18

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

Provider ID: 100010305009



22 ODYSSEY STE 115  
IRVINE, CA 92618



(949) 988-7550



French, Spanish

Teleservice

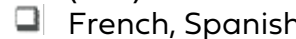
Effective as of 01-OCT-16

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

Provider ID: 100010305018



22 ODYSSEY STE 115  
IRVINE, CA 92618



(949) 988-7550



French, Spanish

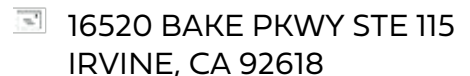
Teleservice

Effective as of 01-JUN-19

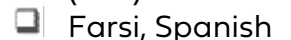
## ***GENERAL PRACTICE***

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

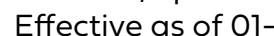
Provider ID: 100308797011



16520 BAKE PKWY STE 115  
IRVINE, CA 92618



(949) 857-4444

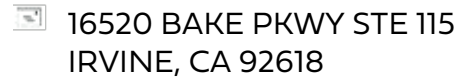


Farsi, Spanish

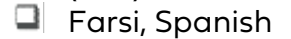
Effective as of 01-MAR-23

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

Provider ID: 100308797010



16520 BAKE PKWY STE 115  
IRVINE, CA 92618



(949) 857-4444



Farsi, Spanish

Effective as of 01-MAR-23

## ***INTERNAL MEDICINE***

### **COUNCELBAUM, NANCY, MD**

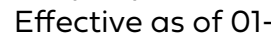
<sup>F†</sup>

Provider ID: 100061502007



16300 SAND CANYON AVE  
STE 311

IRVINE, CA 92618



(949) 791-3101

Effective as of 01-JAN-21

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

Provider ID: 100325520007



16300 SAND CANYON AVE

## C1. 網絡內提供者清單 初級保健提供者

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



## C1. 網絡內提供者清單 初級保健提供者

Provider ID: 100345175004

📍 16300 SAND CANYON AVE  
STE 311

IRVINE, CA 92618

☎ (949) 791-3101

Effective as of 01-JAN-21

### ***PEDIATRICS***

**BILLECI, BARTON, MD<sup>M†</sup>**

Provider ID: 100022620004

📍 16300 SAND CANYON AVE  
STE 614

IRVINE, CA 92618

☎ (949) 653-1173

Effective as of 01-OCT-15

**BILLECI, BARTON, MD<sup>M†</sup>**

Provider ID: 100022620005

📍 16300 SAND CANYON AVE  
STE 614

IRVINE, CA 92618

☎ (949) 653-1173

Effective as of 01-JAN-18

### ***FAMILY PRACTICE***

**AHMED, HEBA, DO<sup>F\*</sup>**

Provider ID: 100405870005

📍 9850 GENESEE AVE STE  
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Hindi, Urdu

Teleservice

Effective as of 01-NOV-23

**AHMED, HEBA, DO<sup>F</sup>**

Provider ID: 100405870002

📍 9850 GENESEE AVE STE  
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Hindi, Urdu

Teleservice

Effective as of 01-MAY-23

**AHMED, HEBA, DO<sup>F</sup>**

Provider ID: 100405870003

📍 9850 GENESEE AVE STE  
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Hindi, Urdu

Teleservice

Effective as of 01-JUN-23

**AHMED, HEBA, DO<sup>F</sup>**

Provider ID: 100405870007

📍 9850 GENESEE AVE STE  
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Hindi, Urdu

Teleservice

Effective as of 01-DEC-23

**DEMBO-SMEATON, ELENA,  
MD<sup>F</sup>**

Provider ID: 100112789010

📍 8950 VILLA LA JOLLA DR  
STE C129

LA JOLLA, CA 92037

☎ (858) 450-5900

📱 Russian

Teleservice

Effective as of 01-MAY-21

**DEMBO-SMEATON, ELENA,  
MD<sup>F</sup>**

Provider ID: 100112789012

📍 8950 VILLA LA JOLLA DR  
STE C129

LA JOLLA, CA 92037

☎ (858) 450-5900

📱 Russian

Teleservice

Effective as of 01-JUL-21

**DEMBO-SMEATON, ELENA,  
MD<sup>F</sup>**

Provider ID: 100112789011

📍 8950 VILLA LA JOLLA DR  
STE C129

LA JOLLA, CA 92037

☎ (858) 450-5900

📱 Russian

Teleservice

Effective as of 01-JUL-21

**RIVERA, MIDORI, MD<sup>F</sup>**

Provider ID: 100111732028

📍 9850 GENESEE AVE STE  
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Japanese, Spanish

Effective as of 01-DEC-23

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

Provider ID: 100391945014

📍 9850 GENESEE AVE STE  
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Spanish

Effective as of 01-APR-23

**WU, ARMANDO, MD<sup>M</sup>**

Provider ID: 100381137002

📍 9850 GENESEE AVE STE  
320

LA JOLLA, CA 92037

☎ (858) 864-9800

📱 French, Italian, Spanish

Teleservice

Effective as of 01-DEC-21

**WU, ARMANDO, MD<sup>M</sup>**

Provider ID: 100381137010

📍 9850 GENESEE AVE STE  
320

## C1. 網絡內提供者清單 初級保健提供者

LA JOLLA, CA 92037  
☎ (858) 864-9800  
📠 French, Italian, Spanish  
Teleservice  
Effective as of 01-OCT-23

**WU, ARMANDO, MD<sup>M</sup>**  
Provider ID: 100381137007  
📠 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
☎ (858) 864-9800  
📠 French, Italian, Spanish  
Teleservice  
Effective as of 01-MAR-22

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

### **GENERAL PRACTICE**

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

### **INTERNAL MEDICINE**

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

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

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

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

**RANA, SHAUNAK, MD<sup>Mt†</sup>**  
Provider ID: 100194770019  
📠 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
☎ (858) 554-1212  
Effective as of 01-NOV-21

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

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

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

### **FAMILY PRACTICE**

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

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

### **FQHC**

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

### **INTERNAL MEDICINE**

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

## C1. 網絡內提供者清單 初級保健提供者

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

Provider ID: 100047564021

5565 GROSSMONT  
CENTER DR STE 229  
LA MESA, CA 91942

(858) 349-3760

Spanish, Vietnamese

Effective as of 01-MAR-24

### ***FAMILY PRACTICE***

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

Provider ID: 100096772018

800 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694

(949) 364-9112

Spanish

Effective as of 01-SEP-18

### ***INTERNAL MEDICINE***

### **ELSANADI, RAEF, MD<sup>M†</sup>**

Provider ID: 100040631004

333 CORPORATE DR STE  
210  
LADERA RANCH, CA 92694

(949) 364-3582

Arabic

Effective as of 01-SEP-19

### ***FAMILY PRACTICE***

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

Provider ID: 100059699012

370 OCEAN AVE  
LAGUNA BEACH, CA 92651

(949) 557-0610

Effective as of 01-JAN-21

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

Provider ID: 100369042016

370 OCEAN AVE  
LAGUNA BEACH, CA 92651

(949) 557-0610

Effective as of 01-AUG-21

### ***INTERNAL MEDICINE***

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

Provider ID: 100105400007

31862 COAST HWY STE 200  
LAGUNA BEACH, CA 92651

(949) 340-5454

Effective as of 01-AUG-18

### ***FAMILY PRACTICE***

### **CHANG, MICHAEL, DO<sup>M†</sup>**

Provider ID: 100294076006

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653

(949) 448-0656

Effective as of 01-AUG-18

### **CHANG, MICHAEL, DO<sup>M††</sup>**

Provider ID: 100294076007

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653

(949) 448-0656

Effective as of 01-AUG-18

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

Provider ID: 100108418005

24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653

(949) 373-7799

Effective as of 01-JAN-18

### **GEE, KELLY, DO<sup>F†</sup>**

Provider ID: 100358387006

23521 PASEO DE VALENCIA  
STE 311  
LAGUNA HILLS, CA 92653

(949) 305-2660

Effective as of 01-FEB-22

### **HICKS, TOMMY, MD<sup>M††</sup>**

Provider ID: 100093348004

23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653

(949) 588-7262

Effective as of 01-JAN-18

### **HUYNH, JUDY, DO<sup>F†</sup>**

Provider ID: 100065290005

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

(949) 768-4850

Effective as of 01-JAN-18

### **HUYNH, JUDY, DO<sup>F†</sup>**

Provider ID: 100065290003

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

(949) 768-4850

Effective as of 01-APR-12

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

Provider ID: 100017573010

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

(949) 916-9100

Effective as of 01-APR-22

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

Provider ID: 100017573009

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

(949) 916-9100

Effective as of 01-APR-22

### **KHOSHREZA, HALEH, MD<sup>F†</sup>**

Provider ID: 100383918002

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653

(949) 448-0656

Farsi, German

## C1. 網絡內提供者清單 初級保健提供者

Effective as of 01-MAR-22

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

Provider ID: 100103119055

24411 HEALTH CENTER DR  
STE 460

LAGUNA HILLS, CA 92653

(949) 373-7799

Effective as of 01-JAN-18

### **MANDEL, RONALD, DO<sup>M†</sup>**

Provider ID: 100034539004

25411 CABOT RD STE 115

LAGUNA HILLS, CA 92653

(949) 362-2121

Spanish

Effective as of 01-JAN-18

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

Provider ID: 100025171005

26538 MOULTON PKWY  
STE 38E

LAGUNA HILLS, CA 92653

(949) 448-0656

Hindi, Hindustani, Punjabi

Effective as of 01-AUG-18

### **MUNIB, SABEEN, MD<sup>F†</sup>**

Provider ID: 100168805025

23181 LA CADENA DR STE  
101

LAGUNA HILLS, CA 92653

(949) 647-5234

Effective as of 01-FEB-20

### **MUNIB, SABEEN, MD<sup>F†</sup>**

Provider ID: 100168805028

23181 LA CADENA DR STE  
101

LAGUNA HILLS, CA 92653

(949) 647-5234

Effective as of 01-OCT-20

### **MUNIB, SABEEN, MD<sup>F†</sup>**

Provider ID: 100168805030

23181 LA CADENA DR STE  
101

LAGUNA HILLS, CA 92653

(949) 647-5234

Effective as of 01-MAR-21

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

Provider ID: 100059240008

23521 PASEO VALENCIA  
108

LAGUNA HILLS, CA 92653

(949) 588-7262

Spanish

Effective as of 01-JAN-18

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

Provider ID: 100090936014

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

(949) 460-9200

Effective as of 01-JAN-18

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

Provider ID: 100090936012

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

(949) 460-9200

Effective as of 01-JAN-17

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

Provider ID: 100010305008

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

French, Spanish

Teleservice

Effective as of 01-APR-18

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

Provider ID: 100010305019

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

French, Spanish

Teleservice

Effective as of 01-JUL-19

## **GENERAL PRACTICE**

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

Provider ID: 100030436004

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653

(949) 215-1511

Spanish

Effective as of 01-NOV-19

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

Provider ID: 100088859020

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Spanish

Effective as of 01-SEP-20

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

Provider ID: 100088859016

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Spanish

Effective as of 01-JUN-19

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

Provider ID: 100069369008

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Teleservice

Effective as of 01-JUL-18

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

Provider ID: 100069369009

## C1. 網絡內提供者清單

### 初級保健提供者

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

#### INTERNAL MEDICINE

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

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

##### ARTHUR, KRISTINE, MD<sup>F†</sup>

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

##### ASHTARI, MOZHGAN, MD<sup>F†</sup>

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

##### BANDUKWALA, RAHIL, DO<sup>M†</sup>

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

##### BANDUKWALA, RAHIL, DO<sup>M†</sup>

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

##### BROWN, HOSEA, MD<sup>M††</sup>

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

##### BROWN, HOSEA, MD<sup>M††</sup>

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

##### BROWN, HOSEA, MD<sup>M††</sup>

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

##### BROWN, HOSEA, MD<sup>M††</sup>

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

##### BROWN, HOSEA, MD<sup>M††</sup>

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

Spanish  
Effective as of 01-JAN-14

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

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

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

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

##### CLARK, LORI, MD<sup>F††</sup>

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

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

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

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

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



## C1. 網絡內提供者清單 初級保健提供者

### **DABESTANI, ALI, MD<sup>M†</sup>**

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

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

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

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

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

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

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

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

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

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

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

Effective as of 01-JAN-18

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

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

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

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

### **JAVAHERI, MANIJEH, MD<sup>F†</sup>**

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

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

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

### **LEW, HOMER, DO<sup>M†</sup>**

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

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

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

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

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

### **MANASSON, KATHERINE, MD<sup>F†</sup>**

Provider ID: 100113316013  
📍 24422 AVENIDA DE LA  
CARLOTA STE 272  
LAGUNA HILLS, CA 92653  
☎ (949) 446-6783  
📄 Russian  
Effective as of 01-NOV-22

### **MANASSON, KATHERINE, MD<sup>F†</sup>**

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

### **MANASSON, KATHERINE, MD<sup>F†</sup>**

Provider ID: 100113316014  
📍 24422 AVENIDA DE LA  
CARLOTA STE 272  
LAGUNA HILLS, CA 92653  
☎ (949) 446-6783  
📄 Russian

## C1. 網絡內提供者清單 初級保健提供者

Effective as of 01-NOV-22

### **MEHTA, SHILPA, MD<sup>F†</sup>**

Provider ID: 100332508007

23141 MOULTON PKWY STE 102

LAGUNA HILLS, CA 92653

(949) 916-9100

Teleservice

Effective as of 01-JUN-19

### **MEHTA, SHILPA, MD<sup>F†</sup>**

Provider ID: 100332508008

23141 MOULTON PKWY STE 102

LAGUNA HILLS, CA 92653

(949) 916-9100

Teleservice

Effective as of 01-JUN-19

### **PACE, SARAH, MD<sup>F†</sup>**

Provider ID: 100322536002

24321 AVENIDA DE LA CARLOTA

LAGUNA HILLS, CA 92653

(949) 204-3006

Spanish

Effective as of 01-AUG-22

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

Provider ID: 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<sup>M</sup>**

Provider ID: 100114265015

23141 MOULTON PKWY STE 102

LAGUNA HILLS, CA 92653

(949) 855-2279

Farsi, French, Spanish  
Teleservice

Effective as of 01-JUN-19

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

Provider ID: 100107614005

24411 HEALTH CENTER DR STE 460

LAGUNA HILLS, CA 92653

(949) 334-8200

Farsi, Spanish, Swedish

Effective as of 01-JAN-18

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

Provider ID: 100082780005

24221 CALLE DE LA LOUISA STE 200

LAGUNA HILLS, CA 92653

(949) 420-5988

Chinese

Effective as of 01-JAN-18

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

F††

Provider ID: 100185861010

24321 AVENIDA DE LA CARLOTA

LAGUNA HILLS, CA 92653

(949) 204-3006

Farsi, Spanish

Effective as of 01-AUG-22

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

Provider ID: 100081005004

24411 HEALTH CENTER DR STE 460

LAGUNA HILLS, CA 92653

(949) 373-7799

Spanish

Effective as of 01-JAN-18

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

Provider ID: 100033007005

24411 HEALTH CENTER DR STE 460

LAGUNA HILLS, CA 92653

(949) 373-7799

Effective as of 01-JAN-18

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

Provider ID: 100105245004

24221 CALLE DE LA LOUISA STE 200

LAGUNA HILLS, CA 92653

(949) 420-5980

Vietnamese

Effective as of 01-JAN-18

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

Provider ID: 100086365005

24221 CALLE DE LA LOUISA STE 400

LAGUNA HILLS, CA 92653

(949) 770-2085

Effective as of 01-JAN-18

### **ZAREMBA, MARK, MD<sup>M†</sup>**

Provider ID: 100021573005

25401 CABOT RD STE 107

LAGUNA HILLS, CA 92653

(949) 273-8085

Effective as of 01-APR-18

### **ZAREMBA, MARK, MD<sup>M†</sup>**

Provider ID: 100021573002

25401 CABOT RD STE 107

LAGUNA HILLS, CA 92653

(949) 273-8085

Effective as of 01-JAN-13

## ***FAMILY PRACTICE***

### **BEDRAN, ASAD, DO<sup>M†</sup>**

Provider ID: 100347139005

27231 LA PAZ RD STE A

LAGUNA NIGUEL, CA 92677

(949) 643-9111

Effective as of 01-SEP-20

### **BELLO, JUSTINE, MD<sup>F†</sup>**

## C1. 網絡內提供者清單 初級保健提供者

Provider ID: 100281688002

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

Effective as of 01-SEP-16

### **BREWER, SARAH, MD<sup>F†</sup>**

Provider ID: 100281677007

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

Effective as of 01-FEB-21

### **FU, KAREN, MD<sup>F†</sup>**

Provider ID: 100095684012

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

Mandarin, Spanish

Effective as of 01-JUN-22

### **HAGHIGHI MOTLAGH,**

#### **BEHNAZ, MD<sup>F</sup>**

Provider ID: 100197006024

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

Dutch, Farsi

Effective as of 01-OCT-19

### **HAGHIGHI MOTLAGH,**

#### **BEHNAZ, MD<sup>F</sup>**

Provider ID: 100197006019

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

Dutch, Farsi

Effective as of 01-JUN-19

### **HAGHIGHI MOTLAGH,**

#### **BEHNAZ, MD<sup>F</sup>**

Provider ID: 100197006023

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

Dutch, Farsi

Effective as of 01-SEP-19

### **HAGHIGHI MOTLAGH,**

#### **BEHNAZ, MD<sup>F</sup>**

Provider ID: 100197006028

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

Dutch, Farsi

Effective as of 01-SEP-19

### **HAGHIGHI MOTLAGH,**

#### **BEHNAZ, MD<sup>F</sup>**

Provider ID: 100197006032

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

Dutch, Farsi

Effective as of 01-OCT-22

### **HAGHIGHI MOTLAGH,**

#### **BEHNAZ, MD<sup>F</sup>**

Provider ID: 100197006031

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

Dutch, Farsi

Effective as of 01-OCT-19

### **LEE, SUSAN, MD<sup>F†</sup>**

Provider ID: 100068409006

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

Effective as of 01-JUL-14

### **SALL, JEEVAN, MD<sup>M†</sup>**

Provider ID: 100353204063

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

Effective as of 01-JUN-22

## ***INTERNAL MEDICINE***

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

Provider ID: 100082360006

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

Effective as of 01-JAN-18

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

Provider ID: 100056351004

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

Effective as of 01-OCT-22

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

Provider ID: 100056351002

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

Effective as of 01-MAR-13

### **PARISE, ERIN, MD<sup>F†</sup>**

Provider ID: 100034192011

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

Spanish

Effective as of 01-JAN-18

## ***PEDIATRICS***

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

Provider ID: 100035402010

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

Gujarati, Hindi

Effective as of 01-SEP-22



## C1. 網絡內提供者清單 初級保健提供者

### **FAMILY PRACTICE**

#### **RIOS, DAVID, MD<sup>M†</sup>**

Provider ID: 100046040007

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

☎ (949) 837-7521

🗣 Spanish

Effective as of 01-JAN-18

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

Provider ID: 100074767005

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

☎ (949) 837-7521

Effective as of 01-JAN-18

### **INTERNAL MEDICINE**

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

Provider ID: 100113408009

📍 24268 EL TORO RD  
LAGUNA WOODS, CA  
92637

☎ (657) 241-8455

🗣 Farsi

Effective as of 01-JAN-21

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

Provider ID: 100113408008

📍 24268 EL TORO RD  
LAGUNA WOODS, CA  
92637

☎ (657) 241-8455

🗣 Farsi

Effective as of 01-JAN-21

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

Provider ID: 100047456004

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

☎ (949) 716-0833

Effective as of 01-JAN-18

### **FAMILY PRACTICE**

#### **JACKSON, ANITA, MD<sup>F†</sup>**

Provider ID: 100060861006

📍 31736 MISSION TRL STE G  
LAKE ELSINORE, CA 92530

☎ (951) 674-1505

🗣 Tagalog

Effective as of 01-NOV-11

#### **TORRES, REBECCA, MD<sup>F†</sup>**

Provider ID: 100187138016

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530

☎ (951) 471-1800

🗣 Korean, Mandarin, Spanish

Effective as of 01-DEC-14

#### **TORRES, REBECCA, MD<sup>F†</sup>**

Provider ID: 100187138015

📍 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530

☎ (951) 471-1800

🗣 Korean, Mandarin, Spanish

Effective as of 01-DEC-14

### **GENERAL PRACTICE**

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

Provider ID: 100070994004

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

☎ (951) 674-7811

🗣 Spanish, Tagalog

Effective as of 01-JUL-22

#### **OLIVEIRA, THOMAS, DO<sup>M†</sup>**

Provider ID: 100088827007

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

☎ (951) 471-5116

🗣 Italian, Spanish

Effective as of 01-APR-21

### **INTERNAL MEDICINE**

#### **BAJWA, SAIF, MD<sup>M†</sup>**

Provider ID: 100113080002

📍 16800 LAKESHORE DR STE  
2  
LAKE ELSINORE, CA 92530

☎ (951) 674-2155

🗣 Spanish, Urdu

Effective as of 01-APR-17

#### **SAADAT, FARID, MD<sup>M†</sup>**

Provider ID: 100013848002

📍 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530

☎ (951) 471-5711

🗣 Farsi, Persian

Effective as of 01-JUN-14

### **FAMILY PRACTICE**

#### **AHSAN, NUSRAT, MD<sup>F†</sup>**

Provider ID: 100113788007

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

☎ (949) 242-6902

🗣 Hindi

Effective as of 01-MAY-17

#### **ALI, MOHAMMED, MD<sup>M†</sup>**

Provider ID: 100114282064

📍 23672 BIRTCHE DR STE A  
LAKE FOREST, CA 92630

☎ (949) 770-7301

🗣 Hindi, Telugu, Urdu



Effective as of 01-OCT-22

#### **ALI, MOHAMMED, MD<sup>M†</sup>**




Provider ID: 100114282032

📍 23672 BIRTCHE DR STE A  
LAKE FOREST, CA 92630




## C1. 網絡內提供者清單 初級保健提供者

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




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

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




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

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




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

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

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




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

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



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

**KOUMAS, JOHN, DO<sup>M††</sup>**

Provider ID: 100064961008




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

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




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

### **INTERNAL MEDICINE**

**GOVASHIRI, REZA, MD<sup>M†</sup>**




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

**MUY, MADINETH, MD<sup>F††</sup>**



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

### **FAMILY PRACTICE**



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

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

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

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



**ZAMPELLO, LISA, MD<sup>F†</sup>**

Provider ID: 100340931005  
 10039 VINE ST  
LAKESIDE, CA 92040  
 (858) 218-3000  
Effective as of 01-NOV-22

### **FQHC**




#### **NEIGHBORHOOD**

**HEALTHCARE LAKESIDE, \***




Provider ID: PG0024990051  
 10039 VINE ST  
LAKESIDE, CA 92040  
 (858) 218-3000  
Teleservice  
Effective as of 01-JUL-22

#### **INTERNAL MEDICINE**

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

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

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

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

### **FQHC**

## C1. 網絡內提供者清單 初級保健提供者

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### LEMON GROVE FAMILY HEALTH CENTER,

Provider ID: PG0085568003

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

### *FAMILY PRACTICE*

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

Provider ID: 100114105045

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

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

Provider ID: 100114105044

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

#### CAMARILLO, DANIEL, MD<sup>M†</sup>

Provider ID: 100110735009

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

#### CAMARILLO, DANIEL, MD<sup>M†</sup>

Provider ID: 100110735017

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

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

Provider ID: 100391418013

29826 HAUN RD STE 200

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

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

Provider ID: 100391418014

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

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

Provider ID: 100410706004

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

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

Provider ID: 100410706003

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

#### HARRISON, AMY, MD<sup>F†</sup>

Provider ID: 100047360076

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

#### HARRISON, AMY, MD<sup>F†</sup>

Provider ID: 100047360077

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

#### MADRID, RICHARD, MD<sup>M†</sup>

Provider ID: 100077741007

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

Effective as of 01-JAN-16

#### ZURITA, DANIELA, MD<sup>F†</sup>

Provider ID: 100396617007

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

Effective as of 01-DEC-22

#### ZURITA, DANIELA, MD<sup>F†</sup>

Provider ID: 100396617009

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

Effective as of 01-DEC-22

### *INTERNAL MEDICINE*

#### ARANETA, TOMAS, MD<sup>M†</sup>

Provider ID: 100036305006

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

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

Provider ID: 100318437034

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

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

Provider ID: 100318437033

29826 HAUN RD STE 200

## C1. 網絡內提供者清單 初級保健提供者

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

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

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

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

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

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

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

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

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

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

### ***FAMILY PRACTICE***

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

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

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

📄 Spanish  
Effective as of 01-JUN-21

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

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


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

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

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



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

## C1. 網絡內提供者清單 初級保健提供者

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



**DELNITZ, DANUTA, MD<sup>F</sup>**  
Provider ID: 100109319011

 26691 PLAZA STE 140  
MISSION VIEJO, CA 92691

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



**DELNITZ, DANUTA, MD<sup>F</sup>**  
Provider ID: 100109319012

 26691 PLAZA STE 140  
MISSION VIEJO, CA 92691


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



**FIGHTLIN, STEFANIE, DO<sup>F†</sup>**  
Provider ID: 100086847010

 26991 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691


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



**FLORES, TERESA, MD<sup>F†</sup>**  
Provider ID: 100207722054

 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691

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

**FLORES, TERESA, MD<sup>F†</sup>**  
Provider ID: 100207722053


 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691

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

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

Provider ID: 100071312012


 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691

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

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

Provider ID: 100071312010


 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691

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

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

Provider ID: 100071312004


 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691

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

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

Provider ID: 100071312013



 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691

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

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

Provider ID: 100008104009

 26902 OSO PKWY STE 140  
MISSION VIEJO, CA 92691



 (949) 916-8870  
 Spanish

Effective as of 01-JAN-17

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

Provider ID: 100008104012

 26902 OSO PKWY STE 140  
MISSION VIEJO, CA 92691



 (949) 916-8870  
 Spanish

Effective as of 01-OCT-22

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

Provider ID: 100008104004

 26902 OSO PKWY STE 140  
MISSION VIEJO, CA 92691


 (949) 916-8870  
 Spanish

Effective as of 01-DEC-14

**GONZALEZ, DAVID, MD<sup>M†</sup>**

Provider ID: 100096155006

 26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691



 (949) 364-7246

Effective as of 01-OCT-18

**KUMAR, NISHCHAL, MD<sup>M†</sup>**

Provider ID: 100224908011



 23512 MADERO  
MISSION VIEJO, CA 92691

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

**KUMAR, NISHCHAL, MD<sup>M†</sup>**

Provider ID: 100224908013



 23512 MADERO  
MISSION VIEJO, CA 92691

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

**LY, PHUONG, MD<sup>M†</sup>**

Provider ID: 100354280025

 26800 CROWN VALLEY  
PKWY STE 150  
MISSION VIEJO, CA 92691


 (949) 276-2111  
 Vietnamese

Effective as of 01-AUG-22

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

Provider ID: 100113548005

 23512 MADERO  
MISSION VIEJO, CA 92691

 (949) 583-1600



## C1. 網絡內提供者清單 初級保健提供者

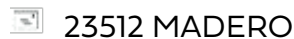


Farsi

Effective as of 01-MAY-12

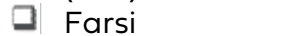
### **PEDARSANI, MARJAN, DO<sup>F†</sup>**

Provider ID: 100113548012



23512 MADERO

MISSION VIEJO, CA 92691



(949) 583-1600



Farsi

Effective as of 01-SEP-21

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

Provider ID: 100414034002



30492 GATEWAY PL

STE 110

MISSION VIEJO, CA 92694

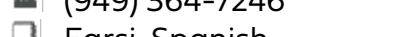


(949) 542-7700

Effective as of 01-OCT-23

### **SAMOORI, RAMA, DO<sup>F†</sup>**

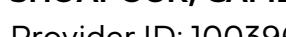
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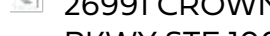
26732 CROWN VALLEY

PKWY STE 170

MISSION VIEJO, CA 92691



(949) 364-7246



Farsi, Spanish

Effective as of 01-SEP-15

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

Provider ID: 100396167003



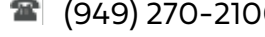
26991 CROWN VALLEY

PKWY STE 100

MISSION VIEJO, CA 92691



(949) 582-5430



Farsi, Persian

Effective as of 01-MAR-23

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

Provider ID: 100043536011



27725 SANTA MARGARITA

PKWY STE 101

MISSION VIEJO, CA 92691



(949) 270-2100

Effective as of 01-JUL-21

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

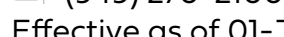
Provider ID: 100043536012



27725 SANTA MARGARITA

PKWY STE 101

MISSION VIEJO, CA 92691

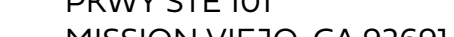


(949) 270-2100

Effective as of 01-JUL-21

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

Provider ID: 100043536017



27725 SANTA MARGARITA

PKWY STE 101

MISSION VIEJO, CA 92691

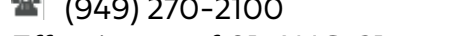


(949) 270-2100

Effective as of 01-AUG-21

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

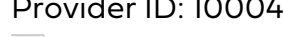
Provider ID: 100043536021



27725 SANTA MARGARITA

PKWY STE 101

MISSION VIEJO, CA 92691



(949) 270-2100

Effective as of 01-AUG-21

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

Provider ID: 100043536022



27725 SANTA MARGARITA

PKWY STE 101

MISSION VIEJO, CA 92691



(949) 270-2100

Effective as of 01-AUG-21

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

Provider ID: 100043536023



27725 SANTA MARGARITA

PKWY STE 101

MISSION VIEJO, CA 92691



(949) 270-2100

Effective as of 01-AUG-21

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

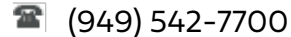
Provider ID: 100224906005



30492 GATEWAY PL STE

110

MISSION VIEJO, CA 92694



(949) 542-7700



Farsi

Effective as of 01-AUG-20

### **GENERAL PRACTICE**

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

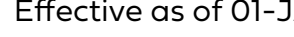
Provider ID: 100079209004



24896 CHRISANTA DR STE

130

MISSION VIEJO, CA 92691



(949) 458-2992



Polish, Spanish

Effective as of 01-JAN-18

### **INTERNAL MEDICINE**

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

Provider ID: 100114378012



25982 PALA STE 170

MISSION VIEJO, CA 92691



(949) 581-2002



Farsi, German, Persian

Effective as of 01-JAN-18

#### **BADIE, MEHRNAZ, MD<sup>F††</sup>**

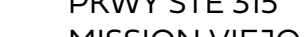
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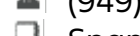
26800 CROWN VALLEY

PKWY STE 325

MISSION VIEJO, CA 92691



(949) 364-6000



Farsi

Effective as of 01-NOV-12

#### **BENNER, ERIC, MD<sup>M†</sup>**

Provider ID: 100074899004



26800 CROWN VALLEY

PKWY STE 315

MISSION VIEJO, CA 92691



(949) 364-6000






Spanish

Effective as of 01-NOV-12




#### **CHANG, HELEN, MD<sup>F††</sup>**






## C1. 網絡內提供者清單 初級保健提供者

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



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

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




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

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


### **LU, LESLIE, MD<sup>M†</sup>**



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

### **MAYET, KHADIJA, MD<sup>F†</sup>**



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

### **NGUYEN, VY, MD<sup>F††</sup>**



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

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



### **NIETO, ELIZABETH, MD<sup>F†</sup>**

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



### **NIETO, ELIZABETH, MD<sup>F†</sup>**

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




### **NOORIAN, NADER, MD<sup>M††</sup>**

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




### **PRATT, DONALD, MD<sup>M††</sup>**

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




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

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




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

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




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

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




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

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

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

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

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

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

## C1. 網絡內提供者清單 初級保健提供者

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

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

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

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

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

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

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

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

### **SWADENER, NINA, MD<sup>F†</sup>**

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

### **TRUONG, ANDREW, MD<sup>M†</sup>**

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

### **TSAI, MON TA, MD<sup>M††</sup>**

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

### **WADELL, CHAD, MD<sup>M†</sup>**

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

### **YAZDI, JANET, MD<sup>F††</sup>**

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

## ***FAMILY PRACTICE***

### **BREWER, ANH, DO<sup>F†</sup>**

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

### **BREWER, ANH, DO<sup>F†</sup>**

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

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

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

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

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

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

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




### **NGUYEN, BACH, MD<sup>M†</sup>**

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




### **NGUYEN, BACH, MD<sup>M†</sup>**

Provider ID: 100107585005




## C1. 網絡內提供者清單 初級保健提供者

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



### **PHILLIPS, LILY, MD<sup>F†</sup>**

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



### **PHILLIPS, LILY, MD<sup>F†</sup>**

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


### **SOTIS, JAMES, MD<sup>M†</sup>**



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

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




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

### **YUN, JONATHAN, DO<sup>M†</sup>**

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




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

### **YUN, JONATHAN, DO<sup>M†</sup>**

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



## **GENERAL PRACTICE**

### **LULIC, DZENAN, MD<sup>M†</sup>**



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

## **INTERNAL MEDICINE**


### **BLACK, JASON, MD<sup>M†</sup>**


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

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




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

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




Provider ID: 100109580008  
 39755 DATE ST STE 103  
MURRIETA, CA 92563

 (951) 304-3221  
Effective as of 01-APR-19




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

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




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

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



### **MARTINEZ, JORGE, MD<sup>M†</sup>**

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

### **MARTINEZ, JORGE, MD<sup>M†</sup>**

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

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

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

## C1. 網絡內提供者清單 初級保健提供者

### **PEDIATRICS**

#### **NGUYEN, TUAN, MD<sup>M†</sup>**

Provider ID: 100105070004

28078 BAXTER RD STE 320  
MURRIETA, CA 92563

(951) 246-4546

Effective as of 01-APR-21

### **FAMILY PRACTICE**

#### **ALGHAMDI, ASMA, MD<sup>F†</sup>**

Provider ID: 100359014006

2400 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Effective as of 01-NOV-21

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

Provider ID: 100360099026

2835 HIGHLAND AVE  
NATIONAL CITY, CA 91950

(844) 200-2426

Spanish

Effective as of 01-FEB-24

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

Provider ID: 100360159004

2400 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Effective as of 01-JAN-21

#### **CARLSON, ROBERT, MD<sup>M†</sup>**

Provider ID: 100002398003

36 N EUCLID AVE STE 105  
NATIONAL CITY, CA 91950

(619) 255-2950

Spanish, Tagalog

Effective as of 01-SEP-22

#### **CEVALLOS, JAMES, MD<sup>M††</sup>**

Provider ID: 100079582009

1136 D AVE

NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-APR-23

#### **CEVALLOS, JAMES, MD<sup>M†</sup>**

Provider ID: 100079582004

1136 D AVE  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-MAR-16

#### **DILLON, MAYRA, MD<sup>F††</sup>**

Provider ID: 100163378003

1136 D AVE  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-JAN-14

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

Provider ID: 100395889005

2835 HIGHLAND AVE  
NATIONAL CITY, CA 91950

(844) 200-2426

Spanish

Effective as of 01-FEB-24

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

Provider ID: 100064070023

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

(619) 434-7308

Armenian, Arabic, Spanish

Teleservice

Effective as of 01-NOV-21

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

Provider ID: 100021162012

610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

(619) 527-7700

Spanish, Tagalog

Effective as of 01-NOV-20

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

Provider ID: 100325216026

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

(619) 662-4100

Spanish

Effective as of 01-MAY-23

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

Provider ID: 100325216016

330 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-APR-23

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

Provider ID: 100325216019

333 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-APR-23

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

Provider ID: 100325216002

330 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-FEB-18

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

Provider ID: 100325216020

334 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-APR-23


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

Provider ID: 100325216021

335 E 8TH ST  
NATIONAL CITY, CA 91950

## C1. 網絡內提供者清單 初級保健提供者

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 (619) 662-4100

 Spanish


Effective as of 01-APR-23

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

Provider ID: 100325216022

 336 E 8TH ST

NATIONAL CITY, CA 91950


 (619) 662-4100

 Spanish


Effective as of 01-APR-23

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

Provider ID: 100325216023

 337 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

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

Provider ID: 100325216024

 338 E 8TH ST

NATIONAL CITY, CA 91950


 (619) 662-4100

 Spanish


Effective as of 01-APR-23

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

Provider ID: 100325216018

 332 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

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

Provider ID: 100325216025

 339 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

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

Provider ID: 100325216017

 331 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

**NAVARRO, VANESSA, MD<sup>F†</sup>**

Provider ID: 100173914003

 2400 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Filipino, Spanish, Tagalog


Effective as of 01-JAN-14

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

Provider ID: 100244053019

 610 EUCLID AVE STE 302

NATIONAL CITY, CA 91950

 (619) 527-7700

 Spanish


Effective as of 01-APR-23

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

Provider ID: 100244053014

 610 EUCLID AVE STE 302

NATIONAL CITY, CA 91950


 (619) 527-7700

 Spanish


Effective as of 01-SEP-20

**OCEGUEDA, JOSHUA, MD<sup>M†</sup>**

Provider ID: 100377020002

 1136 D AVE

NATIONAL CITY, CA 91950

 (619) 662-4100

Effective as of 01-SEP-21


**ORTIZ ILIZALITURRI, ANA, MD<sup>F\*</sup>**

Provider ID: 100394347012

 217 HIGHLAND AVE

NATIONAL CITY, CA 91950

 (619) 434-7308

 Spanish

Teleservice


Effective as of 01-OCT-23

**PATEL, PAAVAN, DO<sup>M</sup>**

Provider ID: 100413256010

 610 EUCLID AVE STE 302

NATIONAL CITY, CA 91950

 (619) 527-7700


Effective as of 01-DEC-23

**PATEL, PAAVAN, DO<sup>M</sup>**

Provider ID: 100413256006

 610 EUCLID AVE STE 302


NATIONAL CITY, CA 91950

 (619) 527-7700


Effective as of 01-NOV-23

**ROBERTS, POMAI, MD<sup>F††</sup>**

Provider ID: 100323487002

 1136 D AVE

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-SEP-17

**SAZEGAR, PAYAM, MD<sup>M†</sup>**

Provider ID: 100187888015

 217 HIGHLAND AVE

NATIONAL CITY, CA 91950

 (619) 434-7308

Teleservice


Effective as of 01-JUL-21

**SNOOK, BRIAN, DO<sup>M††</sup>**

Provider ID: 100211994006

 2400 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-JAN-21

**SNOOK, BRIAN, DO<sup>M††</sup>**



Provider ID: 100211994002



 2400 E 8TH ST




NATIONAL CITY, CA 91950






## C1. 網絡內提供者清單 初級保健提供者



 (619) 662-4100  
 Spanish  
Effective as of 01-JUN-14



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



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



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



### **FQHC**



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



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

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




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




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




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

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




### **GENERAL PRACTICE**




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

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

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

### **INTERNAL MEDICINE**

**BRAVERMAN, IRA, MD<sup>M†</sup>**  
Provider ID: 100012010021  
 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
 (619) 267-8181  
 Spanish, Tagalog  
Effective as of 01-APR-21

**BRAVERMAN, IRA, MD<sup>M†</sup>**  
Provider ID: 100012010020  
 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
 (619) 267-8181  
 Spanish, Tagalog  
Effective as of 01-NOV-20

**BRAVERMAN, IRA, MD<sup>M†</sup>**



## C1. 網絡內提供者清單 初級保健提供者

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Provider ID: 100012010018  
610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
(619) 267-8181  
Spanish, Tagalog  
Effective as of 01-AUG-20

### **CANTU-REYNA, GUILLERMO, MD<sup>Mt</sup>**

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

### **COMUNALE, RODERICK, MD<sup>Mt</sup>**

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

### **DELA PAZ, LENNIE, MD<sup>Mt</sup>**

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

### **EL GHONEIMY, AHMED, MD<sup>Mt</sup>**

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

### **HEKMAT, RAZI, MD<sup>Mt</sup>**

Provider ID: 100081732019

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

### **HEKMAT, RAZI, MD<sup>Mt</sup>**

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

### **HEKMAT, RAZI, MD<sup>Mt</sup>**

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

### **KURUVADI, NISHA, DO<sup>Ft</sup>**

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

### **MEDINA, NATALIE, MD<sup>F</sup>**

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

### **PRATHIPATI, LAKSHMI, MD<sup>Ft</sup>**

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

### **PRATHIPATI, LAKSHMI, MD<sup>Ft</sup>**

Provider ID: 100041945033  
502 EUCLID AVE STE 2013

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

### **TIANGCO, IRINEO, MD<sup>Mt</sup>**

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

### **TIANGCO, IRINEO, MD<sup>Mt</sup>**

Provider ID: 100107246016  
2340 E 8TH ST STE J  
NATIONAL CITY, CA 91950  
(619) 479-0320  
Spanish, Tagalog  
Effective as of 01-JAN-21

### **TIANGCO, IRINEO, MD<sup>Mt</sup>**

Provider ID: 100107246005  
2340 E 8TH ST STE J  
NATIONAL CITY, CA 91950  
(619) 479-0320  
Spanish, Tagalog  
Effective as of 01-JAN-14

### **TIANGCO, IRINEO, MD<sup>Mt</sup>**

Provider ID: 100107246017  
2340 E 8TH ST STE J  
NATIONAL CITY, CA 91950  
(619) 479-0320  
Spanish, Tagalog  
Effective as of 01-SEP-20

### **TIANGCO, IRINEO, MD<sup>Mt</sup>**

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

## C1. 網絡內提供者清單 初級保健提供者

### **FAMILY PRACTICE**

#### **GREENBERG, CATOU, MD<sup>F\*</sup>**

Provider ID: 100072487003

1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660

(949) 718-9020

Effective as of 01-JUL-12

#### **GREENBERG, CATOU, MD<sup>F\*</sup>**

Provider ID: 100072487007

1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660

(949) 718-9020

Effective as of 01-SEP-22

#### **GREENBERG, CATOU, MD<sup>F\*</sup>**

Provider ID: 100072487006

1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660

(949) 718-9020

Effective as of 01-JAN-14

#### **KIM, KAREN, DO<sup>F</sup>**

Provider ID: 100070645006

1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660

(949) 718-9020

Korean

Effective as of 01-JAN-14

#### **KIM, KAREN, DO<sup>F</sup>**

Provider ID: 100070645007

1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660

(949) 718-9020

Korean

Effective as of 01-SEP-22

#### **KIM, KAREN, DO<sup>F\*</sup>**

Provider ID: 100070645003

1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660

(949) 718-9020

Korean

Effective as of 01-JUL-12

#### **MANGOBA, LUTHER, MD<sup>M†</sup>**

Provider ID: 100107397012

400 NEWPORT CENTER  
DR STE 303  
NEWPORT BEACH, CA  
92660

(949) 644-1300

Spanish

Effective as of 01-APR-22

#### **MANGOBA, LUTHER, MD<sup>M†</sup>**

Provider ID: 100107397011

400 NEWPORT CENTER  
DR STE 303  
NEWPORT BEACH, CA  
92660

(949) 644-1300

Spanish

Effective as of 01-APR-22

### **INTERNAL MEDICINE**

#### **SPRINGSTUBB, ADITI, MD<sup>F†</sup>**

Provider ID: 100201144014

360 SAN MIGUEL DR STE  
300  
NEWPORT BEACH, CA  
92660

(949) 557-0830

Hindi, Spanish

Effective as of 01-OCT-21

#### **SYED, SAMEENA, DO<sup>F</sup>**

Provider ID: 100380768002

360 SAN MIGUEL DR STE  
300  
NEWPORT BEACH, CA  
92660

(949) 557-0830

Effective as of 01-DEC-21

### **FAMILY PRACTICE**

#### **BANIADAM, BEHZAD, MD<sup>M</sup>**

Provider ID: 100069979008

3231 WARING CT STE L  
OCEANSIDE, CA 92056

(760) 630-6300

Spanish

Effective as of 01-MAR-21

#### **DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875027

517 N HORNE ST  
OCEANSIDE, CA 92054

(844) 308-5003

Spanish

Effective as of 01-JAN-24

#### **DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875025

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(844) 308-5003

Spanish

Effective as of 01-JAN-24

#### **DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875026

4700 N RIVER RD  
OCEANSIDE, CA 92057

(844) 308-5003

Spanish

Effective as of 01-JAN-24


#### **ESPINOSA-SILVA, YAMINAH, DO<sup>F\*</sup>**

## C1. 網絡內提供者清單 初級保健提供者

---

Provider ID: 100358800016

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

### **ESPINOSA-SILVA, YAMINAH, DO<sup>F\*</sup>**

Provider ID: 100358800018

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

### **ESPINOSA-SILVA, YAMINAH, DO<sup>F\*</sup>**

Provider ID: 100358800017

 517 N HORNE ST  
OCEANSIDE, CA 92054

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

### **GONZALES, MICHELLE, MD<sup>F</sup>**

Provider ID: 100063095006

 3601 VISTA WAY  
OCEANSIDE, CA 92056

 (760) 639-1204


 Spanish

Effective as of 01-SEP-21

### **KURUKULASURIYA, DAYANTHITHI, DO<sup>F</sup>**

Provider ID: 100326148005

 605 CROUCH ST  
OCEANSIDE, CA 92054

 (760) 736-6767


Effective as of 01-FEB-23

### **MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984036

 517 N HORNE ST

OCEANSIDE, CA 92054

 (766) 315-0000


 Spanish

Effective as of 01-JAN-24

### **MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984038

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

### **MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984037

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

### **PANICKER, CIBU, MD<sup>M</sup>**

Provider ID: 100322969007

 4700 N RIVER RD  
OCEANSIDE, CA 92057


 (760) 631-5000


Effective as of 01-JAN-24

### **SAFI, ROOZCHEHR, MD<sup>F†</sup>**

Provider ID: 100201387012

 605 CROUCH ST  
OCEANSIDE, CA 92054

 (760) 736-6767


 Farsi

Effective as of 01-APR-14

### **VIDAL, MONICA, DO<sup>F††</sup>**

Provider ID: 100327876042

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 (844) 308-5003


 Spanish

Effective as of 01-JAN-24

### **VIDAL, MONICA, DO<sup>F††</sup>**

Provider ID: 100327876043

 517 N HORNE ST  
OCEANSIDE, CA 92054

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

### **VIDAL, MONICA, DO<sup>F††</sup>**

Provider ID: 100327876044

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

### **ZAMPELLO, LISA, MD<sup>F</sup>**

Provider ID: 100340931008

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 (760) 631-5000

Effective as of 01-JAN-23

### **ZAMPELLO, LISA, MD<sup>F</sup>**

Provider ID: 100340931012

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 (760) 631-5000

Effective as of 01-JUN-23

### **ZAMPELLO, LISA, MD<sup>F</sup>**

Provider ID: 100340931014

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 (760) 631-5000

Effective as of 01-DEC-23

### **ZAMPELLO, LISA, MD<sup>F</sup>**

Provider ID: 100340931015

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 (760) 631-5000

Effective as of 01-JAN-24

**FQHC**

## C1. 網絡內提供者清單 初級保健提供者

### **VISTA COMMUNITY CLINIC, †**

Provider ID: PG0072409007

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

Teleservice

Effective as of 01-JUL-22

### **VISTA COMMUNITY CLINIC HORNE STREET,**

Provider ID: PG0084639007

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

Teleservice

Effective as of 01-JUL-22

### **VISTA COMMUNITY CLINIC PIER VIEW WAY,**

Provider ID: PG0084683007

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

Teleservice

Effective as of 01-JUL-22

### **INTERNAL MEDICINE**

#### **CHONG, ILSONG, MD<sup>M</sup>**

Provider ID: 100334344006

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

Korean

Effective as of 01-FEB-23

#### **CURRAN, PERRIN, MD<sup>M</sup>**

Provider ID: 100083095002

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

Effective as of 01-FEB-05

#### **HEIFETZ, SUSAN, MD<sup>F</sup>**

Provider ID: 100024397011

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

Effective as of 01-SEP-21

#### **LAWSON, CATHERINE, MD<sup>F</sup>**

Provider ID: 100080716004

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

Effective as of 01-DEC-10

#### **LIZOTTE, PAUL, DO<sup>M†</sup>**

Provider ID: 100212648008

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

Spanish

Effective as of 01-MAR-21

#### **MACMURRAY, MICHAEL, MD<sup>M</sup>**

Provider ID: 100067535007

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

Spanish

Effective as of 01-MAR-20

#### **MACMURRAY, MICHAEL, MD<sup>M</sup>**

Provider ID: 100067535003

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

Spanish

Effective as of 01-OCT-05

#### **MACMURRAY, MICHAEL, MD<sup>M</sup>**

Provider ID: 100067535012

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

Spanish

Effective as of 01-JAN-24

#### **ZIMMERMANN, ANDRES, MD<sup>M</sup>**

Provider ID: 100015622004

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

Spanish

Effective as of 01-SEP-21

### **FAMILY PRACTICE**

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

Provider ID: 100320650015

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

Spanish

Effective as of 01-FEB-24

### **FQHC**

#### **NEIGHBORHOOD**

#### **HEALTHCARE PAUMA VALLEY,**

Provider ID: PG0024990047

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

Teleservice

Effective as of 01-JUL-22

### **GENERAL PRACTICE**

#### **LAFONTANT, JEAN, MD<sup>M†</sup>**

Provider ID: 100218405011

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

French, Spanish

Effective as of 01-APR-21

### **INTERNAL MEDICINE**

#### **SANUCCI, SHAUN, DO<sup>F</sup>**

Provider ID: 100352649064

## C1. 網絡內提供者清單 初級保健提供者

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

**SANUCCI, SHAUN, DO<sup>F</sup>**  
Provider ID: 100352649063

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

### **FAMILY PRACTICE**

**KAUR, JATINDER, MD<sup>F</sup>**  
Provider ID: 100315025013

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

**KAUR, JATINDER, MD<sup>F</sup>**  
Provider ID: 100315025014

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

**TANKSLEY, SIMON, MD<sup>M</sup>**  
Provider ID: 100353447004

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

### **FQHC**

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

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

### **INTERNAL MEDICINE**

**CAPARSO, AMANDA, DO<sup>F†</sup>**  
Provider ID: 100202026020

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

**RIVERA, MARCELO, MD<sup>M†</sup>**  
Provider ID: 100036662015

13525 MIDLAND RD STE F  
POWAY, CA 92064  
(858) 486-9100  
Spanish, Tagalog  
Effective as of 01-JAN-21

**RIVERA, MARCELO, MD<sup>M†</sup>**  
Provider ID: 100036662019

13525 MIDLAND RD STE F  
POWAY, CA 92064  
(858) 486-9100  
Spanish, Tagalog  
Effective as of 01-SEP-23

**RIVERA, MARCELO, MD<sup>M</sup>**  
Provider ID: 100036662022

15644 POMERADO RD STE  
100  
POWAY, CA 92064  
(858) 485-5111  
Spanish, Tagalog  
Effective as of 01-DEC-23

**RIVERA, MARCELO, MD<sup>M</sup>**  
Provider ID: 100036662021

15644 POMERADO RD STE  
100  
POWAY, CA 92064  
(858) 485-5111  
Spanish, Tagalog

Effective as of 01-SEP-23

**RIVERA, MARCELO, MD<sup>M</sup>**  
Provider ID: 100036662020

15644 POMERADO RD STE  
100  
POWAY, CA 92064  
(858) 485-5111  
Spanish, Tagalog  
Effective as of 01-SEP-23

**WINE, DAVID, MD<sup>M</sup>**  
Provider ID: 100035139012

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
(858) 675-3100  
Effective as of 01-FEB-24

### **PEDIATRICS**

**YUNG, DORIS, MD<sup>F†</sup>**  
Provider ID: 100036513005

220 ROTANZI ST  
RAMONA, CA 92065  
(760) 736-6767  
Chinese, Mandarin, Spanish  
Effective as of 01-DEC-18

### **FAMILY PRACTICE**

**BILAN, NATALIA, MD<sup>F</sup>**  
Provider ID: 100112756005

29809 SANTA MARGARITA  
PKWY STE 300  
RANCHO SANTA  
MARGARITA, CA 92688  
(949) 709-5100  
Russian  
Effective as of 01-JAN-18

**CIANCIOLA, MARK, MD<sup>M††</sup>**  
Provider ID: 100057057005

29472 AVENIDA DE LAS  
BANDERA



## C1. 網絡內提供者清單 初級保健提供者

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

**GHAZI, FARANAK, MD<sup>F†</sup>**  
Provider ID: 100332514003  
📍 29873 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 709-0988  
Effective as of 01-AUG-18

**KARIMABADI, MARJAN, MD<sup>F†</sup>**  
Provider ID: 100196435002  
📍 29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 459-9968  
📄 Farsi  
Effective as of 01-OCT-13

### **GENERAL PRACTICE**

**RAMIREZ, HECTOR, MD<sup>M</sup>**  
Provider ID: 100077601004  
📍 29833 SANTA MARGARITA  
PKWY STE 200  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 858-8652  
📄 Spanish  
Effective as of 01-JAN-18

### **INTERNAL MEDICINE**

**GORE, GWENDOLYN, MD<sup>F†</sup>**  
Provider ID: 100020754005  
📍 29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 459-9968

Effective as of 01-MAY-12  
**KAMAREI, SHAPARAK, MD<sup>F†</sup>**  
Provider ID: 100132319012  
📍 29873 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 709-0988  
📄 Farsi  
Effective as of 01-JAN-18

**TRAN, LILIAN, MD<sup>F†</sup>**  
Provider ID: 100105534008  
📍 29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 459-9968  
📄 Vietnamese  
Effective as of 01-MAR-15

### **FAMILY PRACTICE**

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

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 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<sup>M†</sup>**  
Provider ID: 100114282052  
📍 665 CAMINO DE LOS

MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-DEC-18

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282063  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-JAN-22

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282021  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-JAN-16

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282028  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-JAN-17

**DAVALOS, RICARDO, MD<sup>M</sup>**  
Provider ID: 100077642004  
📍 150 AVENIDA CABRILLO  
STE A  
SAN CLEMENTE, CA 92672  
☎ (949) 369-6993  
📄 Spanish  
Effective as of 01-JAN-18

**RAMSEY, KAYLA, DO<sup>F</sup>**  
Provider ID: 100365540002  
📍 1031 AVENIDA PICO STE



## C1. 網絡內提供者清單 初級保健提供者

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

### **ROBERSON, ANDREA, DO<sup>F†</sup>**

Provider ID: 100091717003  
📍 105 AVENIDA DE LA ESTRELLA STE 1A  
SAN CLEMENTE, CA 92672  
☎ (949) 586-8000  
Effective as of 01-JAN-18

### **SAFAVI, MAHSA, MD<sup>F†</sup>**

Provider ID: 100350049007  
📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
☎ (949) 493-6113  
📄 Farsi, Persian  
Effective as of 01-JAN-23

### **SHOKOUHI, SARA, MD<sup>F†</sup>**

Provider ID: 100111432006  
📍 665 CAMINO DE LOS MARES STE 207  
SAN CLEMENTE, CA 92673  
☎ (949) 661-4411  
📄 Farsi, Persian  
Effective as of 01-JAN-18

### **YU, CHRISTINE, DO<sup>F</sup>**

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

## **INTERNAL MEDICINE**

### **CHANG, LAWRENCE, MD<sup>M</sup>**

Provider ID: 100045275002  
📍 665 CAMINO LOS MARES 301

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

### **GARNER, KAREN, MD<sup>F††</sup>**

Provider ID: 100100519023  
📍 831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
☎ (949) 364-5600  
Effective as of 01-NOV-17

### **MITREVSKI, PREDRAG, MD<sup>M††</sup>**

Provider ID: 100071204007  
📍 675 CAMINO DE LOS MARES STE 200  
SAN CLEMENTE, CA 92673  
☎ (949) 542-8865  
Effective as of 01-JAN-15

### **REXINGER, KENNETH, MD<sup>M††</sup>**

Provider ID: 100058286009  
📍 831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
☎ (949) 364-5600  
Effective as of 01-JAN-15

### **UNDERWOOD JOLLY, AMY, MD<sup>F††</sup>**

Provider ID: 100086849011  
📍 831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
☎ (949) 364-5600  
Effective as of 01-JAN-22

### **WOOD, YELENA, MD<sup>F†</sup>**

Provider ID: 100018427006  
📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
☎ (949) 493-6113  
Effective as of 01-JAN-18

## **FAMILY PRACTICE**

### **ALVAREZ-ESTRADA, MIGUEL,**

### **MD<sup>M†</sup>**

Provider ID: 100360099016  
📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
☎ (619) 662-4100  
📄 Spanish  
Effective as of 01-MAY-22

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

Provider ID: 100360099012  
📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
☎ (619) 662-4100  
📄 Spanish  
Effective as of 01-JAN-21

### **BOYD, JAMES, MD<sup>M</sup>**

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

### **CUTLER, MICHAEL, MD<sup>M</sup>**

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

### **CUTLER, MICHAEL, MD<sup>M</sup>**

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

### **CUTLER, MICHAEL, MD<sup>M</sup>**

## C1. 網絡內提供者清單 初級保健提供者

Provider ID: 100225708021

3802 NATIONAL AVE  
SAN DIEGO, CA 92113

(619) 264-2591

Russian, Spanish

Effective as of 01-JAN-24

### **DABO, TARAM, MD<sup>M†</sup>**

Provider ID: 100075261004

1919 GRAND AVE STE 1E  
SAN DIEGO, CA 92109

(858) 270-5454

Chinese, French, Mandarin

Effective as of 01-JAN-14

### **DABO, TARAM, MD<sup>M†</sup>**

Provider ID: 100075261003

1919 GRAND AVE STE 1E  
SAN DIEGO, CA 92109

(858) 270-5454

Chinese, French, Mandarin

Effective as of 01-MAR-11

### **DAVIS, DEIRDRE, MD<sup>F†</sup>**

Provider ID: 100375869002

950 S EUCLID AVE  
SAN DIEGO, CA 92114

(619) 662-4100

Spanish

Teleservice

Effective as of 01-AUG-21

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

Provider ID: 100409222005

3750 CONVOY ST STE 118  
SAN DIEGO, CA 92111

(760) 741-1224

French, Hungarian, Spanish

Effective as of 01-AUG-23

### **DENYSIAK, JACQUELINE, MD<sup>F†</sup>**

Provider ID: 100363725002

3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

(619) 294-6500

Teleservice

Effective as of 01-DEC-20

### **DENYSIAK, JACQUELINE, MD<sup>F†</sup>**

Provider ID: 100363725005

3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

(619) 294-6500

Teleservice

Effective as of 01-JAN-21

### **DENYSIAK, JACQUELINE, MD<sup>F†</sup>**

Provider ID: 100363725007

3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

(619) 294-6500

Teleservice

Effective as of 01-NOV-21

### **DIEP, BRIAN, MD<sup>M†</sup>**

Provider ID: 100324529011

7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111

(858) 277-5463

Vietnamese

Teleservice

Effective as of 01-JUN-22

### **DIEP, BRIAN, MD<sup>M†</sup>**

Provider ID: 100324529013

4551 EL CAJON BLVD  
SAN DIEGO, CA 92115

(619) 280-7185

Vietnamese

Teleservice

Effective as of 01-OCT-22

### **DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753010

3180 UNIVERSITY AVE STE  
120  
SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-SEP-23

### **DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753005

3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-NOV-23

### **DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753004

3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-OCT-22

### **DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753009

3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-MAR-23

### **DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753002

3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-AUG-22

### **DUDAREWICZ, TERESA, MD<sup>F†</sup>**

Provider ID: 100068264017

9909 MIRA MESA BLVD  
STE 110

SAN DIEGO, CA 92131

(858) 788-7208

## C1. 網絡內提供者清單 初級保健提供者

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☐ French, Polish, Russian  
Teleservice  
Effective as of 01-OCT-22

### **DUDAREWICZ, TERESA, MD<sup>Ft</sup>**

Provider ID: 100068264016  
📍 9909 MIRA MESA BLVD  
STE 110  
SAN DIEGO, CA 92131  
☎ (858) 788-7208  
☐ French, Polish, Russian  
Teleservice  
Effective as of 01-OCT-22

### **DUDAREWICZ, TERESA, MD<sup>Ft</sup>**

Provider ID: 100068264013  
📍 9909 MIRA MESA BLVD  
STE 110  
SAN DIEGO, CA 92131  
☎ (858) 788-7208  
☐ French, Polish, Russian  
Teleservice  
Effective as of 01-NOV-23

### **FAMBRO, CYNTHIA, MD<sup>Ft</sup>**

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

### **GIL, GABRIEL, MD<sup>M†</sup>**

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

### **GIL, GABRIEL, MD<sup>M†</sup>**

Provider ID: 100094547010  
📍 903 CARDIFF ST  
SAN DIEGO, CA 92114  
☎ (619) 465-3121

☐ Spanish  
Effective as of 01-JAN-18

### **GIL, GABRIEL, MD<sup>M†</sup>**

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

### **GIL, GABRIEL, MD<sup>M†</sup>**

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

### **GUTIERREZ, LORAIN, MD<sup>Ft</sup>**

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

### **HAMIDI, MAHSHID, MD<sup>Ft</sup>**

Provider ID: 100110351016  
📍 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
☎ (858) 565-6394  
☐ Farsi, French, Spanish  
Effective as of 01-FEB-22

### **HAMIDI, MAHSHID, MD<sup>Ft</sup>**

Provider ID: 100110351005  
📍 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
☎ (858) 565-6394  
☐ Farsi, French, Spanish  
Effective as of 01-APR-18

### **HAMIDI, MAHSHID, MD<sup>Ft</sup>**

Provider ID: 100110351013

📍 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
☎ (858) 565-6394  
☐ Farsi, French, Spanish  
Effective as of 01-AUG-20

### **HAMIDI, MAHSHID, MD<sup>Ft</sup>**

Provider ID: 100110351017  
📍 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
☎ (858) 565-6394  
☐ Farsi, French, Spanish  
Effective as of 01-APR-23

### **HAMIDI, MAHSHID, MD<sup>Ft</sup>**

Provider ID: 100110351015  
📍 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
☎ (858) 565-6394  
☐ Farsi, French, Spanish  
Effective as of 01-JAN-21

### **HEIMLER, GRAHAM, MD<sup>M</sup>**

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

### **HENRY, REBECCA, MD<sup>F</sup>**

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

### **HOUGHTON, ROBERT, MD<sup>M†</sup>**

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

## C1. 網絡內提供者清單 初級保健提供者

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### **JENKIN, FREDERICK, DO<sup>M†</sup>**

Provider ID: 100038612009

3562 GOVERNOR DR STE 1  
SAN DIEGO, CA 92122

(858) 774-5157

Effective as of 01-MAY-21

### **JOHN, TANNER, MD<sup>M</sup>**

Provider ID: 100415495003

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Teleservice

Effective as of 01-OCT-23

### **KAUFHOLD, ANNE, MD<sup>F†</sup>**

Provider ID: 100086435019

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Arabic, Spanish

Effective as of 01-JAN-21

### **KIDDER, BRENDAN, MD<sup>M†</sup>**

Provider ID: 100334556005

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Spanish

Effective as of 01-MAY-22

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

Provider ID: 100064070025

1032 BROADWAY  
SAN DIEGO, CA 92101

(619) 795-5991

Armenian, Arabic, Spanish  
Teleservice

Effective as of 01-NOV-21

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

Provider ID: 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<sup>F†</sup>**

Provider ID: 100064070026

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

(619) 269-1269

Armenian, Arabic, Spanish  
Teleservice

Effective as of 01-NOV-21

### **LEBANO, RICHARD, MD<sup>M</sup>**

Provider ID: 100340129005

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

(844) 200-2426

Spanish

Effective as of 01-OCT-23

### **LIU, CHIA-LIN, DO<sup>M</sup>**

Provider ID: 100102354004

2185 GARNET AVE  
SAN DIEGO, CA 92109

(858) 270-9270

Chinese, Mandarin, Spanish

Effective as of 01-APR-23

### **LIU, CHIA-LIN, DO<sup>M</sup>**

Provider ID: 100102354002

2185 GARNET AVE  
SAN DIEGO, CA 92109

(858) 270-9270

Chinese, Mandarin, Spanish

Effective as of 01-DEC-03

### **LUAN, GORDON, MD<sup>M†</sup>**

Provider ID: 100012685018

4320 GENESEE AVE STE  
103

SAN DIEGO, CA 92117

(858) 598-6789

Chinese, Mandarin

Effective as of 01-NOV-23

### **LUAN, GORDON, MD<sup>M†</sup>**

Provider ID: 100012685016

4320 GENESEE AVE STE  
103

SAN DIEGO, CA 92117

(858) 598-6789

Chinese, Mandarin

Effective as of 01-JUN-22

### **MARQUEZ, LUIS, MD<sup>M†</sup>**

Provider ID: 100078829006

4060 4TH AVE STE 540  
SAN DIEGO, CA 92103

(619) 236-8796

Italian, Spanish

Effective as of 01-NOV-21

### **MATSON, GARY, DO<sup>M†</sup>**

Provider ID: 100051901002

4501 MISSION BAY DR STE  
3E

SAN DIEGO, CA 92109

(858) 270-4343

French, Spanish

Effective as of 01-FEB-07

### **MORALES, ALEJANDRA, MD<sup>F†</sup>**

Provider ID: 100363732006

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Effective as of 01-MAY-22

### **MORALES, ALEJANDRA, MD<sup>F†</sup>**

Provider ID: 100363732003

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Effective as of 01-JAN-21




### **NGUYEN, LINHKIEU, MD<sup>F†</sup>**

Provider ID: 100073181014






## C1. 網絡內提供者清單 初級保健提供者




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




### **NGUYEN, LINHKIEU, MD<sup>F†</sup>**

Provider ID: 100073181012  
 3575 EUCLID AVE STE 100  
SAN DIEGO, CA 92105  
 (619) 284-1400  
 Chinese, Spanish, Tagalog  
Effective as of 01-JAN-21



### **NGUYEN, HUONG, MD<sup>F†</sup>**

Provider ID: 100104992004  
 4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115  
 (619) 285-1522  
 Cantonese, Cambodian,  
Mandarin  
Effective as of 01-JAN-14

### **NGUYEN, HUONG, MD<sup>F†</sup>**

Provider ID: 100104992018  
 4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115  
 (619) 285-1522  
 Cantonese, Cambodian,  
Mandarin  
Effective as of 01-OCT-23

### **ORTIZ, KENNETH, MD<sup>M†</sup>**



Provider ID: 100335275027  
 316 25TH ST  
SAN DIEGO, CA 92102  
 (619) 662-4100  
Teleservice  
Effective as of 01-OCT-22

### **ORTIZ ILIZALITURRI, ANA, MD<sup>F\*</sup>**




Provider ID: 100394347011

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 (619) 280-4213  
 Spanish  
Teleservice  
Effective as of 01-OCT-23




### **RITTER, STEVEN, DO<sup>M†</sup>**

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



### **RODRIGUEZ, SEAN, MD<sup>M</sup>**

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



### **SALEH, ANDREW, MD<sup>M†</sup>**

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



### **SAZEGAR, PAYAM, MD<sup>M†</sup>**

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




### **SAZEGAR, PAYAM, MD<sup>M†</sup>**

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




### **SCOTT, LAGINA, MD<sup>F</sup>**

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




### **SHAMANI, AZAM, MD<sup>F†</sup>**

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




### **SHAMANI, AZAM, MD<sup>F†</sup>**

Provider ID: 100132296022  
 5555 RESERVOIR DR STE  
312  
SAN DIEGO, CA 92120  
 (619) 639-7285  
 Farsi, Spanish, Faroese  
Effective as of 01-SEP-21

### **SHAMANI, AZAM, MD<sup>F†</sup>**

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

### **SHAMANI, AZAM, MD<sup>F†</sup>**

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

## C1. 網絡內提供者清單 初級保健提供者

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### **SINGER, JACOB, MD<sup>M</sup>**

Provider ID: 100340992007

📍 4320 GENESEE AVE  
SAN DIEGO, CA 92117

☎ (858) 598-6789

Effective as of 01-OCT-23

### **SINGER, JACOB, MD<sup>M</sup>**

Provider ID: 100340992008

📍 4320 GENESEE AVE  
SAN DIEGO, CA 92117

☎ (858) 598-6789

Effective as of 01-DEC-23

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

Provider ID: 100418703003

📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

☎ (619) 662-4100

Teleservice

Effective as of 01-NOV-23

### **SNYDER, CHRISTOPHER, DO<sup>M†</sup>**

Provider ID: 100024789053

📍 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ (619) 662-4100

📱 Spanish

Teleservice

Effective as of 01-MAR-22

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

Provider ID: 100387928007

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

☎ (619) 255-9155

Teleservice

Effective as of 01-MAY-22

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

Provider ID: 100387928008

📍 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

☎ (619) 269-1269

Teleservice

Effective as of 01-MAY-22

### **SZMIDT, MARIA, MD<sup>F</sup>**

Provider ID: 100108398011

📍 12395 EL CAMINO REAL  
STE 100

SAN DIEGO, CA 92130

☎ (858) 259-5655

📱 Polish, Russian, Spanish

Effective as of 01-JAN-21

### **SZMIDT, MARIA, MD<sup>F</sup>**

Provider ID: 100108398007

📍 12395 EL CAMINO REAL  
STE 100

SAN DIEGO, CA 92130

☎ (858) 259-5655

📱 Polish, Russian, Spanish

Effective as of 01-SEP-15

### **TEGUH, COLLIN, DO<sup>M†</sup>**

Provider ID: 100089123007

📍 2045 ADAMS AVE  
SAN DIEGO, CA 92116

☎ (619) 281-8988

📱 German, Indonesian,  
Malayalam

Teleservice

Effective as of 01-AUG-20

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

Provider ID: 100391945010

📍 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

☎ (858) 554-1212

📱 Spanish

Effective as of 01-NOV-22

### **VO, PHU LUONG, DO<sup>F</sup>**

Provider ID: 100415527003

📍 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ (619) 662-4100

📱 Spanish, Vietnamese

Teleservice

Effective as of 01-NOV-23

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

Provider ID: 100090572016

📍 9800 GLEN CENTER DR  
SAN DIEGO, CA 92131

☎ (858) 832-2500

Teleservice

Effective as of 01-NOV-23

### **WONG, CALVIN, MD<sup>M†</sup>**

Provider ID: 100095226007

📍 444 W C ST STE 185  
SAN DIEGO, CA 92101

☎ (619) 232-6262

📱 Chinese, Spanish

Effective as of 01-JUN-11

### **YUEN, SELENE, MD<sup>F†</sup>**

Provider ID: 100246155013

📍 4320 GENESEE AVE STE  
103

SAN DIEGO, CA 92117

☎ (858) 598-6789

📱 Chinese

Teleservice

Effective as of 01-APR-22

### **YUEN, SELENE, MD<sup>F†</sup>**

Provider ID: 100246155015

📍 4320 GENESEE AVE STE  
103

SAN DIEGO, CA 92117

☎ (858) 598-6789

📱 Chinese

Teleservice

Effective as of 01-JUN-22

### **ZINK, IRENE, MD<sup>F†\*</sup>**



Provider ID: 100324255006




📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113





## C1. 網絡內提供者清單 初級保健提供者



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


**ZINK, IRENE, MD <sup>F†</sup>**  
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: PG0025044036  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 (619) 515-2300  
Effective as of 01-JAN-21

**LOGAN HEIGHTS FAMILY**

## C1. 網絡內提供者清單 初級保健提供者

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### **HEALTH CENTER,**

Provider ID: PG0025044044

📍 2204 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ (619) 515-2355

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: PG0025044037

📍 3544 30TH ST  
SAN DIEGO, CA 92104

☎ (619) 515-2424

Effective as of 01-JAN-21

### **NORTH PARK FAMILY HEALTH CENTERS,**

Provider ID: PG0084186003

📍 3514 30TH ST  
SAN DIEGO, CA 92104

☎ (619) 515-2424

Effective as of 01-JAN-21

### **OPERATION SAMAHAN - MIRA MESA,**

Provider ID: PG0083606006

📍 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

☎ (844) 200-2426

Effective as of 01-JAN-21

### **OPERATION SAMAHAN - MIRA MESA, †**

Provider ID: PG0083606005

📍 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126

☎ (844) 200-2426

Effective as of 01-JAN-21

### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

Provider ID: PG0083903005

📍 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

☎ (844) 200-2426

Effective as of 01-JAN-21

### **SAN DIEGO AMERICAN INDIAN HEALTH CENTER,**

Provider ID: PG0025869017

📍 2630 1ST AVE  
SAN DIEGO, CA 92103

☎ (619) 234-2158

Teleservice

Effective as of 01-JUL-22

### **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. 網絡內提供者清單 初級保健提供者

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

### **GENERAL PRACTICE**

#### **BORRERO, MARCOS, MD<sup>Mt</sup>**

Provider ID: 100104392018

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

Effective as of 01-DEC-21

#### **BORRERO, MARCOS, MD<sup>Mt</sup>**

Provider ID: 100104392015

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

Effective as of 01-JAN-21

#### **BORRERO, MARCOS, MD<sup>Mt</sup>**




Provider ID: 100104392005

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

Effective as of 01-MAY-18

#### **BORRERO, MARCOS, MD<sup>Mt</sup>**

Provider ID: 100104392016



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

Effective as of 01-NOV-20

#### **BORRERO, MARCOS, MD<sup>Mt†</sup>**

Provider ID: 100104392019

 3490 PALM AVE  
SAN DIEGO, CA 92154

 (619) 423-5616  
 Spanish

Teleservice

Effective as of 01-JUN-23

#### **DENYSIAK, JACQUELINE, MD<sup>Ft</sup>**

Provider ID: 100363725006

 3969 4TH AVE STE 203  
SAN DIEGO, CA 92103  
 (619) 294-6500  
Teleservice

Effective as of 01-JAN-21

#### **GERBATSCH-BORNEMISZA, ILDIKO, MD<sup>Ft</sup>**

Provider ID: 100325246016

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

Effective as of 01-JUL-23

#### **GUEFEN, URI, MD<sup>M</sup>**




Provider ID: 100072802030

 555 W C ST STE 102  
SAN DIEGO, CA 92101  
 (858) 554-1212  
 Spanish

Effective as of 01-DEC-23

#### **KIDOKORO, YASUKO, MD<sup>Ft</sup>**


Provider ID: 100075657015

 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
 (858) 277-9669  
 Japanese  
Effective as of 01-JAN-21

#### **KIDOKORO, YASUKO, MD<sup>Ft</sup>**

Provider ID: 100075657018

 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117




 (858) 277-9669

 Japanese

Effective as of 01-MAY-22




#### **KIDOKORO, YASUKO, MD<sup>Ft</sup>**

Provider ID: 100075657010

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




#### **MIRKARIMI, MORTEZA, MD<sup>Mt</sup>**

Provider ID: 100084653009

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




#### **MIRKARIMI, MORTEZA, MD<sup>Mt</sup>**

Provider ID: 100084653010

 3863 CLAIREMONT DR  
SAN DIEGO, CA 92117  
 (858) 483-5570  
 Farsi, Spanish, Faroese  
Effective as of 01-JAN-21




#### **MIRKARIMI, MORTEZA, MD<sup>Mt</sup>**

Provider ID: 100084653003

 3863 CLAIREMONT DR  
SAN DIEGO, CA 92117  
 (858) 483-5570  
 Farsi, Spanish, Faroese  
Effective as of 01-DEC-12

#### **NGUYEN, HUONG, MD<sup>Ft†</sup>**

Provider ID: 100104992014

 4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115  
 (619) 285-1522  
 Cantonese, Cambodian,  
Mandarin  
Effective as of 01-AUG-20

## C1. 網絡內提供者清單 初級保健提供者

### **NGUYEN, HUONG, MD<sup>Ft</sup>**

Provider ID: 100104992007

4444 EL CAJON BLVD STE  
6

SAN DIEGO, CA 92115

(619) 285-1522

Cantonese, Cambodian,  
Mandarin

Effective as of 01-MAR-18

### **INTERNAL MEDICINE**

### **AL-SALEH, YADANI, MD<sup>Ft</sup>**

Provider ID: 100358544019

3737 MORAGA AVE STE  
B103

SAN DIEGO, CA 92117

(858) 799-0855

Spanish

Effective as of 01-SEP-23

### **AL-SALEH, YADANI, MD<sup>Ft</sup>**

Provider ID: 100358544020

3737 MORAGA AVE STE  
B103

SAN DIEGO, CA 92117

(858) 799-0855

Spanish

Effective as of 01-FEB-24

### **AL-SALEH, YADANI, MD<sup>Ft</sup>**

Provider ID: 100358544012

3737 MORAGA AVE STE  
B103

SAN DIEGO, CA 92117

(858) 799-0855

Spanish

Effective as of 01-DEC-22

### **BUTLER, LISA, MD<sup>Ft</sup>**

Provider ID: 100068570008

3260 3RD AVE

SAN DIEGO, CA 92103

(619) 297-3737

Hindi, Italian, Spanish

Effective as of 01-JUN-20

### **CARAMBAS, CLARITA, MD<sup>Ft</sup>**

Provider ID: 100070756004

9190 MIRA MESA BLVD  
SAN DIEGO, CA 92126

(858) 689-1814

Tagalog

Effective as of 01-SEP-22

### **DE CARVALHO, CARLOS, MD<sup>Mt</sup>**

Provider ID: 100077227047

2939 BEYER BLVD  
SAN DIEGO, CA 92154

(619) 423-0343

Portuguese, Spanish,  
Tagalog

Teleservice

Effective as of 01-JAN-21

### **DE CARVALHO, CARLOS, MD<sup>Mt</sup>**

Provider ID: 100077227054

2939 BEYER BLVD  
SAN DIEGO, CA 92154

(619) 423-0343

Portuguese, Spanish,  
Tagalog

Teleservice

Effective as of 01-SEP-22

### **DE CARVALHO, CARLOS, MD<sup>Mt</sup>**

Provider ID: 100077227048

2939 BEYER BLVD  
SAN DIEGO, CA 92154

(619) 423-0343

Portuguese, Spanish,  
Tagalog

Teleservice

Effective as of 01-SEP-20

### **EL GHONEIMY, AHMED, MD<sup>Mt</sup>**

Provider ID: 100103500012

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

(619) 255-9155

Arabic

Teleservice

Effective as of 01-AUG-22

### **EL GHONEIMY, AHMED, MD<sup>Mt</sup>**

Provider ID: 100103500013

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

(619) 269-1269

Arabic

Teleservice

Effective as of 01-AUG-22

### **FAKHRO, SAMEEH, MD<sup>Mt</sup>**

Provider ID: 100379921002

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Effective as of 01-NOV-21

### **FAKHRO, SAMEEH, MD<sup>Mt</sup>**

Provider ID: 100379921004

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Effective as of 01-DEC-21

### **FAKHRO, SAMEEH, MD<sup>Mt</sup>**

Provider ID: 100379921006

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Effective as of 01-APR-22

### **FAKHRO, SAMEEH, MD<sup>Mt</sup>**

Provider ID: 100379921011

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Effective as of 01-JUN-23



### **FRANK, STEWART, MD<sup>Mt</sup>**




Provider ID: 100018840004




4060 4TH AVE STE 605  
SAN DIEGO, CA 92103




## C1. 網絡內提供者清單 初級保健提供者




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




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




**GREEN, BILLIE, MD<sup>F††</sup>**  
Provider ID: 100023101004  
 1101 FELSPAR ST  
SAN DIEGO, CA 92109  
 (858) 483-1720  
 French  
Effective as of 01-AUG-05




**GREEN, BILLIE, MD<sup>F††</sup>**  
Provider ID: 100023101005  
 1101 FELSPAR ST  
SAN DIEGO, CA 92109  
 (858) 483-1720  
 French  
Effective as of 01-SEP-09




**GUHAROY, ASIM, MD<sup>M†</sup>**  
Provider ID: 100107045016  
 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123  
 (858) 430-6656  
 Bengali, Hindi, Malayalam  
Effective as of 01-OCT-23



**GUHAROY, ASIM, MD<sup>M†</sup>**  
Provider ID: 100107045009  
 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123  
 (858) 430-6656  
 Bengali, Hindi, Malayalam  
Effective as of 01-SEP-20

**GUHAROY, ASIM, MD<sup>M†</sup>**  
Provider ID: 100107045012  
 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123  
 (858) 430-6656  
 Bengali, Hindi, Malayalam  
Effective as of 01-MAR-23



**GUHAROY, ASIM, MD<sup>M†</sup>**  
Provider ID: 100107045003  
 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123  
 (858) 430-6656  
 Bengali, Hindi, Malayalam  
Effective as of 01-APR-16




**GUHAROY, ASIM, MD<sup>M†</sup>**  
Provider ID: 100107045011  
 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123  
 (858) 430-6656  
 Bengali, Hindi, Malayalam  
Effective as of 01-JAN-21




**GUHAROY, ASIM, MD<sup>M</sup>**  
Provider ID: 100107045014  
 4075 54TH ST  
SAN DIEGO, CA 92105  
 (858) 598-5654  
 Bengali, Hindi, Malayalam  
Effective as of 01-APR-23



**HENDRICKS, MARK, MD<sup>M†</sup>**  
Provider ID: 100055830004  
 2525 CAMINO DEL RIO S  
STE 165  
SAN DIEGO, CA 92108  
 (619) 543-9655  
Effective as of 01-AUG-22



**HENRY, ANEEL, MD<sup>M</sup>**  
Provider ID: 100418814002



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

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

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

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

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




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

**NAJAR, FAUZI, MD<sup>M\*</sup>**  
Provider ID: 100390568005






## C1. 網絡內提供者清單 初級保健提供者




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




**NAJAR, FAUZI, MD<sup>M</sup>**  
Provider ID: 100390568003

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




**NAJAR, FAUZI, MD<sup>M</sup>**  
Provider ID: 100390568002

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




**NAJAR, FAUZI, MD<sup>M</sup>**  
Provider ID: 100390568007

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

**NGUYEN, NGOCBICH, MD<sup>F</sup>**  
Provider ID: 100084488006




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

**OLIVER, DEANNA, MD<sup>Ft</sup>**  
Provider ID: 100328564035

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




Effective as of 01-SEP-22

**QUINONEZ, JOSE, MD<sup>M</sup>**  
Provider ID: 100085905004

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




**RAMINENI, NEELAKANTAN,  
MD<sup>Mt</sup>**

Provider ID: 100051318002

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




**RAMINENI, NEELAKANTAN,  
MD<sup>Mt</sup>**

Provider ID: 100051318005

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




**RIADH, MAYSAM, MD<sup>F</sup>**

Provider ID: 100413125002

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




**SHAJAN, JOSHAN, MD<sup>M</sup>**

Provider ID: 100422554002




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

**SHI, RONG, MD<sup>Ft</sup>**



Provider ID: 100133432007

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




**SZMIDT, MARIA, MD<sup>F</sup>**

Provider ID: 100108398006  
 12395 EL CAMINO REAL  
STE 100  
SAN DIEGO, CA 92130  
 (858) 259-5655  
 Polish, Russian, Spanish  
Effective as of 01-JUL-04



**TESSIER, ADLA, MD<sup>F</sup>**

Provider ID: 100077390010  
 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 (619) 255-9155  
Effective as of 01-JUN-23




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

Provider ID: 100088692006  
 4060 4TH AVE STE 100  
SAN DIEGO, CA 92103  
 (619) 718-9444  
 Spanish  
Effective as of 01-JAN-08

**WATTS, ELI, MD<sup>Mt</sup>**

Provider ID: 100384223003  
 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
 (619) 662-4100  
Effective as of 01-MAR-22

**WILLGING, STEFAN, MD<sup>Mt</sup>**

Provider ID: 100106507003  
 4060 4TH AVE STE 505  
SAN DIEGO, CA 92103  
 (619) 298-1318  
 German  
Effective as of 01-FEB-07

## C1. 網絡內提供者清單 初級保健提供者

### **WILLIAMS, HOWARD, MD<sup>M†</sup>**

Provider ID: 100070298003

4060 4TH AVE STE 505  
SAN DIEGO, CA 92103

(619) 298-1318

Spanish

Effective as of 01-FEB-07

### **WOODALL, GARY, MD<sup>M†</sup>**

Provider ID: 100096806003

2970 5TH AVE STE 140  
SAN DIEGO, CA 92103

(619) 260-3456

Effective as of 01-FEB-07

## ***PEDIATRICS***

### **NGUYEN, HUONG, MD<sup>F†</sup>**

Provider ID: 100104992017

4444 EL CAJON BLVD STE  
6

SAN DIEGO, CA 92115

(619) 285-1522

Cantonese, Cambodian,  
Mandarin

Effective as of 01-APR-21

## ***FAMILY PRACTICE***

### **ASHIZAWA, JAMES, MD<sup>M†</sup>**

Provider ID: 100056553008

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

(949) 661-9600

Japanese, Spanish

Effective as of 01-JUL-15

### **GONZALEZ, DAVID, MD<sup>M†</sup>**

Provider ID: 100200908009

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,

CA 92675

(949) 661-9600

Spanish

Effective as of 01-JUL-15

### **HONG, ANDREW, MD<sup>M†</sup>**

Provider ID: 100043550008

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

(949) 661-9600

Effective as of 01-OCT-15

### **NAFICY, K, MD<sup>M†</sup>**

Provider ID: 100104435018

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

(949) 489-0773

Farsi, French, Spanish

Teleservice

Effective as of 01-JUL-21

### **NAFICY, K, MD<sup>M†</sup>**

Provider ID: 100104435017

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

(949) 489-0773

Farsi, French, Spanish

Teleservice

Effective as of 01-MAY-21

### **NAFICY, K, MD<sup>M†</sup>**

Provider ID: 100104435016

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

(949) 489-0773

Farsi, French, Spanish

Teleservice

Effective as of 01-MAY-21

### **PANDY, LIZANDER, DO<sup>M†</sup>**

Provider ID: 100113474012

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

(949) 661-9600

Spanish

Effective as of 01-OCT-21

### **PANDY, LIZANDER, DO<sup>M†</sup>**

Provider ID: 100113474013

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

(949) 661-9600

Spanish

Effective as of 01-OCT-21

### **SERNA, SANDY, MD<sup>F†</sup>**

Provider ID: 100393508002

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

(949) 661-9600

Spanish

Effective as of 01-SEP-22

### **TRINH, MIMI, MD<sup>F†</sup>**

Provider ID: 100105591008

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

(949) 661-9600

Vietnamese

Effective as of 01-JUL-15

### **ZHENG, VINCENT, DO<sup>M†</sup>**

Provider ID: 100393531003

31001 RANCHO VIEJO RD

## C1. 網絡內提供者清單 初級保健提供者

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

### ZHENG, VINCENT, DO<sup>M†</sup>

Provider ID: 100393531002  
📍 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
☎ (949) 661-9600  
Effective as of 01-SEP-22

### INTERNAL MEDICINE

### FORTMANN, DANIEL, MD<sup>M\*</sup>

Provider ID: 100017458004  
📍 32281 CAMINO CPSTRN  
C102  
SAN JUAN CAPISTRANO,  
CA 92675  
☎ (949) 493-7981  
Effective as of 01-JAN-18

### NGUYEN, THUYTRANG, MD<sup>F††</sup>

Provider ID: 100198226006  
📍 30300 CAMINO  
CAPISTRANO  
SAN JUAN CAPISTRANO,  
CA 92675  
☎ (949) 240-2272  
📄 Spanish, Vietnamese  
Effective as of 01-JAN-18

### FAMILY PRACTICE

### HALIM, NEIL, MD<sup>M</sup>

Provider ID: 100153551007  
📍 1030 LA BONITA DR STE  
316  
SAN MARCOS, CA 92078  
☎ (760) 744-9626  
📄 Arabic, Spanish

Effective as of 01-FEB-13

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

Provider ID: 100350661005  
📍 150 VALPRED A RD  
SAN MARCOS, CA 92069  
☎ (760) 736-6767  
📄 Portuguese  
Effective as of 01-APR-23

### FQHC

### TRUECARE,

Provider ID: PG0025086042  
📍 150 VALPRED A RD  
SAN MARCOS, CA 92069  
☎ (760) 736-6767  
Teleservice  
Effective as of 01-JUL-22

### TRUECARE,

Provider ID: PG0025086047  
📍 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
☎ (760) 736-6767  
Effective as of 01-FEB-23

### INTERNAL MEDICINE

### PONIACHIK, SAMUEL, MD<sup>M†</sup>

Provider ID: 100099164012  
📍 150 VALPRED A RD  
SAN MARCOS, CA 92069  
☎ (760) 736-6767  
📄 Spanish  
Effective as of 01-OCT-14

### WITCZAK, IZABELA, MD<sup>F††</sup>

Provider ID: 100036527006  
📍 150 VALPRED A RD  
SAN MARCOS, CA 92069  
☎ (760) 736-6767  
📄 Polish  
Effective as of 01-FEB-19

### FAMILY PRACTICE

### ALGHAMDI, ASMA, MD<sup>F†</sup>

Provider ID: 100359014012  
📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
☎ (619) 662-4100  
Effective as of 01-AUG-22

### ALGHAMDI, ASMA, MD<sup>F†</sup>

Provider ID: 100359014004  
📍 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
☎ (619) 662-4100  
Effective as of 01-JAN-21

### ALVAREZ-ESTRADA, MIGUEL, MD<sup>M†</sup>

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

### ALVAREZ-ESTRADA, MIGUEL, MD<sup>M†</sup>

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




### ARRIETA, NOEMI, DO<sup>F</sup>

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

### CARRIEDO CENICEROS, MARIA, MD<sup>F†</sup>




## C1. 網絡內提供者清單 初級保健提供者

Provider ID: 100066452012

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




### **CUTLER, MICHAEL, MD<sup>M</sup>**

Provider ID: 100225708022

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




### **DILLON, MAYRA, MD<sup>F+t</sup>**

Provider ID: 100163378008

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




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

Provider ID: 100080408013

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



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

Provider ID: 100080408021

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

### **LEE, JOSEPH, MD<sup>Mt</sup>**

Provider ID: 100368709004




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

Teleservice

Effective as of 01-AUG-21

### **LEPEZ, DAVID, MD<sup>Mt</sup>**




Provider ID: 100255267002

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

Effective as of 01-NOV-15

### **LEPEZ, DAVID, MD<sup>Mt</sup>**




Provider ID: 100255267005

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

Effective as of 01-APR-23

### **MOYA, MARY, MD<sup>F\*</sup>**




Provider ID: 100099596010

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

Effective as of 01-APR-23

### **NAVARRO, VANESSA, MD<sup>Ft</sup>**




Provider ID: 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<sup>Ft</sup>**



Provider ID: 100173914015

 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Filipino, Spanish, Tagalog

Effective as of 01-AUG-22

### **ORTEGA, LUIS, MD<sup>Mt</sup>**

Provider ID: 100394387002

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

 Spanish



Teleservice

Effective as of 01-OCT-22

### **ORTIZ ILIZALITURRI, ANA, MD<sup>F+t</sup>**

F+t

Provider ID: 100394347003

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100



 Spanish


Teleservice

Effective as of 01-OCT-22

### **RAJAIPOUR, NEGIN, MD<sup>Ft</sup>**

Provider ID: 100300998007



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

 Farsi

Effective as of 01-JAN-21

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

Provider ID: 100024789042



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

 Spanish

Effective as of 01-JAN-21

### **STALEY, MICHAELA, MD<sup>Ft</sup>**



Provider ID: 100359422003

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


Effective as of 01-JAN-21

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

Provider ID: 100334847007



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

## C1. 網絡內提供者清單 初級保健提供者



 Spanish  
Teleservice  
Effective as of 01-APR-23

### **FQHC**



#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR, †**

Provider ID: PG0047542012  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Teleservice  
Effective as of 01-JAN-21

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER, †**




Provider ID: PG0047448004  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Teleservice  
Effective as of 01-JAN-21

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




Provider ID: PG0047560015  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Teleservice  
Effective as of 01-JAN-21

### **INTERNAL MEDICINE**




#### **CHEGINI, SEPIDEH, MD<sup>F</sup>**

Provider ID: 100042216003  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 German, Persian  
Effective as of 01-FEB-24



#### **PROMER, KATHERINE, MD<sup>F†</sup>**

Provider ID: 100357070007  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-MAY-22




#### **RAMIREZ SANCHEZ, CLAUDIA, MD<sup>F†</sup>**

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




#### **SALERNO, MARIANA, MD<sup>F†</sup>**

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

#### **SY, RAMON, MD<sup>M†</sup>**

Provider ID: 100062889003  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish, Tagalog  
Effective as of 01-AUG-22



#### **SY, RAMON, MD<sup>M†</sup>**

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

### **FAMILY PRACTICE**



#### **ADEMA, DONALD, DO<sup>M</sup>**

Provider ID: 100086591006



 10201 MISSION GORGE RD  
STE M  
SANTEE, CA 92071  
 (619) 596-5445  
Effective as of 01-JAN-14

### **INTERNAL MEDICINE**

#### **CORBIN, DAVID, MD<sup>M†</sup>**



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

#### **GUERRA, JACQUELINE, MD<sup>F†</sup>**

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



### **FAMILY PRACTICE**

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

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

### **INTERNAL MEDICINE**

#### **WISNIEWSKI, MORRIS, MD<sup>M</sup>**

Provider ID: 100018082007  
 380 STEVENS AVE STE 310  
SOLANA BEACH, CA 92075  
 (858) 554-1212  
Effective as of 01-MAR-23



#### **WISNIEWSKI, MORRIS, MD<sup>M</sup>**

Provider ID: 100018082011





## C1. 網絡內提供者清單 初級保健提供者

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

### ***FAMILY PRACTICE***



#### **AFFLALO, SUZANNE, MD<sup>F</sup>**

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

### ***FQHC***



#### **GROSSMONT SPRING VALLEY**

##### **FAMILY HLTH CTRS INC,**



Provider ID: PG0025044038  
 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 (619) 515-2555  
Effective as of 01-JAN-21

### ***FAMILY PRACTICE***

#### **BEHNAWA, SUSAN, MD<sup>F†</sup>**


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

#### **BEHNAWA, SUSAN, MD<sup>F†</sup>**




Provider ID: 100343610010  
 27190 SUN CITY BLVD  
SUN CITY, CA 92586  
 (951) 676-4193  
Teleservice  
Effective as of 01-NOV-20

#### **GANTA, SANYASI, MD<sup>M†</sup>**




Provider ID: 100113069009

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




#### **GANTA, SANYASI, MD<sup>M†</sup>**

Provider ID: 100113069006  
 26960 CHERRY HILLS  
BLVD STE A  
SUN CITY, CA 92586  
 (951) 672-2856  
 Hindi, Spanish, Telugu  
Teleservice  
Effective as of 01-AUG-16

#### **GANTA, SANYASI, MD<sup>M†</sup>**




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

#### **SCHOONMAKER, JOHN, DO<sup>M†</sup>**




Provider ID: 100064979020  
 29826 HAUN RD STE 300  
SUN CITY, CA 92586  
 (951) 679-7022  
 Spanish  
Effective as of 01-SEP-22

### ***INTERNAL MEDICINE***



#### **NGUYEN, DAVID, MD<sup>M</sup>**

Provider ID: 100105561002  
 27830 BRADLEY RD  
SUN CITY, CA 92586  
 (951) 679-2358  
 Vietnamese  
Effective as of 01-NOV-12

#### **NGUYEN, THANG, MD<sup>M†</sup>**




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

#### **STANFORD, DAVID, MD<sup>M†</sup>**




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

### ***FAMILY PRACTICE***




#### **AKLADEOS, NERMEEN, MD<sup>F</sup>**

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

#### **AYON MARTINEZ, CARLOS, MD<sup>M</sup>**

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

#### **AYON MARTINEZ, CARLOS, MD<sup>M</sup>**

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

## C1. 網絡內提供者清單

### 初級保健提供者

#### **BAILEY, CRISTINA, MD<sup>F†</sup>**

Provider ID: 100060834004

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Spanish

Effective as of 01-JUN-04

#### **BAILEY, CRISTINA, MD<sup>F†</sup>**

Provider ID: 100060834010

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Spanish

Effective as of 01-NOV-20

#### **BERNARDO, STACEY, DO<sup>F</sup>**

Provider ID: 100377889003

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Teleservice

Effective as of 01-DEC-21

#### **BLOSSER, JOSHUA, DO<sup>M</sup>**

Provider ID: 100422006002

31720 TEMECULA PKWY  
STE 200

TEMECULA, CA 92592

(833) 684-4642

Effective as of 01-JAN-24

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

Provider ID: 100069323005

31170 TEMECULA PKWY  
STE 100

TEMECULA, CA 92592

(951) 698-6090

Spanish

Effective as of 01-JAN-16

#### **CAMARILLO, DANIEL, MD<sup>M†</sup>**

Provider ID: 100110735016

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Spanish

Effective as of 01-NOV-20

#### **CAMARILLO, DANIEL, MD<sup>M†</sup>**

Provider ID: 100110735008

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Spanish

Effective as of 01-MAR-12

#### **COBIAN, VANESSA, MD<sup>F</sup>**

Provider ID: 100350271003

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

(951) 225-6400

Effective as of 01-MAR-22

#### **COMBS, MATTHEW, MD<sup>M†</sup>**

Provider ID: 100337168003

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-DEC-18

#### **COMBS, WALTER, MD<sup>M†</sup>**

Provider ID: 100085605005

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 252-8650

Spanish

Effective as of 01-JUN-04

#### **COMBS, WALTER, MD<sup>M†</sup>**

Provider ID: 100085605012

28780 SINGLE OAK DR STE

160

TEMECULA, CA 92590

(951) 252-8650

Spanish

Effective as of 01-NOV-20

#### **DORR, KASIE, DO<sup>F</sup>**

Provider ID: 100422004002

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

(951) 225-6400

Effective as of 01-JAN-24

#### **ELKAYAM, ISAK, MD<sup>M</sup>**

Provider ID: 100400487003

31720 TEMECULA PKWY  
STE 200

TEMECULA, CA 92592

(760) 520-8100

Hebrew, Spanish

Effective as of 01-NOV-23

#### **HIZON, GERARDO, MD<sup>M†</sup>**

Provider ID: 100098571012

27699 JEFFERSON AVE STE  
101

TEMECULA, CA 92590

(951) 790-0107

Effective as of 01-JAN-23

#### **HIZON, GERARDO, MD<sup>M†</sup>**

Provider ID: 100098571011

27699 JEFFERSON AVE STE  
101

TEMECULA, CA 92590

(951) 790-0107

Effective as of 01-JAN-23

#### **IM, TAE WOONG, MD<sup>M†</sup>**

Provider ID: 100039015004

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Korean

## C1. 網絡內提供者清單 初級保健提供者

Effective as of 01-JUN-04

### **JACKSON, ANITA, MD<sup>F†</sup>**

Provider ID: 100060861005

44274 GEORGE CUSHMAN  
CT STE 212  
TEMECULA, CA 92592

(951) 694-4688

Tagalog

Effective as of 01-NOV-11

### **KURAIISHI, AQDAS, MD<sup>M†</sup>**

Provider ID: 100089154013

31720 TEMECULA PKWY  
STE 203  
TEMECULA, CA 92592

(951) 302-4700

Effective as of 01-FEB-21

### **MADRID, RICHARD, MD<sup>M†</sup>**

Provider ID: 100077741005

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-OCT-05

### **MADRID, RICHARD, MD<sup>M†</sup>**

Provider ID: 100077741014

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-NOV-20

### **MAJEED, WASAN, MD<sup>F</sup>**

Provider ID: 100398263003

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

(951) 225-6400

Arabic

Effective as of 01-MAR-23

### **MCDONALD, MARY, MD<sup>F</sup>**

Provider ID: 100051408003

31493 RANCHO PUEBLO  
RD STE 107  
TEMECULA, CA 92592

(951) 303-3337

Effective as of 01-OCT-09

### **MCDONALD, ROBERT, MD<sup>M†</sup>**

Provider ID: 100093825003

31493 RANCHO PUEBLO  
RD STE 107  
TEMECULA, CA 92592

(951) 303-3337

Effective as of 01-OCT-09

### **MILLER, BRANDON, DO<sup>M†</sup>**

Provider ID: 100148562007

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-OCT-11

### **MILLER, BRANDON, DO<sup>M†</sup>**

Provider ID: 100148562008

31720 TEMECULA PKWY  
TEMECULA, CA 92592

(951) 676-4193

Effective as of 01-OCT-11

### **NWOSU, MICHAEL, MD<sup>M</sup>**

Provider ID: 100367685005

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

(951) 225-6400

Effective as of 01-AUG-22

### **PHILLIPS, LILY, MD<sup>F†</sup>**

Provider ID: 100113116012

31565 RANCHO PUEBLO  
RD STE 102B  
TEMECULA, CA 92592

(951) 231-1385

Chinese, Mandarin, Spanish

Effective as of 01-SEP-18

### **POSTE, ALETHEA, MD<sup>F</sup>**

Provider ID: 100418802002

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

(951) 676-4193

Teleservice

Effective as of 01-JAN-24

### **RAHMAN, MAISARA, MD<sup>F†</sup>**

Provider ID: 100083398023

31720 TEMECULA PKWY  
TEMECULA, CA 92592

(951) 676-4193

Arabic

Effective as of 01-NOV-20

### **RAHMAN, MAISARA, MD<sup>F†</sup>**

Provider ID: 100083398012

31150 TEMECULA PKWY  
STE 200  
TEMECULA, CA 92592

(951) 676-4193

Arabic

Effective as of 01-AUG-16

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

Provider ID: 100030577018

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

(951) 225-6400

Farsi, Greek, Spanish

Effective as of 01-AUG-20

### **SIMMONS, PAMELA, MD<sup>F†</sup>**

Provider ID: 100057995006

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-JUL-17

### **VINCENT, WILLIAM, MD<sup>M†</sup>**

Provider ID: 100320230007

31720 TEMECULA PKWY

## C1. 網絡內提供者清單 初級保健提供者

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

### **WISE, DOUGLAS, DO<sup>M†</sup>**

Provider ID: 100023557005  
📍 40285 WINCHESTER RD  
STE 103  
TEMECULA, CA 92591  
☎ (951) 296-5844  
Effective as of 01-NOV-22

### **ZEBARJADI, Omid, DO<sup>M</sup>**

Provider ID: 100379100008  
📍 27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
☎ (951) 503-8730  
📱 Farsi, Spanish  
Teleservice  
Effective as of 01-AUG-23

### **ZEBRACK, DAVID, DO<sup>M†</sup>**

Provider ID: 100064903010  
📍 40285 WINCHESTER RD  
STE 103  
TEMECULA, CA 92591  
☎ (951) 296-5844  
📱 Spanish  
Effective as of 01-NOV-22

### **ZEBRACK, DAVID, DO<sup>M†</sup>**

Provider ID: 100064903006  
📍 40285 WINCHESTER RD  
STE 103  
TEMECULA, CA 92591  
☎ (951) 296-5844  
📱 Spanish  
Effective as of 01-SEP-04

### **ZURITA, DANIELA, MD<sup>F†</sup>**

Provider ID: 100396617008  
📍 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

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

## **INTERNAL MEDICINE**

### **BASCH, MICHAEL, MD<sup>M†</sup>**

Provider ID: 100011399007  
📍 41593 WINCHESTER RD  
STE 101  
TEMECULA, CA 92590  
☎ (951) 719-1111  
📱 Arabic, Spanish  
Effective as of 01-SEP-09

### **BLOSSER, NICHELE, DO<sup>F</sup>**

Provider ID: 100411369003  
📍 28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590  
☎ (951) 676-4193  
Effective as of 01-NOV-23

### **GISI, SYLVIA, MD<sup>F</sup>**

Provider ID: 100100126002  
📍 31493 RANCHO PUEBLO  
RD STE 206  
TEMECULA, CA 92592  
☎ (951) 303-6158  
📱 Spanish  
Effective as of 01-AUG-19

### **GOMER, JEREMY, MD<sup>M†</sup>**

Provider ID: 100379005002  
📍 27403 YNEZ RD STE 108  
TEMECULA, CA 92591  
☎ (951) 750-7888  
Effective as of 01-NOV-21

### **KIM, IRENE, DO<sup>F</sup>**

Provider ID: 100380710003  
📍 28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590  
☎ (951) 676-4193

Effective as of 01-JAN-22

### **MAPLETON, SHARINA, DO<sup>F</sup>**

Provider ID: 100384944005  
📍 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
☎ (951) 225-6400  
Effective as of 01-FEB-24

### **SALAS, ERNESTO, MD<sup>M†</sup>**

Provider ID: 100093444002  
📍 27699 JEFFERSON AVE STE  
311  
TEMECULA, CA 92590  
☎ (951) 693-1159  
📱 Spanish, Tagalog  
Effective as of 01-NOV-00

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

Provider ID: 100414181005  
📍 31951 DOVE CANYON DR  
TRABUCO CANYON, CA  
92679  
☎ (949) 557-0890  
Effective as of 01-SEP-23

## **FAMILY PRACTICE**

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

Provider ID: 100030577029  
📍 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
☎ (760) 742-9919  
📱 Farsi, Greek, Spanish  
Effective as of 01-JAN-24

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

Provider ID: 100030577024  
📍 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
☎ (760) 742-9919  
📱 Farsi, Greek, Spanish  
Effective as of 01-MAR-23

## **FQHC**

## C1. 網絡內提供者清單 初級保健提供者

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### NEIGHBORHOOD

#### HEALTHCARE,

Provider ID: PG0024990061

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

Teleservice

Effective as of 01-FEB-24

### FAMILY PRACTICE

#### CASTREJON, JOSEPH, MD<sup>M\*</sup>

Provider ID: 100097250007

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


 Spanish

Effective as of 01-SEP-21

#### CLARK, MA BELEN, MD<sup>F†</sup>

Provider ID: 100015309003

 1954 VIA CTR STE B  
VISTA, CA 92081

 (760) 529-9700


 Tagalog

Effective as of 01-DEC-15

#### DONNELL, MARTI, MD<sup>F\*</sup>

Provider ID: 100049875024

 134 GRAPEVINE RD  
VISTA, CA 92083

 (844) 308-5003


 Spanish

Effective as of 01-JAN-24

#### DONNELL, MARTI, MD<sup>F\*</sup>

Provider ID: 100049875023

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

#### ESPINOSA-SILVA, YAMINAH, DO<sup>F\*</sup>

Provider ID: 100358800014

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

#### ESPINOSA-SILVA, YAMINAH, DO<sup>F\*</sup>

Provider ID: 100358800015

 134 GRAPEVINE RD  
VISTA, CA 92083

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

#### FERBER, JEFFREY, MD<sup>M††</sup>

Provider ID: 100092669014

 1926 VIA CTR  
VISTA, CA 92081


 (760) 940-7000

Effective as of 01-SEP-21

#### HIKES, RYAN, MD<sup>M</sup>

Provider ID: 100391207006

 1000 VALE TERRACE DR  
VISTA, CA 92084


 (760) 631-5000

Effective as of 01-AUG-23

#### HIKES, RYAN, MD<sup>M</sup>

Provider ID: 100391207004

 1000 VALE TERRACE DR  
VISTA, CA 92084


 (760) 631-5000

Effective as of 01-NOV-22

#### HIKES, RYAN, MD<sup>M</sup>

Provider ID: 100391207008


 1000 VALE TERRACE DR  
VISTA, CA 92084


 (760) 631-5000

Effective as of 01-JAN-24

#### HURD, MELISSA, MD<sup>F†</sup>

Provider ID: 100054491003

 161 THUNDER DR STE 103  
VISTA, CA 92083


 (760) 758-1988


Effective as of 01-JUL-13

#### LEONARD, LISA, MD<sup>F†</sup>

Provider ID: 100278907004

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000


 French, Spanish

Effective as of 01-OCT-21

#### MARTINEZ, LESLY, MD<sup>F\*</sup>

Provider ID: 100397984039

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

#### MARTINEZ, LESLY, MD<sup>F\*</sup>

Provider ID: 100397984035

 134 GRAPEVINE RD  
VISTA, CA 92083

 (760) 631-5000

 Spanish


Effective as of 01-JAN-24

#### NOVAK, LOREN, DO<sup>M†</sup>

Provider ID: 100093766013

 1926 VIA CENTRE DRIVE  
SUITE A

VISTA, CA 92081


 (760) 940-7000

Effective as of 01-SEP-21

#### ONG, DONALD, MD<sup>M†</sup>

Provider ID: 100033027006

 1000 VALE TERRACE DR  
VISTA, CA 92084

 (760) 631-5000

 Filipino, Spanish, Tagalog

Effective as of 01-JAN-24



## C1. 網絡內提供者清單 初級保健提供者

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### **PANICKER, CIBU, MD<sup>M</sup>**

Provider ID: 100322969008

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ (760) 631-5000

Effective as of 01-NOV-20

### **POP, SIMONA, MD<sup>F†</sup>**

Provider ID: 100021772013

📍 145 THUNDER DR  
VISTA, CA 92083

☎ (760) 941-9002

📄 Romanian

Effective as of 01-NOV-23

### **RIVERA, MIDORI, MD<sup>F</sup>**

Provider ID: 100111732027

📍 204 S SANTA FE AVE  
VISTA, CA 92084

☎ (858) 554-1212

📄 Japanese, Spanish

Effective as of 01-DEC-23

### **RIVERA, MIDORI, MD<sup>F</sup>**

Provider ID: 100111732024

📍 204 S SANTA FE AVE  
VISTA, CA 92084

☎ (858) 554-1212

📄 Japanese, Spanish

Effective as of 01-OCT-23

### **TRAN, DAO, DO<sup>M</sup>**

Provider ID: 100325638009

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ (760) 631-5000

📄 Vietnamese

Effective as of 01-MAR-20

### **TRAN, DAO, DO<sup>M</sup>**

Provider ID: 100325638002

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ (760) 631-5000

📄 Vietnamese

Effective as of 01-JUL-19

### **TRAN, DAO, DO<sup>M</sup>**

Provider ID: 100325638010

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ (760) 631-5000

📄 Vietnamese

Effective as of 01-MAR-20

### **TRAN, DAO, DO<sup>M</sup>**

Provider ID: 100325638014

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ (760) 631-5000

📄 Vietnamese

Effective as of 01-JAN-24

### **VIDAL, MONICA, DO<sup>F†</sup>**

Provider ID: 100327876041

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ (844) 308-5003

📄 Spanish

Effective as of 01-JAN-24

### **VIDAL, MONICA, DO<sup>F†</sup>**

Provider ID: 100327876045

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ (760) 631-5000

📄 Spanish

Effective as of 01-JAN-24

### **FQHC**

#### **VCC DURIAN, †**

Provider ID: PG0083886011

📍 105 DURIAN ST STE A  
VISTA, CA 92083

☎ (844) 308-5003

Effective as of 01-JUL-22

#### **VISTA COMMUNITY CLINIC**

### **GRAPEVINE,**

Provider ID: PG0085050004

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ (760) 631-5000

Teleservice

Effective as of 01-JUL-22

### **GENERAL PRACTICE**

#### **OLIVA, CARLOS, MD<sup>M†</sup>**

Provider ID: 100102198003

📍 969 S SANTA FE AVE STE A  
VISTA, CA 92083

☎ (760) 941-7050

📄 Spanish

Effective as of 01-DEC-17

#### **OLIVA, CARLOS, MD<sup>M†</sup>**

Provider ID: 100102198008

📍 969 S SANTA FE AVE STE A  
VISTA, CA 92083

☎ (760) 941-7050

📄 Spanish

Effective as of 01-SEP-22

#### **ONG, DONALD, MD<sup>M†</sup>**

Provider ID: 100033027003

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ (760) 631-5000

📄 Filipino, Spanish, Tagalog

Effective as of 01-DEC-10

#### **ONG, DONALD, MD<sup>M†</sup>**

Provider ID: 100033027005

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ (760) 631-5000

📄 Filipino, Spanish, Tagalog

Effective as of 01-MAR-20

#### **SMITH, GREGORY, MD<sup>M\*</sup>**

Provider ID: 100062596003

📍 161 THUNDER DR STE 207

## C1. 網絡內提供者清單 初級保健提供者

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

### **INTERNAL MEDICINE**

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

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

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

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

**CHEN, MAX, MD<sup>M</sup>**  
Provider ID: 100140307006  
📍 105 DURIAN ST STE B  
VISTA, CA 92083  
☎ (760) 631-5000  
📄 Burmese, Chinese,  
Mandarin  
Effective as of 01-JAN-24

**CHEN, MAX, MD<sup>M</sup>**  
Provider ID: 100140307003  
📍 105 DURIAN ST STE B  
VISTA, CA 92083  
☎ (760) 631-5000  
📄 Burmese, Chinese,  
Mandarin  
Effective as of 01-APR-23

**CLANCY, TARA, DO<sup>F†</sup>**  
Provider ID: 100265397003  
📍 2375 S MELROSE DR  
VISTA, CA 92081  
☎ (760) 305-1900  
Effective as of 01-JUL-16

**CLANCY, JOHN, DO<sup>M†</sup>**  
Provider ID: 100215810013  
📍 2375 S MELROSE DR  
VISTA, CA 92081  
☎ (760) 305-1900  
Effective as of 01-SEP-21

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

**DAO, MARC, MD<sup>M</sup>**  
Provider ID: 100307890016  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
📄 French, Vietnamese  
Effective as of 01-JAN-24

**DAO, MARC, MD<sup>M</sup>**  
Provider ID: 100307890014  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
📄 French, Vietnamese

Effective as of 01-JUN-23

**HALPERIN, JASON, MD<sup>M</sup>**  
Provider ID: 100400241004  
📍 134 GRAPEVINE RD  
VISTA, CA 92083  
☎ (760) 631-5000  
Effective as of 01-JAN-24

**KOBAYASHI, GARY, MD<sup>M†</sup>**  
Provider ID: 100090343008  
📍 145 THUNDER DR STE 1  
VISTA, CA 92083  
☎ (760) 941-9002  
Effective as of 01-SEP-21

**LI, XIANGLI, MD<sup>F†</sup>**  
Provider ID: 100239749009  
📍 1926 VIA CTR STE A  
VISTA, CA 92081  
☎ (760) 940-7000  
Effective as of 01-SEP-21

**MOASIS, KAREEM, MD<sup>M</sup>**  
Provider ID: 100379398004  
📍 145 THUNDER DR  
VISTA, CA 92083  
☎ (760) 941-9002  
📄 Arabic  
Effective as of 01-JAN-24

**NGUYEN, ETHAN, MD<sup>M</sup>**  
Provider ID: 100362686005  
📍 145 THUNDER DR  
VISTA, CA 92083  
☎ (760) 941-9002  
Effective as of 01-AUG-22


**RHIANNON, JULIA, MD<sup>F</sup>**  
Provider ID: 100382647007  
📍 105 DURIAN ST STE A  
VISTA, CA 92083  
☎ (760) 631-5000  
Effective as of 01-SEP-22


## C1. 網絡內提供者清單 初級保健提供者

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### **RHIANNON, JULIA, MD<sup>F</sup>**

Provider ID: 100382647008

 105 DURIAN ST STE B  
VISTA, CA 92083


 (760) 631-5000

Effective as of 01-SEP-22

### **RHIANNON, JULIA, MD<sup>F</sup>**

Provider ID: 100382647002

 1000 VALE TERRACE DR  
VISTA, CA 92084


 (760) 631-5000

Effective as of 01-JAN-22

### **RHIANNON, JULIA, MD<sup>F</sup>**

Provider ID: 100382647009


 1000 VALE TERRACE DR  
VISTA, CA 92084


 (760) 631-5000

Effective as of 01-JAN-24

### **RHIANNON, JULIA, MD<sup>F</sup>**

Provider ID: 100382647010

 105 DURIAN ST STE B  
VISTA, CA 92083


 (760) 631-5000

Effective as of 01-JAN-24

### **RHIANNON, JULIA, MD<sup>F</sup>**

Provider ID: 100382647006

 1000 VALE TERRACE DR  
VISTA, CA 92084


 (760) 631-5000

Effective as of 01-SEP-22

### **RUTMAN, MICHAEL, DO<sup>M†</sup>**

Provider ID: 100024612005

 2355 S MELROSE DR  
VISTA, CA 92081

 (760) 598-0088


Effective as of 01-OCT-00

### **RUTMAN, MICHAEL, DO<sup>M†</sup>**

Provider ID: 100024612023

 2355 S MELROSE DR

VISTA, CA 92081


 (760) 598-0088


Effective as of 01-JAN-21

### **SHALI, REYZAN, MD<sup>F†</sup>**

Provider ID: 100113968008

 1926 VIA CTR STE A  
VISTA, CA 92081

 (760) 940-7000

 Arabic, Hebrew

Effective as of 01-SEP-21


## ***FAMILY PRACTICE***

### **BONNICI, MARCELLA, MD<sup>F\*</sup>**

Provider ID: 100072106002

 36320 INLAND VALLEY DR  
STE 201

WILDOMAR, CA 92595

 (951) 816-3233

Effective as of 01-OCT-16


## ***INTERNAL MEDICINE***

### **PATEL, REENABEN, MD<sup>F</sup>**

Provider ID: 100380064004

 36243 INLAND VALLEY DR  
STE 160

WILDOMAR, CA 92595

 (951) 698-8821

Effective as of 01-JAN-22

## C1. 網絡內提供者清單 專科護理醫師

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### ***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. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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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-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-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. 網絡內提供者清單 專科護理醫師

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### **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

### **SHAHINIAN, GEORGE, MD**

Provider ID: N/A

☒ 11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-23

### ***SURGERY GENERAL***

#### **RUSSO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-21

#### **RUSSO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-MAY-21

#### **RUSSO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-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<sup>†</sup>**

Provider ID: N/A

☒ 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Teleservice  
Effective as of 01-NOV-22

### ***CHIROPRACTOR***

#### **ABDULRAHIM, AHMED, DC<sup>†</sup>**

Provider ID: N/A

☒ 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Teleservice  
Effective as of 01-JUL-22

#### **KELCHNER, MATTHEW, DC<sup>†</sup>**

Provider ID: N/A

☒ 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-JUL-22

#### **KELCHNER, MATTHEW, DC<sup>†</sup>**

Provider ID: N/A

☒ 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-JAN-21

#### **PHILLIPS, KATHERINE, DC**

Provider ID: N/A

☒ 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-FEB-24

### ***FAMILY PRACTICE***

#### **VAN HOLLEBEKE, RACHEL, MD**

Provider ID: N/A

☒ 1620 ALPINE BLVD  
ALPINE, CA 91901  
Effective as of 01-JUN-23

#### **WYLIE, BLAKE, DO<sup>†</sup>**

Provider ID: N/A

☒ 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Teleservice  
Effective as of 01-AUG-22

### ***LICENSED CLINICAL SOCIAL WORKER***

#### **KHALEEL, AMMAR, LCSW**

Provider ID: N/A

☒ 1620 ALPINE BLVD  
ALPINE, CA 91901  
Effective as of 01-NOV-22

### ***OPHTHALMOLOGY***

#### **BINDER, NICHOLAS, MD<sup>†</sup>**

Provider ID: N/A

☒ 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-JAN-21

#### **BINDER, NICHOLAS, MD<sup>†</sup>**

Provider ID: N/A

☒ 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

#### **CHANG, TOM, MD<sup>†</sup>**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

### **PATEL, SARJAN, MD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

### **PATEL, GITANE, MD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

### **PATEL, GITANE, MD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-JAN-21

### **PATEL, GITANE, MD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-MAR-18

### **PATEL, GITANE, MD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-AUG-20

### **PRABHU, SUJATA, MD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

### **WAINESS, REID, MD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-JAN-21

## ***OPTOMETRIST***

### **AOTO, KIM, OD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

### **DYER, SHARON, OD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

### **DYER, SHARON, OD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-JAN-21

### **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<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-DEC-22

### **FRITZ, JENNIFER, PhD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-DEC-22

### **SMITH, STEPHANIE, PhD<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Teleservice

Effective as of 01-AUG-22

### **SMITH, STEPHANIE, PhD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

31722 RAILROAD CANYON  
RD  
CANYON LAKE, CA 92587  
Effective as of 01-JUL-23

## ***ANESTHESIOLOGY PAIN MANAGEMENT***

### **MADHAV, SANDIP, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-20

### **MADHAV, SANDIP, MD<sup>†</sup>**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

### **PRASAD, RUPA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-NOV-21

### **PRASAD, RUPA, MD<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-NOV-23

## **AUDIOLOGIST**

### **HORNER, HEATHER, AuD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 110  
CARLSBAD, CA 92011

Effective as of 01-DEC-22

### **BINAVI, HOWNAZ, NP<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD

STE 120  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

### **BISHOP, LESLIE, NP<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

### **BISHOP, LESLIE, NP<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

### **HALPERN, DAVID, NP<sup>†</sup>**

Provider ID: N/A

1905 CALLE BARCELONA  
STE 211  
CARLSBAD, CA 92009

Effective as of 01-JAN-21

### **HOOPER, BONNIE, NP<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

### **HOOPER, BONNIE, NP<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

### **MOURADIAN, KRISTINA, NP<sup>†</sup>**

Provider ID: N/A

1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008  
Effective as of 01-NOV-22

### **POLIZZI, BRITTANY, NP<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-22

### **POLIZZI, BRITTANY, NP<sup>†</sup>**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-SEP-22

### **RICE, ELIZABETH, NP**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-MAR-24

### **SOLIC, DIANE, NP**

Provider ID: N/A

1905 CALLE BARCELONA  
STE 211  
CARLSBAD, CA 92009

Teleservice

Effective as of 01-OCT-22

### **SYMANSKI, ELIZABETH, NP<sup>†</sup>**

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. 網絡內提供者清單 專科護理醫師

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F  
CARLSBAD, CA 92009  
Effective as of 01-APR-15

### **MILLER, JAMES, DC**

Provider ID: N/A

6986 EL CAMINO REAL STE  
F  
CARLSBAD, CA 92009  
Effective as of 01-JUL-17

### **CLINICAL**

### **NEUROPSYCHOLOGIST**

### **ALASANTRO, LORI, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-18

### **ALASANTRO, LORI, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-21

### **ALASANTRO, LORI, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

### **DERMATOLOGY**

### **ANGRA, KUNAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JUL-21

### **ANGRA, KUNAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JUL-21

### **BUSCH, HEIDI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-MAR-23

### **BUSCH, HEIDI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JAN-24

### **BUSCH, HEIDI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-NOV-23

### **BUSCH, HEIDI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-OCT-22

### **RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-NOV-23

### **RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JAN-24

### **RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JAN-21

### **RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JAN-21

### **ZUBAIR, RAHEEL, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JAN-24

### **ZUBAIR, RAHEEL, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011\*  
Effective as of 01-NOV-23

### **FAMILY PRACTICE**

### **MADHAV, KINJAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JAN-24



**C1. 網絡內提供者清單  
專科護理醫師**

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**HEARING AID DEALER /  
SUPPLIER**

**DAVIS, KELLE, MA<sup>†</sup>**

Provider ID: N/A  
☑ 1820 MARRON RD  
CARLSBAD, CA 92008  
Effective as of 01-JAN-21

**DAVIS, KELLE, MA<sup>†</sup>**

Provider ID: N/A  
☑ 1820 MARRON RD STE 102  
CARLSBAD, CA 92008  
Effective as of 01-SEP-22

**NEPHROLOGY**

**SAVANI, AMAN, MD**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-AUG-23

**NEUROLOGY**

**BAKER, DAVID, DO**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-24

**BAKER, DAVID, DO**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-DEC-23

**CHOUDRY, BILAL, MD<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-FEB-16

**CHOUDRY, BILAL, MD<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-21

**CHOUDRY, BILAL, MD<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-21

**CHOUDRY, BILAL, MD<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**DELANEY, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-NOV-22

**DELANEY, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-SEP-21

**DELANEY, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice

Effective as of 01-JAN-21

**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<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-NOV-21

**FARNSWORTH, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-NOV-21

**FARNSWORTH, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-22

**FRISHBERG, BENJAMIN, MD<sup>†</sup>**

Provider ID: N/A  
☑ 6010 HIDDEN VALLEY RD  
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CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**FRISHBERG, BENJAMIN, MD<sup>†</sup>**

## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
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CARLSBAD, CA 92011  
Effective as of 01-SEP-21

### **FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

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CARLSBAD, CA 92011  
Effective as of 01-SEP-22

### **FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
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CARLSBAD, CA 92011  
Effective as of 01-FEB-16

### **FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
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CARLSBAD, CA 92011  
Effective as of 01-JAN-21

### **HALL, JACOB, MD†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-24

### **HALL, JACOB, MD†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-21

### **HALL, JACOB, MD†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200

CARLSBAD, CA 92011  
Effective as of 01-FEB-21

### **HO, GILBERT, MD**

Provider ID: N/A

☐ 5814 VAN ALLEN WAY STE  
209  
CARLSBAD, CA 92008  
Effective as of 01-JAN-21

### **LANE, RICHARD, MD†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

### **LANE, RICHARD, MD†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-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-SEP-22

### **LOBATZ, MICHAEL, MD†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

### **LUHAR, RIYA, DO**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-AUG-23

### **LUHAR, RIYA, DO**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JAN-23

### **LUHAR, RIYA, DO**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JAN-23

### **NIELSEN, AMY, DO†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-21

### **NIELSEN, AMY, DO†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-16

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

**NIELSEN, AMY, DO†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**NIELSEN, AMY, DO†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-21

**NIELSEN, AMY, DO†**

Provider ID: N/A

☐ 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-MAR-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-FEB-16

**SCHIM, JACK, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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-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, 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, 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-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-SEP-21

### **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

### **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. 網絡內提供者清單 專科護理醫師

---

### 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-SEP-22

### HERMANSON, KATHLEEN, PA†

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

### HUANG, STEPHANIE, PA†

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-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. 網絡內提供者清單 專科護理醫師

---

### **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  
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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  
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CARLSBAD, CA 92011  
Effective as of 01-OCT-23

### **CAI, SHEILA, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
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CARLSBAD, CA 92011  
Effective as of 01-OCT-23

## C1. 網絡內提供者清單 專科護理醫師

---

### **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. 網絡內提供者清單 專科護理醫師

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Teleservice

Effective as of 01-JUN-23

### **GARBER, MARC, PT**

Provider ID: N/A

6121 PASEO DEL NORTE  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-21

### **MCGEE, JACQUELINE, PT**

Provider ID: N/A

3070 MADISON ST  
CARLSBAD, CA 92008

Effective as of 01-JAN-21

### **TAMAYO, SYDNIE, PT**

Provider ID: N/A

6121 PASEO DEL NORTE  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-23

## ***SLEEP MEDICINE***

### **MADHAV, KINJAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

### **MADHAV, KINJAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-19

## ***SURGERY***

## ***NEUROLOGICAL***

### **MURTHY, NIKHIL, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JUL-23

## ***ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY***

### **DURAN, ANTONIO, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-JUL-23

### **HOAGLAND, PETER, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Effective as of 01-JAN-21

### **JASKI, BRIAN, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-JAN-21

## ***ALLERGY IMMUNOLOGY***

### **SHARMA, KUSUM, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Effective as of 01-JUN-22

### **SHARMA, KUSUM, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Effective as of 01-JAN-23

## ***ANESTHESIOLOGY***

### **GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-OCT-21

### **GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-SEP-21

### **GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

Effective as of 01-SEP-21

### **MACCHIO, GREGORY, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-JUL-22

### **ROMERO, KENNETH, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 206  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

### **THOMPSON, SANDRA, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910

## C1. 網絡內提供者清單 專科護理醫師

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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 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-SEP-22

### **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. 網絡內提供者清單 專科護理醫師

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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<sup>†</sup>**  
Provider ID: N/A

765 MEDICAL CENTER CT  
STE 205  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-NOV-21

**PUGH, MATTHEW, DO<sup>†</sup>**  
Provider ID: N/A

765 MEDICAL CENTER CT  
STE 205  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-SEP-21

**SHAH, ABHISHEK, MD**  
Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

**SHAH, ABHISHEK, MD<sup>†</sup>**  
Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

### **CARDIOLOGY**

**AIZIN, VITALI, MD<sup>†</sup>**  
Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-16

**AIZIN, VITALI, MD<sup>†</sup>**  
Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**BARVALIA, MIHIR, MD<sup>†</sup>**  
Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-22

**BERMAN, BRETT, MD<sup>†</sup>**  
Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**BERMAN, BRETT, MD<sup>†</sup>**  
Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-16

**BERMAN, BRETT, MD<sup>†</sup>**  
Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**CEPIN, DANIEL, MD<sup>†</sup>**  
Provider ID: N/A

890 EASTLAKE PKWY STE

205  
CHULA VISTA, CA 91914  
Effective as of 01-DEC-22

**GOLLAPUDI, RAGHAVA, MD<sup>†</sup>**  
Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Effective as of 01-JUN-21

**KAFRI, HASSAN, MD<sup>†</sup>**  
Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-APR-21

**KAFRI, HASSAN, MD<sup>†</sup>**  
Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-20

**KAFRI, HASSAN, MD<sup>†</sup>**  
Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-22

**KAFRI, HASSAN, MD<sup>†</sup>**  
Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**LY, NANCY, MD<sup>†</sup>**  
Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

**LY, NANCY, MD<sup>†</sup>**  
Provider ID: N/A

765 MEDICAL CENTER CT



## C1. 網絡內提供者清單 專科護理醫師

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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  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**PONCE, SONIA, MD†**

Provider ID: N/A  
340 4TH AVE STE 11  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-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. 網絡內提供者清單 專科護理醫師

---

### **CARLSON, STEVEN, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-APR-21

### **CARLSON, STEVEN, MD†**

Provider ID: N/A

751 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

### **CARLSON, STEVEN, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-SEP-22

### **CEPIN, DANIEL, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Effective as of 01-JAN-14

### **CEPIN, DANIEL, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Effective as of 01-FEB-21

### **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-23

### **KIM, JAMES, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JUN-21

### **LY, NANCY, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Effective as of 01-NOV-23

### **LY, NANCY, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

## C1. 網絡內提供者清單 專科護理醫師

---

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-JUN-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-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

### **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

340 4TH AVE STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-APR-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

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. 網絡內提供者清單 專科護理醫師

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### **ROUGH, STEVEN, MD**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-AUG-23

### **SARSAM, LUAY, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

### **SARSAM, LUAY, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

### **SARSAM, LUAY, MD**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

### **SARSAM, LUAY, MD**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

### **SHAH, KULIN, MD†**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **SHAH, KULIN, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

### **SHEREV, DIMITRI, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-21

### **SHEREV, DIMITRI, MD**

Provider ID: N/A

340 FOURTH AVE  
STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-23

### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

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-JAN-23

### **WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-21

### **WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-23

### **YAU, STEPHEN, MD†**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-AUG-22

### **YAU, STEPHEN, MD†**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-23

### **ZAVARO, SUHAIL, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-FEB-23

## ***CERTIFIED***

## ***ACUPUNCTURIST***

### **LAM, KHANH, LAC†**

Provider ID: N/A

340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-21

## C1. 網絡內提供者清單 專科護理醫師

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### **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-SEP-22

### **BRAYTENBAH, MELANIE, NP†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JAN-21

### **BURKE, ALICIA, NP**

Provider ID: N/A

765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-22

### **CARRION GELABERT, ANA, NPF**

Provider ID: N/A

450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Effective as of 01-NOV-23

### **CORREA, CARINA, NP**

Provider ID: N/A

299 J ST  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-22

### **HALE, EMILY, NPF**

Provider ID: N/A

344 F ST STE 203  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAY-23

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-AUG-21

### **KANTAS, PARIS, NP†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-22

### **KELLER, 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. 網絡內提供者清單 專科護理醫師

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STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

### **YALDO, ATHMAR, NP†**

Provider ID: N/A  
☒ 429 BROADWAY  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-21

### ***CERTIFIED REGISTERED NURSE MIDWIFE***

### **MARTINEZ, NANCY, CRNM**

Provider ID: N/A  
☒ 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### ***CHIROPRACTOR***

### **WENDEL, TREVOR, DC**

Provider ID: N/A  
☒ 535 H ST  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### ***DERMATOLOGY***

### **ANGRA, KUNAL, MD†**

Provider ID: N/A  
☒ 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-DEC-22

### **BARNARD, CHRISTOPHER, MD**

Provider ID: N/A  
☒ 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Effective as of 01-MAR-24

### **MCKESEY, JACQUELINE, MD**

Provider ID: N/A

☒ 256 LANDIS AVE FL 3  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-23

### **RULLAN, PETER, MD†**

Provider ID: N/A  
☒ 256 LANDIS AVE STE 300  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

### **RULLAN, JENNIFER, MD†**

Provider ID: N/A  
☒ 256 LANDIS AVE STE 300  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-14

### **STEIN, ALEXANDER, MD†**

Provider ID: N/A  
☒ 340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **STEIN, ALEXANDER, MD†**

Provider ID: N/A  
☒ 340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-23

### **STEIN, ALEXANDER, MD†**

Provider ID: N/A  
☒ 340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

### **TOMPKINS, STACY, MD†**

Provider ID: N/A  
☒ 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-AUG-22

### **TOMPKINS, STACY, MD†**

Provider ID: N/A  
☒ 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914

Teleservice  
Effective as of 01-DEC-22

### **TOMPKINS, STACY, MD†**

Provider ID: N/A  
☒ 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-DEC-22

### **TOMPKINS, STACY, MD†**

Provider ID: N/A  
☒ 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-NOV-23

### **ZALESKI LARSEN, LISA, DO**

Provider ID: N/A  
☒ 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-NOV-23

### **ZALESKI LARSEN, LISA, DO**

Provider ID: N/A  
☒ 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-JAN-24

### **ZALESKI LARSEN, LISA, DO**

Provider ID: N/A  
☒ 2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-MAY-23

### ***EMERGENCY MEDICINE***

### **ALCALDE, VICTOR, MD†**

Provider ID: N/A  
☒ 333 H ST STE 2080  
CHULA VISTA, CA 91910

## C1. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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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-JAN-21

### **QUENZER, FAITH, DO†**

Provider ID: N/A

333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **REARDON, JACQUELINE, DO†**

Provider ID: N/A

333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **REARDON, JACQUELINE, DO†**

Provider ID: N/A

333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **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-AUG-21

### **SBIROLO, EMILY, MD†**

Provider ID: N/A

333 H ST STE 2080  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **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. 網絡內提供者清單 專科護理醫師

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 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. 網絡內提供者清單 專科護理醫師

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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-JUL-22

### **DUQUE, JOHN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

### **DUQUE, JOHN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

### **DUQUE, JOHN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-JAN-14

### **DUQUE, JOHN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 256 LANDIS AVE STE 202  
CHULA VISTA, CA 91910

Effective as of 01-MAR-18

### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAY-21

### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUL-21

### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-22

### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 256 LANDIS AVE STE 204  
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 256 LANDIS AVE STE 202  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

📍 1323 3RD AVE  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

### **KORN, ERROL, MD**

Provider ID: N/A

📍 769 MEDICAL CENTER CT  
STE 303  
CHULA VISTA, CA 91911

Effective as of 01-MAY-23

### **KORN, ERROL, MD**

Provider ID: N/A

📍 769 MEDICAL CENTER CT  
STE 303

CHULA VISTA, CA 91911

Effective as of 01-JUL-23

### **NOVO, MEGAN, MD**

Provider ID: N/A

📍 296 H ST STE 301  
CHULA VISTA, CA 91910

Effective as of 01-JAN-23

### **SEVILLA, CLAUDIA, MD†**

Provider ID: N/A

📍 750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911

Teleservice

Effective as of 01-SEP-22

### **SWEET, PATRICK, MD†**

Provider ID: N/A

📍 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAY-22

### **THOMAS, CARLTON, MD†**

Provider ID: N/A

📍 296 H ST  
CHULA VISTA, CA 91910

Effective as of 01-APR-21

### **WIENER, GREGORY, MD†**

Provider ID: N/A

📍 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

### **WIENER, GREGORY, MD†**

Provider ID: N/A

📍 353 CHURCH AVE STE A




## C1. 網絡內提供者清單 專科護理醫師

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CHULA VISTA, CA 91910  
Effective as of 01-AUG-20


### **WIENER, GREGORY, MD†**

Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14


### **WIENER, GREGORY, MD†**

Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


### **WIENER, GREGORY, MD†**

Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **WIENER, GREGORY, MD†**


Provider ID: N/A

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910\*  
Effective as of 01-SEP-15

### ***HEARING AID DEALER / SUPPLIER***


### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

 310 3RD AVE STE B21/C11  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

### **DAVIS, KELLE, MA†**

Provider ID: N/A

 310 3RD AVE STE C11

CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

### ***HEMATOLOGY / ONCOLOGY***

### **ANDREY, JEFFREY, MD†**

Provider ID: N/A

 450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22


### **BASERI, BABAK, MD†**

Provider ID: N/A

 450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-23


### **BASERI, BABAK, MD†**

Provider ID: N/A

 450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-24

### **BASERI, BABAK, MD†**

Provider ID: N/A

 450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **ITURBE-ALESSIO, IGNACIO, MD†**


Provider ID: N/A

 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JAN-23

### **ITURBE-ALESSIO, IGNACIO, MD†**


Provider ID: N/A

 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-FEB-22


### **JOHNSON, KENNETH, MD†**

Provider ID: N/A

 769 MEDICAL CENTER CT  
STE 202  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-15


### **MARJON, PHILIP, MD†**

Provider ID: N/A

 450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22


### **MOOLANI, RAMESH, MD†**

Provider ID: N/A

 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Effective as of 01-FEB-22


### **MOOLANI, RAMESH, MD†**

Provider ID: N/A

 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Effective as of 01-APR-23


### **NAIDZIONAK, ULADZISLAU, MD†**

Provider ID: N/A

 750 MEDICAL CENTER CT  
STE 9  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

### **NORTON, MARILYN, MD†**

Provider ID: N/A

 769 MEDICAL CENTER CT  
STE 202  
CHULA VISTA, CA 91911  
Effective as of 01-FEB-22

### **NORTON, MARILYN, MD†**

Provider ID: N/A

 769 MEDICAL CENTER CT

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STE 202  
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-JAN-24

### **LIRA, JOSE, MD†**

Provider ID: N/A  
☒ 841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-NOV-23

### **LIU, ANDREW, MD**

Provider ID: N/A  
☒ 340 FOURTH AVE  
STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-23

### **LIU, ANDREW, MD**

Provider ID: N/A  
☒ 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-23

### **MEYER, JILL, MD†**

Provider ID: N/A  
☒ 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

### **MEYER, JILL, MD†**

Provider ID: N/A  
☒ 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **MEYER, JILL, MD†**

Provider ID: N/A  
☒ 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

### **MOOLANI, UJJALA, MD**

Provider ID: N/A  
☒ 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23

### **MOOLANI, UJJALA, MD†**

Provider ID: N/A  
☒ 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

### **NARULA, ARVIN, MD†**

Provider ID: N/A  
☒ 890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-21

### **OLIVER, DEANNA, MD†**

Provider ID: N/A  
☒ 303 H ST STE 103  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-21

### **OLIVER, DEANNA, MD†**

Provider ID: N/A  
☒ 303 H ST STE 103  
CHULA VISTA, CA 91910\*  
Effective as of 01-OCT-22

### **PATEL, AMAR, MD†**

Provider ID: N/A  
☒ 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Teleservice

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-NOV-23

### **PONCE, SONIA, MD†**

Provider ID: N/A

☒ 429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

### **REDDY, SMITHA, MD†**

Provider ID: N/A

☒ 272 CHURCH AVE STE 1  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

### **REDDY, SMITHA, MD†**

Provider ID: N/A

☒ 272 CHURCH AVE STE 1  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **SOLTERO, RICARDO, MD†**

Provider ID: N/A

☒ 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-21

## ***INTERVENTIONAL CARDIOLOGY***

### **FERNANDEZ, GENARO, MD†**

Provider ID: N/A

☒ 752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-MAR-23

### **GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

☒ 890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-21

### **JOHN, ALAN, MD**

Provider ID: N/A

☒ 865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

### **JOHN, ALAN, MD**

Provider ID: N/A

☒ 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

### **KAFRI, HASSAN, MD†**

Provider ID: N/A

☒ 429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **ROUGH, STEVEN, MD**

Provider ID: N/A

☒ 754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-NOV-23

### **ROUGH, STEVEN, MD**

Provider ID: N/A

☒ 754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-OCT-23

### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

☒ 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

### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

☒ 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

### **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,**

## C1. 網絡內提供者清單 專科護理醫師

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### **MFT†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
303  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-21

### **CASTELLANOS, GRACIELA,**

#### **MFT†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
304  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-21

### **CASTELLANOS, GRACIELA,**

#### **MFT†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
305  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-21

### **SHIELDS, SEBASTIAN, MFT**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUN-23

## **NEPHROLOGY**

### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-MAY-23

### **BEDOYA, LUIS, MD†**

Provider ID: N/A

340 4TH AVE STE 4

CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUL-22

### **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-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

### **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-JUL-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

### **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-APR-19

### **KHAING, KATHY, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

### **KHAING, KATHY, MD†**

Provider ID: N/A

340 4TH AVE STE 4

**C1. 網絡內提供者清單**  
**專科護理醫師**

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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-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-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-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. 網絡內提供者清單 專科護理醫師

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### **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 4  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **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 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

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. 網絡內提供者清單 專科護理醫師

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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-AUG-22

### **FARHIDVASH, FARIBA, MD†**

Provider ID: N/A

450 4TH AVE STE 215  
CHULA VISTA, CA 91910

Effective as of 01-DEC-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. 網絡內提供者清單 專科護理醫師

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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-SEP-21

### **SORIA LOPEZ, JOSE, MD†**

Provider ID: N/A  
☒ 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-21

## **NEUROLOGY CHILD**

### **OLENSKI, KLARI, DO†**

Provider ID: N/A  
☒ 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-22

## **OBSTETRICS /**

## **GYNECOLOGY**

### **ANGUIANO, FRANCISCO, MD†**

Provider ID: N/A  
☒ 765 MEDICAL CENTER CT  
STE 209  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **ATIGA, SCHUBERT, MD†**

Provider ID: N/A  
☒ 752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **ATIGA, SCHUBERT, MD†**

Provider ID: N/A  
☒ 752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-20

### **ATIGA, SCHUBERT, MD†**

Provider ID: N/A  
☒ 752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

### **ATIGA, SCHUBERT, MD†**

Provider ID: N/A  
☒ 752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **CHAC, RICK, MD†**

Provider ID: N/A  
☒ 660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **CHAC, RICK, MD†**

Provider ID: N/A  
☒ 660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-20

### **CHAC, RICK, MD†**

Provider ID: N/A  
☒ 660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-16

### **CHAC, RICK, MD†**

Provider ID: N/A  
☒ 660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-20

### **JIBRIL, DEANAH, DO†**

Provider ID: N/A  
☒ 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **MENDEZ, DIEGO, MD†**

Provider ID: N/A  
☒ 678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-NOV-21

### **SEFA-BOAKYE, KOFI, MD†**

Provider ID: N/A  
☒ 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **SHORT, ABIADE, MD†**

Provider ID: N/A  
☒ 678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

## C1. 網絡內提供者清單 專科護理醫師

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### **SHORT, ABIADE, MD†**

Provider ID: N/A

📍 678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-22

### **OCCUPATIONAL THERAPIST**

### **CUA, NICOLE, OT**

Provider ID: N/A

📍 88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-24

### **HUGHES, ELISA, OT†**

Provider ID: N/A

📍 880 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-22

### **LOPEZ, ALYSSA-NICOLE, OT**

Provider ID: N/A

📍 88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-23

### **LOPEZ, ALYSSA-NICOLE, OT**

Provider ID: N/A

📍 88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-23

### **MORRIS, SHEILA, OT†**

Provider ID: N/A

📍 1020 TIERRA DEL REY STE  
A-1  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

### **PORTER, EILEEN, OT**

Provider ID: N/A

📍 88 E BONITA RD STE C

CHULA VISTA, CA 91910  
Effective as of 01-AUG-23

### **PORTER, EILEEN, OT**

Provider ID: N/A

📍 88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-22

### **OPHTHALMOLOGY**

### **BRYANT, DUANE, MD†**

Provider ID: N/A

📍 342 F ST  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-21

### **BRYANT, DUANE, MD†**

Provider ID: N/A

📍 342 F ST  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-21

### **BRYANT, DUANE, MD†**

Provider ID: N/A

📍 342 F ST  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-21

### **BRYANT, DUANE, MD†**

Provider ID: N/A

📍 342 F ST  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUN-19

### **BRYANT, DUANE, MD†**

Provider ID: N/A

📍 342 F ST  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-OCT-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. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

☒ 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **MANI, MAJID, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

### **MANI, NASRIN, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

### **MANI, MAJID, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **MANI, NASRIN, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **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

☒ 480 FOURTH AVE  
STE 201  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-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

### **MCDONNELL, EMMA, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-APR-23

### **MCDONNELL, EMMA, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **MOSS, JASON, MD<sup>†</sup>**

Provider ID: N/A

☒ 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **PAPASTERGIOU, GEORGIOS, MD<sup>†</sup>**

Provider ID: N/A

☒ 678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

### **PAPASTERGIOU, GEORGIOS, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

### **PAPASTERGIOU, GEORGIOS, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **PEAIRS, JAMES, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **PEAIRS, JAMES, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-20

### **PONS, MAURICIO, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-22

### **PONS, MAURICIO, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

### **PONS, MAURICIO, MD<sup>†</sup>**

Provider ID: N/A

☒ 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

### **PONS, MAURICIO, MD<sup>†</sup>**

Provider ID: N/A

☒ 835 3RD AVE STE A  
CHULA VISTA, CA 91911



## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-SEP-22

### **RAJSBAUM, MARTIN, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **RAJSBAUM, MARTIN, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

### **SASSANI, PATRICK, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-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

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

### **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

480 4TH AVE STE 201  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-24

### **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-JUL-22

### **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-SEP-22

### **STAINER, GREGORY, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

### **ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-24

### **ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Effective as of 01-JUL-20

### **ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-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. 網絡內提供者清單 專科護理醫師

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Effective as of 01-FEB-24

### **KOO, ANITA, OD**

Provider ID: N/A

☐ 835 THIRD AVE  
STE A  
CHULA VISTA, CA 91911

Effective as of 01-JAN-24

### **KOO, ANITA, OD**

Provider ID: N/A

☐ 678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-FEB-24

### **MASCARENO, EFRAIN, OD†**

Provider ID: N/A

☐ 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

### **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

### **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-AUG-21

### **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

### **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

## C1. 網絡內提供者清單 專科護理醫師

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CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-APR-21

### **PATSIAS, ALEXIS, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAY-21

### **PATSIAS, ALEXIS, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-SEP-22

### **SAEZ, NEIL, MD**

Provider ID: N/A  
2060 OTAY LAKES RD STE  
140  
CHULA VISTA, CA 91913  
Effective as of 01-NOV-23

### **SAEZ, NEIL, MD**

Provider ID: N/A  
2060 OTAY LAKES RD STE  
140  
CHULA VISTA, CA 91913  
Effective as of 01-FEB-24

### **SAEZ, NEIL, MD**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JUL-22

### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JAN-21

### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-AUG-20

### **WOO, LINDA, MD†**

Provider ID: N/A  
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 B-F  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

### **PIANSAY, MARIA CORAZON, MD**

Provider ID: N/A  
1637 3RD AVE STE H-I  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

### **ROWHANI, NAGHMEH, MD**

Provider ID: N/A  
280 E ST  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-24

### **TIZNADO, ERNESTO, MD†**

Provider ID: N/A  
1635 3RD AVE STE L  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**C1. 網絡內提供者清單**  
**專科護理醫師**

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***PHYS MED/ REHAB PAIN  
MEDICINE***

**KATZEN, SETH, DO**

Provider ID: N/A

☒ 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23

**KOLODGE, GAVIN, DO**

Provider ID: N/A

☒ 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-JUN-23

**RICHARDSON, HENRY, MD†**

Provider ID: N/A

☒ 340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

***PHYSICAL MEDICINE /  
REHABILITATION***

**BULLOCK, ANDREW, DO†**

Provider ID: N/A

☒ 344 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**BULLOCK, ANDREW, DO†**

Provider ID: N/A

☒ 344 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**BULLOCK, ANDREW, DO†**

Provider ID: N/A

☒ 344 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**HURSCHMAN, ALAN, MD**

Provider ID: N/A

☒ 344 F ST STE 203  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-23

**KATZEN, SETH, DO**

Provider ID: N/A

☒ 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

**KOLODGE, GAVIN, DO**

Provider ID: N/A

☒ 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-23

**TAHAEI, SEYED, MD†**

Provider ID: N/A

☒ 340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-OCT-22

***PHYSICIANS ASSISTANT***

**ARGOUD, MARIA, PA†**

Provider ID: N/A

☒ 340 4TH AVE STE 7A  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

**BEITTER, KEERSTIN, PA†**

Provider ID: N/A

☒ 340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-22

**CHAN, ALONSO, PA†**

Provider ID: N/A

☒ 299 J ST  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**DOUGHERTY, CLARA, PA**

Provider ID: N/A

☒ 752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**DOUGHERTY, CLARA, PA**

Provider ID: N/A

☒ 752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-FEB-24

**GUTH, CARA, PA†**

Provider ID: N/A

☒ 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-24

**GUTH, CARA, PA†**

Provider ID: N/A

☒ 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-21

**INDA, PRISCILLA, PA†**

Provider ID: N/A

☒ 429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**INDA, PRISCILLA, PA†**

Provider ID: N/A

☒ 429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-24

**INDA, PRISCILLA, PA**

Provider ID: N/A

☒ 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23

**KOLODGE, KAITLEN, PA**

## C1. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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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-JAN-21

### **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-SEP-22

### **DAVIDSON, JOHN, DPM†**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-AUG-18

### **HAN, KYOUNG, DPM**

Provider ID: N/A

855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-22

### **KRIGER, STEPHEN, DPM†**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-JAN-22

### **KRIGER, STEPHEN, DPM†**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-FEB-22

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **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-DEC-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-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-FEB-23

#### **TSAI, GRACE, DPM**

Provider ID: N/A

☒ 345 F ST STE 100

## C1. 網絡內提供者清單 專科護理醫師

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CHULA VISTA, CA 91910  
Effective as of 01-DEC-23

### **XU, DIXON, DPM†**

Provider ID: N/A  
☒ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-23

### **XU, DIXON, DPM†**

Provider ID: N/A  
☒ 345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAY-21

### **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-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

### **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

## ***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. 網絡內提供者清單 專科護理醫師

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CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A


 450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-AUG-23

### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A


 450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-MAR-24

### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A


 450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-MAR-24

### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A


 450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-AUG-23

### **MISHRA, GAURAV, MD†**


Provider ID: N/A

 678 3RD AVE

CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **MISHRA, GAURAV, MD†**

Provider ID: N/A

 678 3RD AVE

CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 216

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JUL-22

### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A


 765 MEDICAL CENTER CT  
STE 216

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JUL-22

### **PHAM, ALISE, DO**

Provider ID: N/A


 450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-MAR-24

### **PHAM, ALISE, DO**

Provider ID: N/A


 450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-MAR-24

### **TROYER, EMILY, MD†**


Provider ID: N/A

 678 3RD AVE

CHULA VISTA, CA 91910  
Effective as of 01-JAN-22

### **TROYER, EMILY, MD†**

Provider ID: N/A

 678 3RD AVE

CHULA VISTA, CA 91910  
Effective as of 01-JAN-22

### ***PSYCHIATRY CHILD***

### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

 765 MEDICAL CENTER CT  
STE 216

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-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

### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A


 765 MEDICAL CENTER CT  
STE 216

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JAN-23

### **MISHRA, GAURAV, MD†**

Provider ID: N/A

 678 3RD AVE

CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **MISHRA, GAURAV, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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**PATTERSON-HYATT,  
KIMBERLY, PSYD<sup>†</sup>**

Provider ID: N/A

📍 1061 TIERRA DEL REY STE  
305  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

**WIJAYARATNE, IMANIE,  
PSYD<sup>†</sup>**

Provider ID: N/A

📍 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**WIJAYARATNE, IMANIE,  
PSYD<sup>†</sup>**

Provider ID: N/A

📍 678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### ***PULMONARY DISEASES***

**LIRA, JOSE, MD<sup>†</sup>**

Provider ID: N/A

📍 841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-FEB-21

**LIRA, JOSE, MD<sup>†</sup>**

Provider ID: N/A

📍 841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-14

**LIRA, JOSE, MD<sup>†</sup>**

Provider ID: N/A

📍 841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-22

**LOZANO, MARTHA, MD<sup>†</sup>**

Provider ID: N/A

📍 841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-22

**LOZANO, MARTHA, MD<sup>†</sup>**

Provider ID: N/A

📍 841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-MAR-21

**LOZANO, MARTHA, MD<sup>†</sup>**

Provider ID: N/A

📍 841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-15

**LOZANO, MARTHA, MD<sup>†</sup>**

Provider ID: N/A

📍 841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-14

**PENA ROMERO, CESAR, MD<sup>†</sup>**

Provider ID: N/A

📍 227 CHURCH AVE  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-19

**PENA ROMERO, CESAR, MD<sup>†</sup>**

Provider ID: N/A

📍 227 CHURCH AVE  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

**SANCHEZ, LUIS, MD<sup>†</sup>**

Provider ID: N/A

📍 227 CHURCH AVE  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

**SANCHEZ, LUIS, MD<sup>†</sup>**

Provider ID: N/A

📍 227 CHURCH AVE  
CHULA VISTA, CA 91910\*  
Effective as of 01-JAN-14

### ***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<sup>†</sup>**

Provider ID: N/A

📍 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**HATTANGADI GLUTH, JONA,  
MD<sup>†</sup>**

Provider ID: N/A

📍 959 LANE AVE  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-DEC-21

**JABBARI, SIAVASH, MD<sup>†</sup>**

Provider ID: N/A

📍 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Effective as of 01-OCT-22

**MANSY, GINA, MD<sup>†</sup>**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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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-NOV-21

### **PAPA, AMY, PT**

Provider ID: N/A

88 E BONITA RD STE C

CHULA VISTA, CA 91910  
Effective as of 01-AUG-23

### **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. 網絡內提供者清單 專科護理醫師

---

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, SMITHA, MD†**

Provider ID: N/A

272 CHURCH AVE STE 1  
CHULA VISTA, CA 91910

Effective as of 01-FEB-19

### **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

## ***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-JUN-19

### **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

### **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-JAN-19

### **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. 網絡內提供者清單 專科護理醫師

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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-SEP-23

### **MORAL, JOHN, MD**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-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. 網絡內提供者清單 專科護理醫師

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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-SEP-15

### **SUMMERS, STEPHEN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-21

### **SUMMERS, STEPHEN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

### **SUMMERS, STEPHEN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-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-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 STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-19

### **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

### **YANG, YIFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

## ***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

## C1. 網絡內提供者清單 專科護理醫師

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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  
750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**GROTTING, JOHN, MD†**  
Provider ID: N/A  
750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-23

**GROTTING, JOHN, MD†**  
Provider ID: N/A  
750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-21

**GROTTING, JOHN, MD**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-24

**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

**HOFMEISTER, ERIC, MD†**  
Provider ID: N/A  
955 LANE AVE STE 200

CHULA VISTA, CA 91914  
Effective as of 01-NOV-21

**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-NOV-21

**KLATMAN, SAMUEL, MD†**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-23

**KOLODGE, GAVIN, DO**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-23

**POMERANTZ, MICHAEL, MD†**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-FEB-18

**RICKARDS, ENASS, MD**  
Provider ID: N/A  
480 FOURTH AVE  
STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-24

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A  
480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-APR-23

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **ROSENFELD, ALAN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 501  
CHULA VISTA, CA 91910\*  
Effective as of 01-FEB-07

#### **ROSENFELD, ALAN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

#### **ROSENFELD, ALAN, MD†**

Provider ID: N/A

📍 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-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-22

#### **HUANG, MARK, 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

#### **MUMTAZ, SEEMAL, MD†**

Provider ID: N/A

📍 345 F ST STE 200  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-17

### ***SURGICAL ONCOLOGY***

#### **QUIROZ, ELISA, MD†**

Provider ID: N/A

📍 678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

### ***UROLOGY***

#### **COHEN, EDWARD, MD**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **DICKS, BRIAN, MD**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **JUMA, SAAD, MD**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

#### **KEILLER, DANNY, MD**

Provider ID: N/A

📍 752 MEDICAL CENTER CT  
STE 101

## C1. 網絡內提供者清單 專科護理醫師

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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

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-NOV-21

### **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-NOV-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

### **VAPNEK, EVAN, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

### **VAPNEK, EVAN, MD†**

Provider ID: N/A

786 3RD AVE STE B

CHULA VISTA, CA 91910

Effective as of 01-JAN-21

## ***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

## C1. 網絡內提供者清單 專科護理醫師

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### ***EMERGENCY MEDICINE***

#### **EL SAID, KHALED, MD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 801 ORANGE AVE STE 205  
CORONADO, CA 92118

Teleservice

Effective as of 01-JUN-22

### ***CARDIOVASCULAR DISEASE***

#### **MAI, TUAN, MD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 131 ORANGE AVE STE 101  
CORONADO, CA 92118

Teleservice

Effective as of 01-FEB-23

#### **SHAFT, ALEXANDER, MD<sup>†</sup>**

Provider ID: N/A

☒ 131 ORANGE AVE STE 101  
CORONADO, CA 92118

Teleservice

Effective as of 01-MAR-22

### ***GASTROENTEROLOGY***

#### **BAIG, NABIL, DO<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 801 ORANGE AVE  
CORONADO, CA 92118

Effective as of 01-SEP-22

### ***INTERNAL MEDICINE***

#### **BORTZ, DAVID, MD<sup>†</sup>**

Provider ID: N/A

☒ 230 PROSPECT PL STE 340  
CORONADO, CA 92118\*

Effective as of 01-DEC-22

#### **DAVIS, JASON, MD<sup>†</sup>**

Provider ID: N/A

☒ 230 PROSPECT PL STE  
340B  
CORONADO, CA 92118

Effective as of 01-JAN-24

#### **OLIVER, DEANNA, MD<sup>†</sup>**

Provider ID: N/A

☒ 131 ORANGE AVE STE 101  
CORONADO, CA 92118

Effective as of 01-MAR-21

#### **OLIVER, DEANNA, MD<sup>†</sup>**

Provider ID: N/A

☒ 131 ORANGE AVE STE 101  
CORONADO, CA 92118

Effective as of 01-APR-21

### ***NEPHROLOGY***

#### **DAVIS, JASON, MD<sup>†</sup>**

Provider ID: N/A

☒ 230 PROSPECT PL STE  
340B  
CORONADO, CA 92118

Effective as of 01-JUL-22

#### **DAVIS, JASON, MD<sup>†</sup>**

Provider ID: N/A

☒ 230 PROSPECT PL STE  
340B



## C1. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

☐ 230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

### **SALMASI, AMIRALI, MD**

Provider ID: N/A

☐ 230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

### **VAPNEK, EVAN, MD**

Provider ID: N/A

☐ 230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

### **CERTIFIED NURSE PRACTITIONER**

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

☐ 24833 DEL PRADO  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

☐ 24833 DEL PRADO  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

#### **PASICOLAN, MARI, NP**

Provider ID: N/A

☐ 24833 DEL PRADO  
DANA POINT, CA 92629  
Effective as of 01-DEC-22

### **MARRIAGE FAMILY THERAPIST**

#### **MOORE, CANDACE, MFT**

Provider ID: N/A

☐ 23 TERRAZA DEL MAR

DANA POINT, CA 92629

Effective as of 01-JAN-22

#### **MOORE, CANDACE, MFT**

Provider ID: N/A

☐ 23 TERRAZA DEL MAR  
DANA POINT, CA 92629  
Effective as of 01-JAN-22

### **OPTOMETRIST**

#### **SPAETH, JOHN, OD**

Provider ID: N/A

☐ 24040 CAMINO DEL AVION  
STE G  
DANA POINT, CA 92629  
Effective as of 01-SEP-23

#### **WANG, MATTHEW, OD**

Provider ID: N/A

☐ 24692 DEL PRADO STE B  
DANA POINT, CA 92629  
Effective as of 01-OCT-23

#### **WANG, MATTHEW, OD**

Provider ID: N/A

☐ 24692 DEL PRADO STE B  
DANA POINT, CA 92629  
Effective as of 01-JAN-23

### **PHYSICIANS ASSISTANT**

#### **JEFFREY, JAMES, PA**

Provider ID: N/A

☐ 24060 CAMINO DEL AVION  
STE A  
DANA POINT, CA 92629  
Effective as of 01-NOV-23

### **PSYCHOLOGIST**

#### **UNGER, ARLENE, PhD†**

Provider ID: N/A

☐ 34145 PACIFIC COAST HWY  
STE 821

DANA POINT, CA 92629

Effective as of 01-DEC-20

#### **UNGER, ARLENE, PhD†**

Provider ID: N/A

☐ 34145 PACIFIC COAST HWY  
STE 821  
DANA POINT, CA 92629  
Effective as of 01-DEC-20

#### **UNGER, ARLENE, PhD†**

Provider ID: N/A

☐ 34145 PACIFIC COAST HWY  
STE 821  
DANA POINT, CA 92629  
Effective as of 01-DEC-20

#### **UNGER, ARLENE, PhD†**

Provider ID: N/A

☐ 34145 PACIFIC COAST HWY  
STE 821  
DANA POINT, CA 92629  
Effective as of 01-DEC-20

### **DERMATOLOGY**

#### **MARRIOTT, AGATA, MD**

Provider ID: N/A

☐ 1349 CAMINO DEL MAR  
STE D  
DEL MAR, CA 92014  
Effective as of 01-SEP-22

### **PHYSICIANS ASSISTANT**

#### **HANSEN, CHRISTINA, PA**

Provider ID: N/A

☐ 12865 POINTE DEL MAR  
WAY STE 200  
DEL MAR, CA 92014

Teleservice

Effective as of 01-OCT-23

#### **LEE, ISABEL, PA**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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

12835 POINTE DEL MAR  
WAY STE 1

DEL MAR, CA 92014  
Effective as of 01-SEP-22

### **VIJAYASARATHI, KRISHNA, DO†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014  
Effective as of 01-SEP-22

### **VIJAYASARATHI, KRISHNA, DO†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

### **PSYCHOLOGIST**

### **ROSENGARTEN, ARTHUR, PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014\*  
Effective as of 01-MAY-23

### **ROSENGARTEN, ARTHUR, PhD**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014\*  
Effective as of 01-MAY-23

### **ROSENGARTEN, ARTHUR, PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

### **ROSENGARTEN, ARTHUR,**

## C1. 網絡內提供者清單 專科護理醫師

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**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-JAN-24

**BARVALIA, MIHIR, MD†**

Provider ID: N/A

📍 1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-NOV-22

**KAFRI, HASSAN, MD†**

Provider ID: N/A

📍 328 HIGHLAND AVE STE

## C1. 網絡內提供者清單 專科護理醫師

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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-SEP-22

### **KAFRI, HASSAN, MD†**

Provider ID: N/A

☒ 328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Effective as of 01-AUG-20

### **KAFRI, HASSAN, MD†**

Provider ID: N/A

☒ 328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Effective as of 01-JAN-19

### **KAFRI, HASSAN, MD†**

Provider ID: N/A

☒ 328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

### **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

☒ 230 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

### **SHARF, ALBERT, MD**

Provider ID: N/A

☒ 1240 BROADWAY STE 210  
EL CAJON, CA 92021  
Effective as of 01-JAN-24

### **SHEREV, DIMITRI, MD**

Provider ID: N/A

☒ 1380 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

## **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  
100  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-AUG-21

### **BARVALIA, MIHIR, MD†**

Provider ID: N/A

☒ 1380 EL CAJON BLVD STE  
212  
EL CAJON, CA 92020  
Effective as of 01-JAN-22

### **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. 網絡內提供者清單 專科護理醫師

---

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. 網絡內提供者清單 專科護理醫師

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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-AUG-20

### **HAMMOND, HEATHER, CRNM**

Provider ID: N/A

📍 470 N MOLLISON AVE

## C1. 網絡內提供者清單 專科護理醫師

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EL CAJON, CA 92021  
Effective as of 01-MAY-23

### **HAMMOND, HEATHER, CRNM†**

Provider ID: N/A

📄 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

### **CHIROPRACTOR**

#### **DORADO, SUE, DC**

Provider ID: N/A

📄 1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-OCT-23

#### **DORADO, SUE, DC**

Provider ID: N/A

📄 165 S 1ST ST  
EL CAJON, CA 92019  
Teleservice  
Effective as of 01-OCT-23

#### **FULKS, ZACKARY, DC**

Provider ID: N/A

📄 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-MAY-23

#### **HALEY, STEVEN, DC**

Provider ID: N/A

📄 1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-OCT-23

#### **HALEY, STEVEN, DC**

Provider ID: N/A

📄 165 S 1ST ST  
EL CAJON, CA 92019  
Teleservice  
Effective as of 01-OCT-23

#### **MANSOUR, RASHAD, DC**

Provider ID: N/A

📄 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-MAR-23

#### **MCCOWN, BARRY, DC**

Provider ID: N/A

📄 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-MAY-23

#### **ZECHA, RONALD, DC**

Provider ID: N/A

📄 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

### **DERMATOLOGY**

#### **BARRIO, VICTORIA, MD**

Provider ID: N/A

📄 292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-MAR-24

#### **BROGAN, JACQUELINE, MD†**

Provider ID: N/A

📄 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

#### **BROGAN, JACQUELINE, MD†**

Provider ID: N/A

📄 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

#### **BROGAN, JACQUELINE, MD†**

Provider ID: N/A

📄 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-OCT-21

#### **CELANO, NICHOLAS, MD†**

Provider ID: N/A

📄 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

#### **CELANO, NICHOLAS, MD†**

Provider ID: N/A

📄 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

#### **CELANO, NICHOLAS, MD†**

Provider ID: N/A

📄 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

#### **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  
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

#### **CHIANG, JENNIFER, MD†**

Provider ID: N/A

📄 292 AVOCADO AVE

## C1. 網絡內提供者清單 專科護理醫師

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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

### **GONZALEZ, JOSE, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-MAY-23

### **GONZALEZ, JOSE, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-AUG-22

### **GONZALEZ, JOSE, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-JAN-24

### **GORDON, JUSTIN, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-AUG-22

### **GORDON, JUSTIN, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-APR-22

### **HANSEN, DOYLE, MD†**

Provider ID: N/A

1679 E MAIN ST STE 208  
EL CAJON, CA 92021  
Effective as of 01-JAN-14

### **KASSAB, GHADA, MD**

Provider ID: N/A

330 S MAGNOLIA AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

### **KASSAB, GHADA, MD**

Provider ID: N/A

624 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-MAR-23

### **KASSAB, GHADA, MD**

Provider ID: N/A

624 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JUL-23

### **LIN, SHINKO, MD**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-MAR-24

### **NELSON, AISLYN, MD**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

### **SATEESH, BROOKE, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-MAR-16

### **SATEESH, BROOKE, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020

Effective as of 01-JUL-22

### **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-APR-22

### **TYAGI, ABHILASHA, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-AUG-22

### **UEBELHOER, NATHAN, DO†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-FEB-22

### **UEBELHOER, NATHAN, DO†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

### **UEBELHOER, NATHAN, DO†**

## C1. 網絡內提供者清單 專科護理醫師

---

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. 網絡內提供者清單 專科護理醫師

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### **DAVIS, KELLE, MA<sup>†</sup>**

Provider ID: N/A

📍 1767 E MAIN ST  
EL CAJON, CA 92021  
Effective as of 01-JAN-21

### **DAVIS, KELLE, MA<sup>†</sup>**

Provider ID: N/A

📍 1767 E MAIN ST  
EL CAJON, CA 92021  
Effective as of 01-SEP-22

### **INTERNAL MEDICINE**

### **AWDISHO, ALAN, DO<sup>†</sup>**

Provider ID: N/A

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-SEP-22

### **MANSOUR, DAVID, DO<sup>†</sup>**

Provider ID: N/A

📍 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-AUG-22

### **MAY, LOUIS, MD<sup>†</sup>**

Provider ID: N/A

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-DEC-22

### **MICHAEL, RAMI, MD<sup>†</sup>**

Provider ID: N/A

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-NOV-22

### **OLIVER, DEANNA, MD<sup>†</sup>**

Provider ID: N/A

📍 463 N MAGNOLIA AVE  
EL CAJON, CA 92020

Effective as of 01-MAR-21

### **OLIVER, DEANNA, MD<sup>†</sup>**

Provider ID: N/A

📍 463 N MAGNOLIA AVE  
EL CAJON, CA 92020\*  
Effective as of 01-OCT-22

### **INTERVENTIONAL CARDIOLOGY**

### **JOHN, ALAN, MD**

Provider ID: N/A

📍 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-MAY-23

### **KAFRI, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

📍 436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

### **KAFRI, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

### **NAGHI, JESSE, MD<sup>†</sup>**

Provider ID: N/A

📍 1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

### **RUBIO GARCIA, MANOLO, MD<sup>†</sup>**

Provider ID: N/A

📍 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-DEC-22

### **SHAH, KULIN, MD<sup>†</sup>**

Provider ID: N/A

📍 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-APR-23

### **SUDHAKAR, DEEPTHI, MD<sup>†</sup>**

Provider ID: N/A

📍 1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-APR-23

### **LICENSED CLINICAL SOCIAL WORKER**

### **FRAGOSO, DOMINIQUE, LCSW**

Provider ID: N/A

📍 215 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

### **ORLANDO, FRANCESCA, LCSW**

Provider ID: N/A

📍 215 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-FEB-23

### **TAYAG, DYLAN, LCSW<sup>†</sup>**

Provider ID: N/A

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-SEP-22

### **TAYLOR, MISTY, LCSW**

Provider ID: N/A

📍 5442 SYCUAN RD  
EL CAJON, CA 92019  
Effective as of 01-FEB-24

### **WELSH, BRITT, LCSW<sup>†</sup>**

Provider ID: N/A

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-FEB-21

### **MARRIAGE FAMILY**

## C1. 網絡內提供者清單 專科護理醫師

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### ***THERAPIST***

#### **ARNOLD, REBECCA, MFT**

Provider ID: N/A

☒ 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-FEB-24

#### **ESTAVILLO, SAUL, MFT**

Provider ID: N/A

☒ 875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-AUG-23

### ***OBSTETRICS / GYNECOLOGY***

#### **AL-MSHHDANI, AYSER, MD**

Provider ID: N/A

☒ 165 S 1ST ST  
EL CAJON, CA 92019  
Teleservice  
Effective as of 01-OCT-23

#### **AL-MSHHDANI, AYSER, MD**

Provider ID: N/A

☒ 1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-OCT-23

#### **BULLOCH, EDGAR, MD†**

Provider ID: N/A

☒ 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
Effective as of 01-JUN-22

#### **DAVIS, TRACIE, MD**

Provider ID: N/A

☒ 165 S 1ST ST  
EL CAJON, CA 92019  
Teleservice  
Effective as of 01-OCT-23

#### **DAVIS, TRACIE, MD**

Provider ID: N/A

☒ 1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-OCT-23

#### **FOLCH TORRES-AGUIAR, BEATRIZ, MD†**

Provider ID: N/A

☒ 1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-AUG-22

#### **FOLCH TORRES-AGUIAR, BEATRIZ, MD†**

Provider ID: N/A

☒ 165 S 1ST ST  
EL CAJON, CA 92019  
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

☒ 165 S 1ST ST  
EL CAJON, CA 92019  
Teleservice  
Effective as of 01-NOV-21

#### **GELLENS, ANDREW, MD†**

Provider ID: N/A

☒ 1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-NOV-21

#### **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. 網絡內提供者清單 專科護理醫師

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Effective as of 01-FEB-24

### **BINDER, NICHOLAS, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

### **BINDER, NICHOLAS, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-NOV-23

### **BINDER, NICHOLAS, MD**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-23

### **BOECKMANN, JESSICA, MD†**

Provider ID: N/A

450 FLETCHER PKWY  
EL CAJON, CA 92020

Effective as of 01-JAN-21

### **HSU, CHRISTOPHER, MD**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-23

### **HSU, CHRISTOPHER, MD†**

Provider ID: N/A

225 W MADISON AVE STE 1  
EL CAJON, CA 92020

Effective as of 01-SEP-22

### **JARDON, JAVIER, MD†**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020

Effective as of 01-JUL-22

### **MANI, NASRIN, MD†**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020

Effective as of 01-JUL-22

### **MANI, NASRIN, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Effective as of 01-JUL-22

### **MCDONNELL, EMMA, MD†**

Provider ID: N/A

231 W MAIN ST  
EL CAJON, CA 92020

Effective as of 01-NOV-22

### **MOSS, JASON, MD†**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020

Effective as of 01-JUL-22

### **PAPASTERGIU, GEORGIOS, MD†**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020

Effective as of 01-JUL-22

### **PAPASTERGIU, GEORGIOS, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Teleservice

Effective as of 01-JUL-22

### **PATEL, GITANE, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-JAN-24

### **PATEL, SARJAN, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-JAN-24

### **PATEL, GITANE, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

### **PATEL, SARJAN, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

### **PATEL, SARJAN, MD†**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-DEC-23

### **PATEL, GITANE, MD**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-23

### **PONS, MAURICIO, MD†**

Provider ID: N/A

231 W MAIN ST  
EL CAJON, CA 92020

Effective as of 01-AUG-22

### **PONS, MAURICIO, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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

300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
Effective as of 01-DEC-23

**PRABHU, SUJATA, MD**  
Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020  
Effective as of 01-NOV-23

**SKAF, AYHAM, MD†**  
Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**SKAF, AYHAM, MD†**  
Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**ZHAO, TAILUN, MD**  
Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

**ZHAO, TAILUN, MD**  
Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020  
Effective as of 01-NOV-23

**ZHAO, TAILUN, MD**  
Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
Effective as of 01-NOV-23

### **OPTOMETRIST**

**AOTO, KIM, OD†**  
Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020  
Effective as of 01-SEP-22

**DYER, SHARON, OD†**  
Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020  
Effective as of 01-DEC-23

**DYER, SHARON, OD†**  
Provider ID: N/A

225 W MADISON AVE STE 1  
EL CAJON, CA 92020  
Effective as of 01-SEP-22

**HAN, SUL KI, OD†**  
Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020  
Effective as of 01-DEC-23

**KHALIL, VADY, OD†**  
Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-DEC-23

**KHALIL, VADY, OD**  
Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
Effective as of 01-DEC-23

**KOO, ANITA, OD**  
Provider ID: N/A

231 W MAIN ST  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

**KOO, ANITA, OD**  
Provider ID: N/A

231 W MAIN ST  
EL CAJON, CA 92020  
Effective as of 01-FEB-24

**ZVANUT, DONALD, OD†**  
Provider ID: N/A

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. 網絡內提供者清單 專科護理醫師

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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-JUL-22

### **MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22

### **MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JUL-22

### **MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22

### **MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22



**C1. 網絡內提供者清單**  
**專科護理醫師**

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**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. 網絡內提供者清單 專科護理醫師

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### **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-JUN-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-SEP-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-DEC-22

### **SAB, SHIV, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUN-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. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-DEC-23

### **MWAURA, WAIRIMU, NP†**

Provider ID: N/A  
☑ 326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUN-21

### **MWAURA, WAIRIMU, NP†**

Provider ID: N/A  
☑ 326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-24

### **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. 網絡內提供者清單 專科護理醫師


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 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  
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<sup>†</sup>**  
Provider ID: N/A

 700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**LAZARUS, ELIZABETH, CRNA**  
Provider ID: N/A

 781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JUL-23

### ***CERTIFIED REGISTERED NURSE MIDWIFE***

**CORRY, ANDREA, CRNM**  
Provider ID: N/A


 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-SEP-23

**ELY-KONOSKE, RACHEL,  
CRNM**  
Provider ID: N/A

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23


### ***CHIROPRACTOR***

**TRAINER, JASON, DC**  
Provider ID: N/A


 1130 2ND ST  
ENCINITAS, CA 92024  
Effective as of 01-MAR-24

### ***DERMATOLOGY***


**ANGRA, KUNAL, MD<sup>†</sup>**  
Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUL-21


**ANGRA, KUNAL, MD<sup>†</sup>**  
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<sup>†</sup>**  
Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21


**GLADSJO, JULIE, MD<sup>†</sup>**  
Provider ID: N/A

 477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

**GLADSJO, JULIE, MD<sup>†</sup>**  
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



## C1. 網絡內提供者清單 專科護理醫師

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ENCINITAS, CA 92024  
Effective as of 01-JAN-24

### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE 117  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE 117  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE 117  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

### **HEMPERLY, STEPHEN, DO†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-NOV-23

### **HEMPERLY, STEPHEN, DO†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-21

### **RILEY, JESSICA, DO†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024

Effective as of 01-AUG-20

### **RILEY, JESSICA, DO†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

### **RILEY, JESSICA, DO†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

## ***ENDOCRINOLOGY METABOLISM DIABETES***

### **SHAH, NANDI, MD**

Provider ID: N/A  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

## ***FAMILY PRACTICE***

### **ANDERSON, LINDSEY, DO†**

Provider ID: N/A  
1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
Effective as of 01-AUG-23

### **ESTRADA, JOHANNA, MD†**

Provider ID: N/A  
662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*  
Effective as of 01-AUG-21

## ***GASTROENTEROLOGY***

### **ALHANKAWI, DHUHA, MD**

Provider ID: N/A  
477 N EL CAMINO REAL

STE A308  
ENCINITAS, CA 92024  
Effective as of 01-APR-23

### **ALHANKAWI, DHUHA, MD**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024  
Effective as of 01-AUG-23

### **BORTNIKER, ETHAN, MD**

Provider ID: N/A  
781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

### **BORTNIKER, ETHAN, MD**

Provider ID: N/A  
781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

### **BORTNIKER, ETHAN, MD**

Provider ID: N/A  
781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

### **BORTNIKER, ETHAN, MD**

Provider ID: N/A  
781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

### **BORTNIKER, ETHAN, MD**

Provider ID: N/A  
781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-MAR-24

## C1. 網絡內提供者清單 專科護理醫師

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### **DILAURO, STEVEN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-23

### **DILAURO, STEVEN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

### **DILAURO, STEVEN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-23

### **DILAURO, STEVEN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

### **DILAURO, STEVEN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

### **GOLDKLANG, ROBERT, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE

102  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

### **GOLDKLANG, ROBERT, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-OCT-23

### **GOLDKLANG, ROBERT, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

### **GOLDKLANG, ROBERT, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

### **GOLDKLANG, ROBERT, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

### **GOLDKLANG, ROBERT, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-APR-23

### **LAJOIE, ADRIANNE, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

### **LAJOIE, ADRIANNE, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

### **LAJOIE, ADRIANNE, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

### **LAJOIE, ADRIANNE, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-OCT-23

### **LAJOIE, ADRIANNE, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

### **LAJOIE, ADRIANNE, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

### **MADANI, BAHAR, MD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024  
Effective as of 01-FEB-22

### **PATEL, JANKI, MD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

### **PATEL, JANKI, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-21

### **PATEL, JANKI, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-21

### **PATEL, JANKI, MD**

Provider ID: N/A

700 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUN-23

### **PATEL, JANKI, MD**

Provider ID: N/A

700 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-MAR-23

### **PATEL, JANKI, MD**

Provider ID: N/A

354 SANTA FE DR  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

### **SINGH, MARVIN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

### **SINGH, MARVIN, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-APR-18

## **GENERAL DENTISTRY**

### **MEHROTRA, SACHI, DDS**

Provider ID: N/A

4403 MANCHESTER AVE  
STE 101  
ENCINITAS, CA 92024  
Effective as of 01-OCT-21

## **GYNECOLOGIC ONCOLOGY**

### **ESKANDER, RAMEZ, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Effective as of 01-JUL-21

## **HEMATOLOGY / ONCOLOGY**

### **BESSUDO, ALBERTO, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-APR-21

### **BESSUDO, ALBERTO, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105

ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-21

### **FLORES, EDNA, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

### **SULLIVAN, JESSICA, DO†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-24

## **HOSPICE AND PALLIATIVE MEDICINE**

### **RUBENSIK, TAMARA, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 100  
ENCINITAS, CA 92024  
Effective as of 01-FEB-21

### **RUBENSIK, TAMARA, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Effective as of 01-JUL-21

## **INTERNAL MEDICINE**

### **BAUTISTA, JENNIFER, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-DEC-20

### **BAUTISTA, JENNIFER, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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

## C1. 網絡內提供者清單 專科護理醫師

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ENCINITAS, CA 92024  
Effective as of 01-APR-21

### **TRING, ELEANOR, DO<sup>†</sup>**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220

ENCINITAS, CA 92024<sup>\*</sup>  
Effective as of 01-JUL-21

### **INTERNAL MEDICINE CRITICAL CARE MEDICINE**

### **FUSSELL, KEVIN, MD<sup>†</sup>**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

### **PINO, ALEJANDRO, MD<sup>†</sup>**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

### **SHIN, STEPHANIE, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE  
107-C

ENCINITAS, CA 92024  
Effective as of 01-JAN-21

### **TRAN, SHERI, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 107C  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

### **ZHANG, MICHELLE, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

700 GARDEN VIEW CT STE  
204

ENCINITAS, CA 92024  
Effective as of 01-SEP-21

### **MEHBOOB, SALMAN, MD<sup>†</sup>**

Provider ID: N/A

700 GARDEN VIEW CT STE  
204

ENCINITAS, CA 92024  
Teleservice

Effective as of 01-SEP-21

### **LICENSED CLINICAL SOCIAL WORKER**

### **REBELO, MARCIA, LCSW**

Provider ID: N/A

187 CALLE MAGDALENA  
STE 212

ENCINITAS, CA 92024  
Effective as of 01-OCT-23

### **NEPHROLOGY**

### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Effective as of 01-MAY-23

### **LAKHERA, YOGITA, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-17

### **LAKHERA, YOGITA, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

### **LAKHERA, YOGITA, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUL-22

### **LAKHERA, YOGITA, MD<sup>†</sup>**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

### **STEER, DYLAN, MD<sup>†</sup>**

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<sup>†</sup>**



## C1. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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### **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-FEB-21

### **SAMUEL, MICHAEL, MD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-MAR-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. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

### **DOUGHERTY, CLARA, PA†**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

### **GILLAN, JAMES, PA†**

Provider ID: N/A

320 SANTA FE DR STE  
107-C  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

### **HIGGINS, JOSHUA, PA†**

Provider ID: N/A

1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
Effective as of 01-JAN-22

### **PELIO, DARREN, PA†**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

### **VANETSKY, GARY, PA†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

### **VANETSKY, GARY, PA†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

## ***PODIATRIST***

### **BERGER, COLBY, DPM**

Provider ID: N/A

501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

### **BERGER, COLBY, DPM**

Provider ID: N/A

501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-APR-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. 網絡內提供者清單 專科護理醫師

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### **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

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-NOV-20

### **LIANG, NI-CHENG, 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

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-SEP-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

## ***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. 網絡內提供者清單 專科護理醫師

---

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. 網絡內提供者清單 專科護理醫師

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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

**GROTGING, 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. 網絡內提供者清單 專科護理醫師

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Teleservice

Effective as of 01-DEC-19

### **HAJNIK, CHRISTOPHER, MD**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

### **HAMMEL, NATHAN, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

### **HAMMEL, NATHAN, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-19

### **KIM, PAUL, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Effective as of 01-SEP-22

### **MEINEKE, RYAN, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAY-22

### **MEINEKE, RYAN, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

### **RAISZADEH, RAMIN, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Effective as of 01-JAN-23

### **SCHULTZEL, MARK, MD†**

Provider ID: N/A

519 ENCINITAS BLVD STE  
106  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-22

## ***SURGERY PLASTIC***

### **CHAO, JAMES, MD†**

Provider ID: N/A

499 N EL CAMINO REAL  
STE C200  
ENCINITAS, CA 92024

Effective as of 01-JUL-15

### **GOSMAN, AMANDA, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Effective as of 01-NOV-21

### **GUPTA, ABHAY, MD**

Provider ID: N/A

351 SANTA FE DR STE 250  
ENCINITAS, CA 92024

Effective as of 01-MAY-23

### **GUPTA, ANSHU, MD**

Provider ID: N/A

700 GARDEN VIEW CT STE  
208  
ENCINITAS, CA 92024

Effective as of 01-MAY-23

## ***SURGICAL ONCOLOGY***

### **CHEN, STEVEN, MD†**

Provider ID: N/A

499 N EL CAMINO REAL  
STE C200  
ENCINITAS, CA 92024

Effective as of 01-JUL-15

## ***UROLOGY***

### **COHEN, EDWARD, MD†**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-APR-16

### **COHEN, EDWARD, MD†**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

### **COHEN, EDWARD, MD†**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-JUL-22

### **COHEN, EDWARD, MD†**

Provider ID: N/A

320 SANTA FE DR STE 305  
ENCINITAS, CA 92024

Effective as of 01-SEP-21

### **COHEN, EDWARD, MD†**

Provider ID: N/A

320 SANTA FE DR STE 305  
ENCINITAS, CA 92024

Effective as of 01-SEP-22

### **DATO, PAUL, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-JAN-24

### **DICKS, BRIAN, MD**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

### **KEILLER, DANNY, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

### **NAITOH, JOHN, MD†**

Provider ID: N/A

320 SANTA FE DR STE 305  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

### **NAITOH, JOHN, MD†**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-JUL-22

### **NAITOH, JOHN, MD†**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-NOV-21

### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

### **NGUYEN, HUNG, MD†**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-SEP-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-JAN-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. 網絡內提供者清單 專科護理醫師

---

### **KHATIBI, NIKAN, DO<sup>†</sup>**

Provider ID: N/A

☒ 160 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

### **KHATIBI, NIKAN, DO<sup>†</sup>**

Provider ID: N/A

☒ 160 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

### **KHATIBI, NIKAN, DO<sup>†</sup>**

Provider ID: N/A

☒ 160 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

### **PRASAD, RUPA, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 330 W FELICITA AVE STE  
A4  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **HORNER, HEATHER, AuD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-22

### **LAI, AMARA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
411  
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. 網絡內提供者清單 專科護理醫師

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### **HAMMOND, HEATHER, CRNM**

Provider ID: N/A

☒ 488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **ONEILL, THERESE, CRNM†**

Provider ID: N/A

☒ 488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **ONEILL, THERESE, CRNM†**

Provider ID: N/A

☒ 488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

### **ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

☒ 488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

## ***CHIROPRACTOR***

### **BARTZ, PAUL, DC†**

Provider ID: N/A

☒ 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

### **FONSECA, ROSANNA, DC**

Provider ID: N/A

☒ 2065 S ESCONDIDO BLVD  
STE 105  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-21

### **KEYS, ANNA, DC**

Provider ID: N/A

☒ 240 W MISSION AVE STE C  
ESCONDIDO, CA 92025  
Effective as of 01-JUN-21

### **ZECHA, RONALD, DC**

Provider ID: N/A

☒ 488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-22

### **ZECHA, RONALD, DC**

Provider ID: N/A

☒ 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

### **ZECHA, RONALD, DC**

Provider ID: N/A

☒ 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-22

## ***CLINICAL***

## ***NEUROPSYCHOLOGIST***

### **QUESNELL, TARA, DO†**

Provider ID: N/A

☒ 1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-NOV-23

## ***DERMATOLOGY***

### **ARMSTRONG, PATRICK, MD**

Provider ID: N/A

☒ 2125 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

### **STEIN, ALEXANDER, MD**

Provider ID: N/A

☒ 1101 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-23

### **VENKAT, ARUN, MD†**

Provider ID: N/A

☒ 488 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-13

## ***EMERGENCY MEDICINE***

### **HARE, MARC, MD**

Provider ID: N/A

☒ 1045 E PENNSYLVANIA  
AVE  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

## ***ENDOCRINOLOGY***

## ***METABOLISM DIABETES***

### **BAILEY, TIMOTHY, MD**

Provider ID: N/A

☒ 625 CITRACADO PKWY STE  
108  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

### **FARJOUDI, FARHAD, MD**

Provider ID: N/A

☒ 2125 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

## ***FAMILY PRACTICE***

### **COBIAN, VANESSA, MD**

Provider ID: N/A

☒ 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

### **RAO, USHA, MD†**

## C1. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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Effective as of 01-APR-23

### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

☒ 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

### **LICENSED CLINICAL SOCIAL WORKER**

### **BECERRA, GABRIEL, LCSW**

Provider ID: N/A

☒ 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

### **CHRISTENSEN, PATTI, LCSW**

Provider ID: N/A

☒ 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **GUZZO, RICHARD, LCSW**

Provider ID: N/A

☒ 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **HARRIS, LAURA, LCSW**

Provider ID: N/A

☒ 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **HARRIS, LAURA, LCSW**

Provider ID: N/A

☒ 1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

### **MAGOS, DANIEL, LCSW**

Provider ID: N/A

☒ 425 N DATE ST

ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **MARTINEZ, NORAYMA, LCSW†**

Provider ID: N/A

☒ 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22

### **ROBLEDO, DAMIAN, LCSW**

Provider ID: N/A

☒ 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **ROBLEDO, DAMIAN, LCSW**

Provider ID: N/A

☒ 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

### **MARRIAGE FAMILY THERAPIST**

### **HOLLEMAN, KEVIN, DO**

Provider ID: N/A

☒ 221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

### **PRATHER, ALLYSON, MFT**

Provider ID: N/A

☒ 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-24

### **TIZNADO, MONICA, MFT**

Provider ID: N/A

☒ 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **NEPHROLOGY**

### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

☒ 631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-23

### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

☒ 631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

☒ 631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

☒ 631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-23

### **CHODRY, QASIM, MD**

Provider ID: N/A

☒ 631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-23

### **CHODRY, QASIM, MD**

Provider ID: N/A

☒ 631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

### **CHODRY, QASIM, MD**

Provider ID: N/A

☒ 631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

### **CHODRY, QASIM, MD**

Provider ID: N/A

☒ 631 E GRAND AVE  
ESCONDIDO, CA 92025

## C1. 網絡內提供者清單 專科護理醫師

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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-JUL-22

### **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

### **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-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

### **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. 網絡內提供者清單 專科護理醫師

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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, CHUNYANG, MD**

Provider ID: N/A

 1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

### **WANG, ANCHI, MD†**

Provider ID: N/A

 1955 CITRACADO PKWY  
STE 102


ESCONDIDO, CA 92029  
Teleservice

Effective as of 01-JAN-21

## ***OBSTETRICS / GYNECOLOGY***

### **BABKINA, NATALIA, MD**


Provider ID: N/A

 488 E VALLEY PKWY STE  
400

ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

### **BABKINA, NATALIA, MD**


Provider ID: N/A

 488 E VALLEY PKWY STE  
308

ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **BABKINA, NATALIA, MD**

Provider ID: N/A

 488 E VALLEY PKWY STE  
311

ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **BABKINA, NATALIA, MD**

## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

488 E VALLEY PKWY STE 310  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

### **BULLOCH, EDGAR, MD**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **BULLOCH, EDGAR, MD**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

### **BULLOCH, EDGAR, MD**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

### **CIZMAR, BRANISLAV, MD**

Provider ID: N/A

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

### **CIZMAR, BRANISLAV, MD**

Provider ID: N/A

488 E VALLEY PKWY STE 311  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **CIZMAR, BRANISLAV, MD**

Provider ID: N/A

2130 CITRACADO PKWY STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

### **HINSHAW, PAUL, DO†**

Provider ID: N/A

1955 CITRACADO PKWY STE 302  
ESCONDIDO, CA 92029  
Effective as of 01-SEP-22

### **HINSHAW, PAUL, DO†**

Provider ID: N/A

488 E VALLEY PKWY STE 400  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **HUSKEY, DANA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE 310  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **SHORT, ABIADE, MD†**

Provider ID: N/A

255 N ASH ST STE 101  
ESCONDIDO, CA 92027  
Effective as of 01-JUL-22

## ***OPHTHALMOLOGY***

### **AVALLONE, THOMAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-MAY-23

### **AVALLONE, THOMAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-APR-23

### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-APR-22

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-DEC-21

### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-23

### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-NOV-23

### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE 300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE 300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **CHOPLIN, NEIL, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-SEP-15

### **CHOPLIN, NEIL, MD†**

## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-JUL-21

### **HUDSON, HENRY, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

### **HUDSON, HENRY, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **HUDSON, HENRY, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **MCGRAW, JOSEPH, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE

300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **MORRISON-REYES, JOSHUA, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-MAR-23

### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

### **MORTON, ASA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-AUG-23

### **MORTON, ASA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-NOV-21

### **PATEL, GITANE, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **PATEL, SARJAN, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **PRABHU, SUJATA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **PRABHU, SUJATA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

### **PRABHU, SUJATA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-23

### **PRABHU, SUJATA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-JAN-24

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-JAN-24

### **ZHAO, TAILUN, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-JAN-24

### **ZHAO, TAILUN, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-JUL-23

### **ZHAO, TAILUN, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-NOV-23

### **OPTOMETRIST**

#### **AOTO, KIM, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

#### **AOTO, KIM, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

#### **AOTO, KIM, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

#### **AOTO, KIM, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-SEP-22

#### **AOTO, KIM, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-DEC-21

#### **DYER, SHARON, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

#### **JULAZADEH, SARA, OD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026

Effective as of 01-SEP-23

#### **KHALIL, VADY, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-NOV-22

#### **KHALIL, VADY, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-NOV-22

#### **KHIEU, TINA, OD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-NOV-23

#### **KHIEU, TINA, OD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Effective as of 01-DEC-23

#### **SCOTT, JEFFREY, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300

ESCONDIDO, CA 92025

Effective as of 01-JAN-22

#### **TAUNTON, PHILIP, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026

Effective as of 01-SEP-21

#### **TAUNTON, PHILIP, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026

Effective as of 01-SEP-23

#### **TONNU, ANH, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-DEC-21

### **PEDIATRICS**

#### **MALEKSHAMRAN, KEYVAN, MD†**

Provider ID: N/A

426 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-AUG-22

### **PHYS MED/ REHAB PAIN MEDICINE**

#### **RICHARDSON, HENRY, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 203

## C1. 網絡內提供者清單 專科護理醫師

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ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

### **PHYSICAL MEDICINE / REHABILITATION**

#### **TAHAEI, SEYED, MD<sup>†</sup>**

Provider ID: N/A

📍 215 S HICKORY ST STE 116  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-22

### **PHYSICIANS ASSISTANT**

#### **BALDWIN, DONNA, PA<sup>†</sup>**

Provider ID: N/A

📍 1035 E GRAND AVE STE 101  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

#### **BEITTER, KEERSTIN, PA<sup>†</sup>**

Provider ID: N/A

📍 1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-22

#### **CHATFIELD, ALEXANDRA, PA<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

#### **WICKWARE, TRACY, PA<sup>†</sup>**

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<sup>†</sup>**

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. 網絡內提供者清單 專科護理醫師

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### **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-JUN-21

### **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-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-MAY-22

### **REDKAR, AVANTI, DPM**

Provider ID: N/A

📍 736 E GRAND AVE  
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-SEP-22

### **SMITH, COLLIN, DPM†**

Provider ID: N/A

📍 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-21

### **SMITH, COLLIN, DPM†**

Provider ID: N/A

📍 215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-21

### **TOUMA, ELIE, DPM†**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-22

### **TOUMA, ELIE, DPM†**

Provider ID: N/A

📍 460 N ELM ST  
ESCONDIDO, CA 92025

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-FEB-23

### **TOUMA, ELIE, DPM**

Provider ID: N/A

1045 E PENNSYLVANIA  
AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-APR-23

### **PSYCHIATRY**

### **CASTILLO, TIFFANY, MD†**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-NOV-22

### **CASTILLO, TIFFANY, MD†**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-NOV-22

### **CHAND, RAVINDRA, MD†**

Provider ID: N/A

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

Effective as of 01-JUL-21

### **CHAND, RAVINDRA, MD†**

Provider ID: N/A

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

Effective as of 01-JUL-21

### **FANOUS, ASHRAF, MD**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025

Effective as of 01-MAY-23

### **FANOUS, ASHRAF, MD**

Provider ID: N/A

221 W CREST ST STE 205

ESCONDIDO, CA 92025

Effective as of 01-MAY-23

### **FU, KATHERINE, MD**

Provider ID: N/A

704 E GRAND AVE  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

### **FU, KATHERINE, MD**

Provider ID: N/A

704 E GRAND AVE  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

### **HOLLEMAN, KEVIN, DO**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025

Effective as of 01-APR-23

### **HOLLEMAN, KEVIN, DO**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025

Effective as of 01-APR-23

### **KOH, STEVE, MD†**

Provider ID: N/A

255 N ASH ST STE 101  
ESCONDIDO, CA 92027

Teleservice

Effective as of 01-JAN-22

### **KOH, STEVE, MD†**

Provider ID: N/A

704 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-SEP-22

### **KOH, STEVE, MD†**

Provider ID: N/A

704 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-SEP-22

### **KOH, STEVE, MD†**

Provider ID: N/A

255 N ASH ST STE 101  
ESCONDIDO, CA 92027

Teleservice

Effective as of 01-JAN-22

### **PARASHAR, ANUSHREE, MD**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025

Effective as of 01-MAR-23

### **PARASHAR, ANUSHREE, MD**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025

Effective as of 01-MAR-23

### **PARASHAR, ANUSHREE, MD**

Provider ID: N/A

221 W CREST ST STE 205  
ESCONDIDO, CA 92025

Effective as of 01-MAR-23

### **PARASHAR, ANUSHREE, MD**

Provider ID: N/A

221 W CREST ST STE 205  
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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

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ESCONDIDO, CA 92025

Effective as of 01-JAN-24

## C1. 網絡內提供者清單 專科護理醫師

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### **RODARTE, GABRIEL, MD†**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

### **RODARTE, GABRIEL, MD†**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **RODARTE, GABRIEL, MD†**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **RODARTE, GABRIEL, MD†**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

### ***PSYCHOLOGIST***

### **CALOCA, LAURA, PSYD**

Provider ID: N/A

📍 488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

### **CALOCA, LAURA, PSYD**

Provider ID: N/A

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411  
ESCONDIDO, CA 92025  
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### **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

📍 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-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-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  
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### **ESTRADA PATINO, ANGELA, PSYD**

Provider ID: N/A

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ESCONDIDO, CA 92025  
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### **GREENE, ERIC, PSYD**

Provider ID: N/A

📍 425 N DATE ST  
ESCONDIDO, CA 92025  
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### **GREENE, ERIC, PSYD**

Provider ID: N/A

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ESCONDIDO, CA 92025  
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### **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

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Effective as of 01-FEB-24

### **HOLDEN, MATTHEW, PhD†**

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Provider ID: N/A

425 N DATE ST  
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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

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

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  
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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  
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### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

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404  
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### **WOODWORTH, JENNIFER, PSYD**

Provider ID: N/A

425 N DATE ST  
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### **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  
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### **FULLER, DONALD, MD†**

Provider ID: N/A

701 E GRAND AVE STE 200

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### **FULLER, DONALD, MD†**

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### **FULLER, DONALD, MD†**

Provider ID: N/A  
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### **IJAZ, TAHIR, MD†**

Provider ID: N/A  
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### **IJAZ, TAHIR, MD†**

Provider ID: N/A  
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### **IJAZ, TAHIR, MD†**

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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†**

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ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

### **SHIRAZI, REZA, MD†**

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### **SHIRAZI, REZA, MD†**

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Effective as of 01-JUL-22

### **SHIRAZI, REZA, MD†**

Provider ID: N/A  
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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  
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Teleservice  
Effective as of 01-JUL-21

### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
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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



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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

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ESCONDIDO, CA 92025

Effective as of 01-SEP-23

### ***SURGERY ORTHOPEDIC***

## C1. 網絡內提供者清單 專科護理醫師

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### **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

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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

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1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-OCT-22

### **CERTIFIED NURSE PRACTITIONER**

**HAMED, JACQUELYN, NP**  
Provider ID: N/A

1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-NOV-23

**NATARAJAN, EVALYNN, NP**  
Provider ID: N/A

1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-MAY-23

**STARICKA, MELISSA, NPF**  
Provider ID: N/A

1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-FEB-23

### **CHIROPRACTOR**

**BARTZ, PAUL, DC†**  
Provider ID: N/A

1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

**FARSHLER, ANTHONY, DC†**  
Provider ID: N/A

1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

**MCCARTHY, CHEYENNE, DC†**  
Provider ID: N/A

1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

**SHERIDAN, SHANE, DC**

Provider ID: N/A

1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-FEB-24

### **DERMATOLOGY**

**GILBOA, RUTH, MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-JUN-21

**ROSS, ANDREW, MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-AUG-20

**ROSS, ANDREW, MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-SEP-22

**ROSS, ANDREW, MD†**

Provider ID: N/A

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FALLBROOK, CA 92028  
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**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

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FALLBROOK, CA 92028  
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**SAMADY, JOSEPH, MD†**

Provider ID: N/A

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**SIRICHOTIRATANA, MELISSA,  
MD†**

Provider ID: N/A

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Effective as of 01-JAN-23

**VENKAT, ARUN, MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
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Effective as of 01-JUN-21

**WONG, DARRYL, MD†**

Provider ID: N/A

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Effective as of 01-JUN-21

### **GASTROENTEROLOGY**

**HONG, JOHN, MD†**

Provider ID: N/A

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### **INTERNAL MEDICINE**

**MOOLANI, UJJALA, MD**

Provider ID: N/A

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### **NEPHROLOGY**

**AL-DAHAN, ZAID, MD**

Provider ID: N/A

591 E ELDER ST STE C


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### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

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### **NAGASUNDER, ARABHI, DO**


Provider ID: N/A

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### **NEUROLOGY**


#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

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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-APR-22


#### **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

### **OBSTETRICS / GYNECOLOGY**

#### **STIGEN, THERESA, MD†**


Provider ID: N/A

 577 E ELDER ST STE K  
FALLBROOK, CA 92028  
Effective as of 01-SEP-17

### **OPHTHALMOLOGY**


#### **DONALDSON, JARED, MD†**

Provider ID: N/A

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-SEP-22


#### **DONALDSON, JARED, MD†**

Provider ID: N/A

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JAN-23


#### **DONALDSON, JARED, MD†**

Provider ID: N/A

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-DEC-22


#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-FEB-22


#### **JOHNSON, ROGER, MD†**

Provider ID: N/A

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JAN-22

#### **ZHOU, SIWEI, MD†**


Provider ID: N/A

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JUL-23

### **OPTOMETRIST**


#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JUL-23


#### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-DEC-23


#### **BULLUM, ANTHONY, OD†**

Provider ID: N/A

 1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22


#### **COLEMAN, BROOKE, OD†**

Provider ID: N/A

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-FEB-22

#### **COOPER, MICHAEL, OD†**

Provider ID: N/A

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-FEB-22

#### **COOPER, MICHAEL, OD†**

## C1. 網絡內提供者清單 專科護理醫師

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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-21

#### **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-22

### ***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-JAN-18

#### **YOSHII, DENIS, DO†**

Provider ID: N/A

📍 26750 TOWNE CENTRE DR  
STE D  
FOOTHILL RANCH, CA 92610

Effective as of 01-APR-23

### ***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. 網絡內提供者清單**  
**專科護理醫師**

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**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. 網絡內提供者清單**  
**專科護理醫師**

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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. 網絡內提供者清單  
專科護理醫師**

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***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-13

**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-20

***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. 網絡內提供者清單

### 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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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-SEP-18

### **ATTIA, NADER, DO†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-MAR-20

### **BISWAS, MIMI, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-18

### **COX, JEREMY, DO†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Effective as of 01-SEP-18

### **GRANT ANDERSON, BETTY, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-AUG-23

### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice



## C1. 網絡內提供者清單 專科護理醫師

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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-FEB-21

### **RASTOGI, ANIL, MD†**

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-MAY-15

### **RASTOGI, ANISHA, MD†**

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-AUG-20

### **RASTOGI, ANIL, MD†**

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-SEP-00

### **RASTOGI, ANIL, MD†**

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A

HEMET, CA 92543

Effective as of 01-SEP-09

### **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-DEC-22

### **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**

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **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-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

#### **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-OCT-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201

HEMET, CA 92543  
Effective as of 01-DEC-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201  
HEMET, CA 92543  
Effective as of 01-AUG-22

#### **HUERTA, CARMEN, NP†**

Provider ID: N/A

📍 850 E LATHAM AVE STE 201  
HEMET, CA 92543  
Effective as of 01-AUG-22

#### **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-MAY-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. 網絡內提供者清單 專科護理醫師

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Effective as of 01-AUG-19

### **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, 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, MAGNUS, NPF**

Provider ID: N/A

☒ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-DEC-22

### **IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

☒ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-JUL-23

### **IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

☒ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-DEC-22

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-JAN-23

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-JUL-23

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-JUL-23

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-JUL-23

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-JUL-23

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-SEP-22

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-SEP-22

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-SEP-22

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-SEP-22

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-MAY-23

### **JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202

HEMET, CA 92545


Effective as of 01-MAY-23

### **JONES, LAKESHA, NP†**


Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22


**JONES, LAKESHA, NP†**  
Provider ID: N/A

 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22


**KUMAR, NINA, NP**  
Provider ID: N/A

 1030 E FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-FEB-24

**KUMAR, NINA, NP†**  
Provider ID: N/A

 422 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-APR-21


**LAWHORN, CHRISTA, NPF**  
Provider ID: N/A

 1701 E FLORIDA AVE  
HEMET, CA 92544  
Effective as of 01-JAN-24


**LE, NGUYEN, NP**  
Provider ID: N/A

 1030 E FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-FEB-24


**LEANO, ANYLOU, NP†**  
Provider ID: N/A

 1264 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-JUL-17


**MELOT, KAREN, NP**  
Provider ID: N/A

 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-20

**MELOT, KAREN, NP**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-20

**MELOT, KAREN, NP**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-20


**MILLON, TINA, NPF**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-SEP-23


**MILLON, TINA, NPF**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-SEP-23


**MILLON, TINA, NPF**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-SEP-23


**NGUYEN, ANDY, NP†**

Provider ID: N/A  
 2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544  
Effective as of 01-JUL-21


**NGUYEN, ANDY, NP†**

Provider ID: N/A  
 2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544  
Effective as of 01-JUL-21


**O'NEIL, NICOLE, NP†**

Provider ID: N/A  
 1701 E FLORIDA AVE  
HEMET, CA 92544  
Effective as of 01-MAR-22


**ONUOHA, NOJA, NP†**

Provider ID: N/A  
 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-23


**ONUOHA, NOJA, NP†**

Provider ID: N/A  
 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-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-NOV-22

**ONUOHA, NOJA, NP†**

Provider ID: N/A  
 162 N SANTA FE ST  
HEMET, CA 92543\*  
Effective as of 01-NOV-22

**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. 網絡內提供者清單 專科護理醫師

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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, YAHAIIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 101  
HEMET, CA 92543  
Effective as of 01-DEC-22

**SANCHEZ, YAHAIIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 101  
HEMET, CA 92543  
Effective as of 01-MAR-22

**SANCHEZ, YAHAIIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 101  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SANCHEZ, YAHAIIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 104  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SHARTZER, ANNA, NP†**  
Provider ID: N/A

903 E DEVONSHIRE AVE STE D  
HEMET, CA 92543  
Effective as of 01-SEP-22

**SHARTZER, ANNA, NP†**  
Provider ID: N/A

422 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-SEP-22

**SHEIKH, SARAH, NP**  
Provider ID: N/A

901 S STATE ST STE 600  
HEMET, CA 92543  
Effective as of 01-OCT-16

**SHEIKH, SARAH, NP**  
Provider ID: N/A

901 S STATE ST STE 600  
HEMET, CA 92543  
Effective as of 01-MAY-23

**SINGH, JOGENDRA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SINGH, JOGENDRA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SINGH, JOGENDRA, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-20

**SINGH, JOGENDRA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-20

**VALDEVERONA, KATHY, NP†**  
Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545  
Effective as of 01-NOV-19

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JAN-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JAN-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-APR-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543



## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-APR-23

### **VIDAL, ALYSSA, NPF**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-SEP-23

### **VIDAL, ALYSSA, NPF**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-SEP-23

### **VIDAL, ALYSSA, NPF**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-SEP-23

### **VIDAL, ALYSSA, NPF**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-SEP-23

### **WILLIAM, PHEBEE, NP†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-MAY-21

### **WILLIAM, PHEBEE, NP†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-MAY-21

### **ZELEDON, JAIME, NP**

Provider ID: N/A

☐ 422 N SAN JACINTO ST STE

B

HEMET, CA 92543

Effective as of 01-MAY-18

### **CHIROPRACTOR**

### **BROWN, KEVIN, DC†**

Provider ID: N/A

☐ 2940 W FLORIDA AVE STE  
B  
HEMET, CA 92545

Effective as of 01-MAR-22

### **BROWN, KEVIN, DC**

Provider ID: N/A

☐ 3012 W FLORIDA AVE  
HEMET, CA 92545

Effective as of 01-AUG-23

### **BROWN, KEVIN, DC**

Provider ID: N/A

☐ 3012 W FLORIDA AVE  
HEMET, CA 92545

Effective as of 01-AUG-23

### **BROWN, KEVIN, DC†**

Provider ID: N/A

☐ 2940 W FLORIDA AVE STE  
B  
HEMET, CA 92545

Effective as of 01-MAR-22

### **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. 網絡內提供者清單  
專科護理醫師**

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-NOV-21

**SAIED, NAGI, 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-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

**SAKO, ERIC, MD†**

Provider ID: N/A

☞ 850 E LATHAM AVE STE 201  
HEMET, CA 92543

Teleservice

Effective as of 01-NOV-21

**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. 網絡內提供者清單 專科護理醫師

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☒ 1515 W FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-MAR-24

### **HAIDER, UZMA, MD†**

Provider ID: N/A

☒ 1515 W FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-DEC-20

### **HAIDER, UZMA, MD†**

Provider ID: N/A

☒ 1515 W FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-DEC-20

### ***FAMILY PRACTICE***

### **CHAMBI-HERNANDEZ, RUTH, MD**

Provider ID: N/A

☒ 1035 SAINT JOHN PL  
HEMET, CA 92543  
Effective as of 01-MAY-23

### ***GASTROENTEROLOGY***

### **CHAKRABARTY, MILANKUMAR, MD†**

Provider ID: N/A

☒ 1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-AUG-20

### **CHAKRABARTY, MILANKUMAR, MD†**

Provider ID: N/A

☒ 1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-MAY-15

### **CHAKRABARTY, MILANKUMAR, MD†**

Provider ID: N/A

☒ 1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-MAY-15

### **CHAKRABARTY, MILANKUMAR, MD†**

Provider ID: N/A

☒ 1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-JUL-23

### **CHAKRABARTY, MILANKUMAR, MD†**

Provider ID: N/A

☒ 1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-SEP-09

### **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-APR-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-DEC-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

### **QASEEM, TAHIR, MD**

Provider ID: N/A

☒ 1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-MAY-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. 網絡內提供者清單 專科護理醫師

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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-SEP-18

### **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

### **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. 網絡內提供者清單 專科護理醫師

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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



## C1. 網絡內提供者清單 專科護理醫師

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### **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-AUG-22

### **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

### **JONES, VALORIA, LCSW†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

### **JONES, VALORIA, LCSW†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

### **JONES, VALORIA, LCSW†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

### **JONES, VALORIA, LCSW†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JAN-23

### **PIDDINGTON, CHRISTINE, LCSW†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

### **PIDDINGTON, CHRISTINE, LCSW†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

## C1. 網絡內提供者清單 專科護理醫師

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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-JAN-23

### **VALDEZ-HERNANDEZ, ISRAEL, CHANG, DAVID, MD† LCSW†**

Provider ID: N/A

☒ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-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-APR-23

### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-AUG-17

### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

☒ 3989 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-17

### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

☒ 3989 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-17

### **CHARLES COWAN, TRICIA,**

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

**DO†**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-OCT-20

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-OCT-17

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-MAR-18

**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

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-MAR-21

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-APR-18

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-DEC-15

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-DEC-15

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-DEC-15

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-DEC-15

**ISHAK, SALAM, MD†**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-AUG-20

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

☐ 3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Teleservice

Effective as of 01-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

## C1. 網絡內提供者清單 專科護理醫師

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### **YAN, ERIC, MD**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-JUN-23

### **YAN, ERIC, MD**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-JUN-23

### **YAN, ERIC, MD**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-JUN-23

### **YOUSSEF, AMR, DO†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-SEP-22

### **YOUSSEF, AMR, DO†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-SEP-22

### **YOUSSEF, AMR, DO†**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-JUN-22

## ***OBSTETRICS / GYNECOLOGY***

### **NIHIRA, MIKIO, MD†**

Provider ID: N/A

☒ 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-NOV-20

### **NIHIRA, MIKIO, MD†**

Provider ID: N/A

☒ 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-NOV-20

### **NIHIRA, MIKIO, MD†**

Provider ID: N/A

☒ 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-NOV-20

### **REY, RODOLFO, MD†**

Provider ID: N/A

☒ 903 E DEVONSHIRE AVE  
STE D  
HEMET, CA 92543  
Effective as of 01-JUL-22

### **RIZVI, SYED, MD†**

Provider ID: N/A

☒ 1600 E FLORIDA AVE STE 315  
HEMET, CA 92544  
Effective as of 01-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-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

### **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

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-DEC-23

### **BONILLA, EDWARD, OT**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
105  
HEMET, CA 92545

Effective as of 01-DEC-23

### **JENSEN, BROOKE, OT†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-MAY-21

### **JENSEN, BROOKE, OT†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE  
150  
HEMET, CA 92545

Effective as of 01-JAN-20

## ***OPHTHALMOLOGY***

### **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-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-MAY-14

### **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-SEP-22

### **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-FEB-24

### **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-JAN-23

### **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-SEP-09

### **JACOBS, JEFFREY, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-JUL-18

### **JACOBS, JEFFREY, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-JUL-23

### **JACOBSON, ARTHUR, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-JUL-23

### **JACOBSON, ARTHUR, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE



## C1. 網絡內提供者清單 專科護理醫師

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207  
HEMET, CA 92544  
Effective as of 01-SEP-09

### **JACOBSON, ARTHUR, MD†**

Provider ID: N/A

☞ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-MAR-98

### **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-19

### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☞ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-AUG-20

### **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-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-JUL-23

### **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

## C1. 網絡內提供者清單 專科護理醫師

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HEMET, CA 92544  
Teleservice  
Effective as of 01-JUL-23

### **WARNER, MICHAEL, MD†**

Provider ID: N/A  
☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Teleservice  
Effective as of 01-MAR-14

### **WARNER, MICHAEL, MD†**

Provider ID: N/A  
☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Teleservice  
Effective as of 01-MAR-14

### **WARNER, MICHAEL, MD†**

Provider ID: N/A  
☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Teleservice  
Effective as of 01-SEP-09

## ***OPTOMETRIST***

### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A  
☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-DEC-23

### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A  
☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JUL-23

### **BARR, AUSTIN, OD**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-MAR-23

### **BARR, AUSTIN, OD**

Provider ID: N/A  
☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-NOV-22

### **BARR, AUSTIN, OD**

Provider ID: N/A  
☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-NOV-22

### **BARR, AUSTIN, OD**

Provider ID: N/A  
☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544  
Effective as of 01-NOV-22

### **COLEMAN, BROOKE, OD†**

Provider ID: N/A  
☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JUL-23

### **COLEMAN, BROOKE, OD†**

Provider ID: N/A  
☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JUL-11

### **COLEMAN, BROOKE, OD†**

Provider ID: N/A  
☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-AUG-20

### **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-JUL-23

### **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

### **LARSON, BRETT, OD†**

Provider ID: N/A  
☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-AUG-20

### **LARSON, BRETT, OD†**

Provider ID: N/A  
☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-FEB-22

### **LARSON, BRETT, OD†**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JUL-23

### **LARSON, BRETT, OD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-SEP-10

### **MC CLEARY, DAVID, OD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-DEC-21

### **MC CLEARY, DAVID, OD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-AUG-18

### **MC CLEARY, DAVID, OD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545  
Effective as of 01-JUL-23

### **TADROS, JESSICA, OD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
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-MAY-15

### **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-OCT-10

## ***PHYSICAL MEDICINE / REHABILITATION***

### **AILINANI, HARY, MD**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543  
Effective as of 01-MAY-21

### **CHEN, HAMILTON, MD†**

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

## C1. 網絡內提供者清單 專科護理醫師

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STE 203  
HEMET, CA 92543  
Effective as of 01-MAR-24

**CAGATAY, HARRIER, PA†**  
Provider ID: N/A

☞ 422 N SAN JACINTO ST STE  
B-C  
HEMET, CA 92543  
Effective as of 01-AUG-20

**CAGATAY, HARRIER, PA†**  
Provider ID: N/A

☞ 1011 E DEVONSHIRE AVE  
HEMET, CA 92543  
Effective as of 01-AUG-20

**CERALDE, ALAN, PA†**  
Provider ID: N/A

☞ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545  
Effective as of 01-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

## C1. 網絡內提供者清單 專科護理醫師

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1264 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-OCT-19

**LANIER, JAME, PA†**  
Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-JUL-17

**MACHO, DANIELLA, PA†**  
Provider ID: N/A

1701 E FLORIDA AVE  
HEMET, CA 92544  
Effective as of 01-FEB-17

**MITCHELL, PAUL, PA**  
Provider ID: N/A

422 N SAN JACINTO ST STE  
B  
HEMET, CA 92543  
Effective as of 01-JUN-18

**MITCHELL, PAUL, PA**  
Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 101  
HEMET, CA 92543  
Effective as of 01-FEB-24

**MOORE, PAMELA, PA†**  
Provider ID: N/A

3889 W STETSON AVE STE  
120  
HEMET, CA 92545  
Effective as of 01-DEC-17

**RODDICK, JASON, PA†**  
Provider ID: N/A

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

**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



## C1. 網絡內提供者清單 專科護理醫師

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☞ 255 N GILBERT ST STE B1  
HEMET, CA 92543  
Effective as of 01-MAR-17

**PAOLERCIO, NANCY, DPM**  
Provider ID: N/A

☞ 255 N GILBERT ST STE B1  
HEMET, CA 92543  
Effective as of 01-MAR-17

### **PSYCHIATRY**

**ADEYEMO, OLUWAFEMI, MD**  
Provider ID: N/A

☞ 361 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-JUN-17

**ADEYEMO, OLUWAFEMI, MD**  
Provider ID: N/A

☞ 361 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-SEP-17

**ADEYEMO, OLUWAFEMI, MD**  
Provider ID: N/A

☞ 361 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-SEP-17

**ADEYEMO, OLUWAFEMI, MD**  
Provider ID: N/A

☞ 361 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-MAR-15

**ADEYEMO, OLUWAFEMI, MD**  
Provider ID: N/A

☞ 361 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-MAR-15

**ADEYEMO, OLUWAFEMI, MD**  
Provider ID: N/A

☞ 361 N SAN JACINTO ST

HEMET, CA 92543  
Effective as of 01-JUN-17

**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-NOV-23

**JAKKULA, JAGAN, MD†**  
Provider ID: N/A

☞ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-20

**JAKKULA, JAGAN, MD†**  
Provider ID: N/A

☞ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-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-AUG-22

**JAKKULA, JAGAN, MD†**  
Provider ID: N/A

☞ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-22

**KUNAM, SYAM, MD**  
Provider ID: N/A

☞ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-24

**KUNAM, SYAM, MD**  
Provider ID: N/A

☞ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-24

**PERSAUD, PRIA, MD**  
Provider ID: N/A

☞ 903 E DEVONSHIRE AVE  
STE D  
HEMET, CA 92543  
Effective as of 01-AUG-20

**PERSAUD, PRIA, MD**  
Provider ID: N/A

☞ 903 E DEVONSHIRE AVE  
STE D  
HEMET, CA 92543  
Effective as of 01-AUG-20

**PUCHAKAYALA, NANDITA,  
MD†**  
Provider ID: N/A

☞ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-SEP-23

**PUCHAKAYALA, NANDITA,  
MD†**  
Provider ID: N/A

☞ 162 N SANTA FE ST  
HEMET, CA 92543

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-SEP-23

### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

☒ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-JUN-21

### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

☒ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-JUN-21

### ***PSYCHOLOGIST***

#### **DUNN, JOSEPH, PhD**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543

Effective as of 01-JUN-23

#### **DUNN, JOSEPH, PhD**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543

Effective as of 01-JUN-23

### ***PULMONARY DISEASES***

#### **DHANANI, YURZUL, MD†**

Provider ID: N/A

☒ 1275 E LATHAM AVE STE C  
HEMET, CA 92543

Effective as of 01-JUL-23

#### **DHANANI, YURZUL, MD†**

Provider ID: N/A

☒ 1275 E LATHAM AVE STE C  
HEMET, CA 92543

Effective as of 01-MAR-14

#### **DHANANI, YURZUL, MD†**

Provider ID: N/A

☒ 1275 E LATHAM AVE STE C  
HEMET, CA 92543

Effective as of 01-SEP-09

#### **LU, CHONG PING, MD†**

Provider ID: N/A

☒ 1000 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-SEP-09

#### **LU, CHONG PING, MD†**

Provider ID: N/A

☒ 1000 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-SEP-09

#### **LU, CHONG PING, MD†**

Provider ID: N/A

☒ 1000 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-JUL-23

#### **LU, CHONG PING, MD†**

Provider ID: N/A

☒ 1000 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-SEP-00

### ***RADIATION ONCOLOGY***

#### **BELL, DAVID, MD†**

Provider ID: N/A

☒ 430 W STETSON AVE  
HEMET, CA 92543

Effective as of 01-OCT-21

#### **RHA, JANICE, MD†**

Provider ID: N/A

☒ 430 W STETSON AVE  
HEMET, CA 92543

Effective as of 01-DEC-21

### ***RADIOLOGY DIAGNOSTIC***

#### **BURROUGHS, GLORIA, MD†**

Provider ID: N/A

☒ 540 N JACINTO ST  
HEMET, CA 92543

Effective as of 01-MAR-07

#### **BURROUGHS, GLORIA, MD†**

Provider ID: N/A

☒ 850 E LATHAM AVE STE 101  
HEMET, CA 92543

Effective as of 01-OCT-17

#### **BURROUGHS, GLORIA, MD†**

Provider ID: N/A

☒ 850 E LATHAM AVE STE 101  
HEMET, CA 92543

Effective as of 01-OCT-17

#### **BURROUGHS, GLORIA, MD†**

Provider ID: N/A

☒ 850 E LATHAM AVE STE 101  
HEMET, CA 92543

Effective as of 01-OCT-17

### ***REGISTERED PHYSICAL THERAPIST***

#### **MONTERO, MARIA, PT**

Provider ID: N/A

☒ 1515 W FLORIDA AVE STE E  
HEMET, CA 92543

Effective as of 01-APR-23

#### **MONTERO, MARIA, PT**

Provider ID: N/A

☒ 1515 W FLORIDA AVE STE E  
HEMET, CA 92543

Effective as of 01-APR-23

#### **SMITH, DIANNE, PT†**

Provider ID: N/A

☒ 1515 W FLORIDA AVE STE E

## C1. 網絡內提供者清單 專科護理醫師

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HEMET, CA 92543  
Effective as of 01-JUN-17

### **RHEUMATOLOGY**

#### **COLBURN, KEITH, MD†**

Provider ID: N/A  
☑ 949 CALHOUN PL STE F  
HEMET, CA 92543  
Effective as of 01-MAR-21

#### **MEHTA, AMAL, MD†**

Provider ID: N/A  
☑ 949 CALHOUN PL STE F  
HEMET, CA 92543  
Effective as of 01-JUL-23

#### **MEHTA, AMAL, MD†**

Provider ID: N/A  
☑ 949 CALHOUN PL STE F  
HEMET, CA 92543  
Effective as of 01-SEP-18

#### **RAMASWAMY, DHARMARAJAN, MD†**

Provider ID: N/A  
☑ 949 CALHOUN PL STE F  
HEMET, CA 92543  
Effective as of 01-SEP-18

#### **RAMASWAMY, DHARMARAJAN, MD†**

Provider ID: N/A  
☑ 949 CALHOUN PL STE F  
HEMET, CA 92543  
Effective as of 01-JUL-23

### **SURGERY COLON SURGERY**

#### **GORSKI, TITO, MD†**

Provider ID: N/A  
☑ 3853 W STETSON AVE STE  
105

HEMET, CA 92545  
Effective as of 01-MAY-22

#### **GORSKI, TITO, MD†**

Provider ID: N/A  
☑ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-MAY-22

### **SURGERY GENERAL**

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A  
☑ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-SEP-22

#### **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-DEC-20

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A  
☑ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-DEC-21

#### **BARRERA, KAYLENE, MD†**

Provider ID: N/A  
☑ 3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-APR-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

#### **GORSKI, TITO, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-FEB-24

### **GORSKI, TITO, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-SEP-22

### **GORSKI, YARA, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-SEP-22

### **GORSKI, TITO, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
105  
HEMET, CA 92545  
Effective as of 01-APR-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-APR-22

### **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

### **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

## C1. 網絡內提供者清單

### 專科護理醫師

---

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-DEC-21

#### ***SURGERY GENERAL VASCULAR***

##### **GORSKI, YARA, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

##### **GORSKI, YARA, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

##### **KARMUR, AMIT, DO†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-JAN-22

##### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-DEC-21

##### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

##### **TIU, BRIAN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-APR-22

##### **WANG, XIUJIE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-OCT-20

##### **WANG, XIUJIE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

##### **WANG, XIUJIE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

##### **WANG, XIUJIE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-OCT-20

#### ***SURGERY HEAD***

##### **LE, SANG, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-JUL-15

#### ***SURGERY ORTHOPEDIC***

##### **ALLEN, JONATHAN, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Teleservice  
Effective as of 01-JUL-15

##### **ALLEN, JONATHAN, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Teleservice  
Effective as of 01-DEC-21

##### **ALLEN, JONATHAN, MD†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Teleservice  
Effective as of 01-DEC-21

##### **BURTON, PAUL, DO†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-DEC-21

##### **BURTON, PAUL, DO†**

Provider ID: N/A

3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-MAR-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†**



## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-JUL-15

### **ELSISSY, PETER, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-MAY-16

### **ELSISSY, PETER, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-AUG-21

### **ELSISSY, PETER, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-AUG-21

### **GRAMES, BARRY, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-MAY-16

### **GRAMES, BARRY, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
200  
HEMET, CA 92545

Effective as of 01-MAR-21

### **GUSTAFSON, GEORGE, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100

HEMET, CA 92545

Effective as of 01-AUG-15

### **HADLEY, ZACHARY, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE  
HEMET, CA 92545

Teleservice

Effective as of 01-AUG-20

### **HADLEY, ZACHARY, MD†**

Provider ID: N/A

☐ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-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

## C1. 網絡內提供者清單 專科護理醫師

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📍 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-OCT-21

### **NIHIRA, MIKIO, MD†**

Provider ID: N/A

📍 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-OCT-21

### **FAMILY PRACTICE**

### **CHISUM, FAITH, MD**

Provider ID: N/A

📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-23

### **LARA, LESLEY, MD†**

Provider ID: N/A

📍 949 PALM AVE  
IMPERIAL BEACH, CA  
91932\*  
Effective as of 01-OCT-22

### **SUMMERS-DAY, COURTNEY, MD†**

Provider ID: N/A

📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
Effective as of 01-JUL-22

### **INTERNAL MEDICINE**

### **RYAN, DANA, MD**

Provider ID: N/A

📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
Effective as of 01-APR-23

### **REGISTERED PHYSICAL THERAPIST**

### **CHENG, BRANDON, PT**

Provider ID: N/A

📍 600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-24

### **DORSEY, KYLE, PT**

Provider ID: N/A

📍 600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-24

### **HERMAN, RACHEL, PT**

Provider ID: N/A

📍 600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-24

### **KARANDE, PRACHI, PT†**

Provider ID: N/A

📍 600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-JAN-22

### **NGUYEN, TIA, PT**

Provider ID: N/A

📍 600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-MAR-24

### **NOVENCIDO, ANDREW, PT†**

Provider ID: N/A

📍 600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-SEP-22

### **SUGGS, SARAH, PT**

Provider ID: N/A

📍 600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-MAY-23

### **VILLANUEVA, GIOVANNI, PT†**

Provider ID: N/A

📍 600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-JAN-21

### **ALLERGY IMMUNOLOGY**

### **CARR, WARNER, MD**

Provider ID: N/A

📍 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-JUL-23

### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

📍 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-JUL-23

### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

📍 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-JUL-23

### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

📍 22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-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-DEC-21

## C1. 網絡內提供者清單 專科護理醫師

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### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618

Effective as of 01-DEC-21

### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618

Effective as of 01-DEC-21

### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618

Effective as of 01-DEC-21

### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618

Effective as of 01-DEC-21

### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618

Effective as of 01-MAY-23

### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618

Effective as of 01-MAY-23

### **FRIEDMAN, BRUCE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 240  
IRVINE, CA 92618

Effective as of 01-MAY-23

### **LEE-KIM, CHRISTINE, DO**

Provider ID: N/A

☐ 15785 LAGUNA CANYON

RD STE 100

IRVINE, CA 92618

Effective as of 01-FEB-23

### **LEE-KIM, CHRISTINE, DO**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 100

IRVINE, CA 92618

Effective as of 01-FEB-23

### **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

## C1. 網絡內提供者清單 專科護理醫師

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### **BESHAI, ALFRED, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 210  
IRVINE, CA 92618

Effective as of 01-JUN-22

### **HO, LARRY, MD**

Provider ID: N/A

15701 ROCKFIELD BLVD  
IRVINE, CA 92618

Effective as of 01-OCT-01

### **HO, LARRY, MD**

Provider ID: N/A

15701 ROCKFIELD BLVD  
IRVINE, CA 92618

Effective as of 01-APR-11

### **JILLANI, ASIF, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-NOV-17

### **JILLANI, ASIF, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-NOV-17

### **MAHROU, REZA, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 345  
IRVINE, CA 92618

Effective as of 01-JAN-15

### **MAHROU, REZA, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 345  
IRVINE, CA 92618

Effective as of 01-JAN-15

### **RAFIZAD, AMIR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 345  
IRVINE, CA 92618

Effective as of 01-JAN-15

### **RAFIZAD, AMIR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 345  
IRVINE, CA 92618

Effective as of 01-JAN-15

## **AUDIOLOGIST**

### **NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **PANEK, KRISTI, AuD**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **PANEK, KRISTI, AuD**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-NOV-22

## **CARDIAC**

## **ELECTROPHYSIOLOGY**

### **BURRIS, RYAN, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **BURRIS, RYAN, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **MITIKU, TEFERI, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-FEB-22

### **MITIKU, TEFERI, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-FEB-22

### **WARRIER, NIKHIL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-OCT-23

## **CARDIOLOGY**

### **BERG, CHRISTOPHER, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

### **BERG, CHRISTOPHER, MD**

## C1. 網絡內提供者清單

### 專科護理醫師

---

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **BERG, CHRISTOPHER, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **BERG, CHRISTOPHER, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **BERG, CHRISTOPHER, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **ESLAMI-FARSANI, MAHMOUD, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

#### **ESLAMI-FARSANI, MAHMOUD, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

#### **HOWELL, STACEY, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **HOWELL, STACEY, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **HOWELL, STACEY, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **HOWELL, STACEY, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **HOWELL, STACEY, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **KAZEMI, SEPIDEH, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 601  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-SEP-17

#### **NGUYEN, HUY, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-SEP-17

#### **SCHACHTER, JESSICA, DO**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **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**



## C1. 網絡內提供者清單

### 專科護理醫師

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Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

#### **WERTMAN, BRETT, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-SEP-17

#### **WERTMAN, BRETT, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-SEP-17

#### **WERTMAN, BRETT, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **YALVAC, ETHAN, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-JAN-21

#### **YALVAC, ETHAN, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

#### **YALVAC, ETHAN, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201

IRVINE, CA 92618

Effective as of 01-APR-18

### ***CARDIOVASCULAR DISEASE***

#### **ASHTIANI, ALI, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-MAY-22

#### **ASHTIANI, ALI, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-FEB-22

#### **ASHTIANI, ALI, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-FEB-22

#### **ASHTIANI, ALI, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **COHEN, STEPHEN, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

#### **COHEN, STEPHEN, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201

IRVINE, CA 92618

Effective as of 01-APR-18

#### **COHEN, STEPHEN, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-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

#### **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

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**ELSAYED, SARAH SABRY, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-JAN-22

**ELSAYED, SARAH SABRY, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-APR-22

**ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-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-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-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-OCT-23

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**NI, YU-MING, MD†**

Provider ID: N/A

☞ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-AUG-22

**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-OCT-23

**YALVAC, ETHAN, MD†**

Provider ID: N/A

☞ 16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-MAY-22

**YANG, TAE, MD†**

Provider ID: N/A

☞ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-JAN-22

**YANG, TAE, MD†**

Provider ID: N/A

☞ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-OCT-23

**CERTIFIED**

**ACUPUNCTURIST**

**CHOI, JI, LAC†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAR-22

**CHOI, JI, LAC†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-FEB-23

**CHOI, JI, LAC†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

**CHOI, JI, LAC†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

**CHOI, JI, LAC†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

**CHOI, JI, LAC†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **HONG, HEE, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618  
Effective as of 01-AUG-22

#### **HONG, HEE, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618  
Effective as of 01-AUG-22

#### **KIM, LAUREN SOOJIN, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618  
Effective as of 01-MAY-21

#### **KIM, CHEL, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618  
Effective as of 01-MAY-21

#### **KIM, LAUREN SOOJIN, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618  
Effective as of 01-MAY-21

#### **LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618  
Effective as of 01-MAY-21

#### **LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618  
Effective as of 01-FEB-23

#### **LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618  
Effective as of 01-AUG-22

#### **LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618  
Effective as of 01-MAY-21

#### **LEE, BRIAN, LAC<sup>†</sup>**

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-JUN-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-JUL-23

#### **LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618  
Effective as of 01-MAY-21

#### **LEE, BRIAN, LAC<sup>†</sup>**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618  
Effective as of 01-MAY-21

#### **PARSI KANEMOTO, MARYAM, LAC<sup>†</sup>**

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

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-APR-23

### **CARR, CHERYL, NP**

Provider ID: N/A

☒ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

Effective as of 01-APR-23

### **CARR, CHERYL, NP**

Provider ID: N/A

☒ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

Effective as of 01-APR-23

### **CARR, CHERYL, NP**

Provider ID: N/A

☒ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

Effective as of 01-MAY-23

### **CARR, CHERYL, NP**

Provider ID: N/A

☒ 15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

Effective as of 01-MAY-23

### **CHOI, RANA, NP†**

Provider ID: N/A

☒ 15775 LAGUNA CANYON  
RD STE 210  
IRVINE, CA 92618

Effective as of 01-SEP-19

### **DESAI, SONAM, NPF†**

Provider ID: N/A

☒ 16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618\*

Effective as of 01-OCT-22

### **FERRANTE, JADE, NP**

Provider ID: N/A

☒ 8607 IRVINE CENTER DR  
IRVINE, CA 92618

Effective as of 01-NOV-23

### **LIU, GRACE, NP**

Provider ID: N/A

☒ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAY-23

### **LIU, GRACE, NP**

Provider ID: N/A

☒ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAY-23

### **MANALESE, MARIA THERESA, NPF**

Provider ID: N/A

☒ 16100 SAND CANYON AVE  
STE 240  
IRVINE, CA 92618

Effective as of 01-APR-23

### **PARK, SE, NP**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUL-23

### **PARK, SE, NP**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUL-23

### **PARK, SE, NP**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200

IRVINE, CA 92618

Effective as of 01-JUL-23

### **PARK, SE, NP**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUL-23

### **PARK, SE, NP**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUL-23

### **SHIRKHANI, PARISA, NPF**

Provider ID: N/A

☒ 8607 IRVINE CENTER DR  
IRVINE, CA 92618

Effective as of 01-NOV-23

### **WU, JENNY, NP**

Provider ID: N/A

☒ 16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618

Effective as of 01-DEC-23

## ***CERTIFIED REGISTERED NURSE MIDWIFE***

### **SAJADI, ALISA, CRNM**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618

Effective as of 01-DEC-23

## ***CHIROPRACTOR***

### **KANG, KYUNG, DC**

Provider ID: N/A

☒ 14875 JEFFREY RD STE 210



## C1. 網絡內提供者清單 專科護理醫師

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IRVINE, CA 92618  
Effective as of 01-OCT-23

### **KIM, SEON-HOON SEAN, DC**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 205

IRVINE, CA 92618  
Effective as of 01-OCT-23

### **KIM, SEON-HOON SEAN, DC**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 205

IRVINE, CA 92618  
Effective as of 01-MAR-22

### **KIM, SEON-HOON SEAN, DC**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 205

IRVINE, CA 92618  
Effective as of 01-MAR-22

### **KIM, SEON-HOON SEAN, DC**


Provider ID: N/A

 113 WATERWORKS WAY  
STE 205

IRVINE, CA 92618  
Effective as of 01-JAN-23

### **WEDDLE, DIRK, DC**

Provider ID: N/A

 15375 BARRANCA PKWY  
STE J104

IRVINE, CA 92618  
Effective as of 01-JAN-18

## **CLINICAL**

### **NEUROPSYCHOLOGIST**

#### **BENNETT, LAUREN, PhD**

Provider ID: N/A

 16405 SAND CANYON AVE  
STE 220

IRVINE, CA 92618\*  
Effective as of 01-OCT-22

#### **BENNETT, LAUREN, PhD**

Provider ID: N/A

 16405 SAND CANYON AVE  
STE 220

IRVINE, CA 92618\*  
Effective as of 01-OCT-22

#### **HAMILTON, ANITA, PhD**

Provider ID: N/A

 300 SPECTRUM CENTER  
DR STE 400

IRVINE, CA 92618  
Effective as of 01-DEC-23

#### **HAMILTON, ANITA, PhD**

Provider ID: N/A

 300 SPECTRUM CENTER  
DR STE 400

IRVINE, CA 92618  
Effective as of 01-DEC-23

## **DERMATOLOGY**

#### **WANG, STEVEN, MD**

Provider ID: N/A

 16105 SAND CANYON AVE  
STE 230

IRVINE, CA 92618  
Effective as of 01-JUL-22

#### **WANG, STEVEN, MD**

Provider ID: N/A

 16105 SAND CANYON AVE  
STE 230

IRVINE, CA 92618  
Effective as of 01-JUL-22

## **EMERGENCY MEDICINE**

#### **KADAKIA, AMAR, MD†**

Provider ID: N/A

 11 TECHNOLOGY DR

IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **KARIMI, KAMBIZ, MD†**

Provider ID: N/A

 11 TECHNOLOGY DR  
IRVINE, CA 92618


Effective as of 01-JAN-18

## **ENDOCRINOLOGY**

## **METABOLISM DIABETES**

#### **CHAVEZ, BRIAN, MD†**

Provider ID: N/A


 22 ODYSSEY STE 115  
IRVINE, CA 92618

Teleservice

Effective as of 01-AUG-21

#### **CHAVEZ, BRIAN, MD†**

Provider ID: N/A


 22 ODYSSEY STE 115  
IRVINE, CA 92618

Teleservice

Effective as of 01-OCT-23

#### **FARJOUDI, FARHAD, MD†**

Provider ID: N/A


 113 WATERWORKS WAY  
STE 108

IRVINE, CA 92618

Effective as of 01-MAY-22

#### **FARJOUDI, FARHAD, MD†**

Provider ID: N/A


 113 WATERWORKS WAY  
STE 108

IRVINE, CA 92618

Effective as of 01-MAY-22

#### **FARJOUDI, FARHAD, MD†**

Provider ID: N/A

 113 WATERWORKS WAY  
STE 108

## C1. 網絡內提供者清單 專科護理醫師

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IRVINE, CA 92618  
Effective as of 01-MAY-22

### **FARJOUDI, FARHAD, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 250

IRVINE, CA 92618

Effective as of 01-JUN-22

### **FARJOUDI, 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

## C1. 網絡內提供者清單 專科護理醫師

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16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-FEB-23

### **BURRIS, RYAN, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-FEB-23

### ***FAMILY PRACTICE***

### ***SPORTS MEDICINE***

### **RIVADENEYRA, ADAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-NOV-17

### **RIVADENEYRA, ADAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-JAN-19

### ***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-JAN-23

### **ASHRAF, HEBA, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-23

### **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

### **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

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

IRVINE, CA 92618  
Effective as of 01-OCT-23

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-MAY-16

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-MAY-16

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-JAN-20

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-JAN-21

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-JAN-16

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-JAN-18

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-JUL-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-JUL-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-JUL-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-JUL-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-JUL-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-AUG-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY

STE 155

IRVINE, CA 92618

Effective as of 01-MAY-23

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-MAY-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-MAY-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-OCT-23

**HWANG, CAROLINE, MD**

Provider ID: N/A

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

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **HWANG, CAROLINE, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
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-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-JAN-20

#### **LEE, PAUL, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-16

#### **LEE, PAUL, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **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, JAMES, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JUN-23

#### **LEE, PAUL, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **LEE, JAMES, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JUN-23

#### **LEE, PAUL, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **OHARA, JUN ICHI, MD**

Provider ID: N/A

22 ODYSSEY STE 170A  
IRVINE, CA 92618  
Effective as of 01-JUN-19

#### **OMAN, MATTHEW, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **OMAN, MATTHEW, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **OMAN, MATTHEW, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **OMAN, MATTHEW, MD†**

Provider ID: N/A

113 WATERWORKS WAY



## C1. 網絡內提供者清單

### 專科護理醫師

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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

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

#### **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-OCT-23

#### **YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-16

#### **YU, FANG, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 106  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

**C1. 網絡內提供者清單**  
**專科護理醫師**

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Effective as of 01-JAN-20

**YU, VICTOR, MD<sup>†</sup>**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAY-16

**YU, FANG, MD<sup>†</sup>**

Provider ID: N/A

☐ 15825 LAGUNA CANYON  
RD STE 106  
IRVINE, CA 92618

Effective as of 01-JAN-23

**YU, VICTOR, MD<sup>†</sup>**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-21

***GYNECOLOGIC  
ONCOLOGY***

**ABAID, LISA, MD<sup>†</sup>**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-NOV-18

**BECK, TIFFANY, MD<sup>†</sup>**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-AUG-22

**BECK, TIFFANY, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-AUG-22

**MENDIVIL, ALBERTO, MD<sup>†</sup>**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-FEB-23

**MENDIVIL, ALBERTO, MD<sup>†</sup>**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-FEB-23

**MENDIVIL, ALBERTO, MD<sup>†</sup>**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-AUG-22

**MENDIVIL, ALBERTO, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618\*

Effective as of 01-OCT-22

**NANGIA, CHAITALI, MD<sup>†</sup>**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618\*

Effective as of 01-OCT-22

**PANDIT, LALITA, MD<sup>†</sup>**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618

Effective as of 01-OCT-19

**PANDIT, LALITA, MD<sup>†</sup>**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618

Effective as of 01-OCT-21

**SEERY, TARA, MD<sup>†</sup>**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-21

### **SEERY, TARA, MD†**

Provider ID: N/A

☞ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-21

### **HEPATOLOGY**

#### **FONG, TSE LING, MD**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 280  
IRVINE, CA 92618  
Effective as of 01-JAN-24

#### **FONG, TSE LING, MD**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 280  
IRVINE, CA 92618  
Effective as of 01-JAN-24

### **INFECTIOUS DISEASE**

#### **SARAFIAN, FARJAD, MD**

Provider ID: N/A

☞ 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†**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **HUNG, JENNIFER, DO<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **LEE, RONALD, MD<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **LU, CHRISTIAN, MD<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **MIRSAEID GHAZI, POURYA, MD<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **NGUYEN, VIET, DO<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **NGUYEN, THUY, DO<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **PEREZ, FRANCISCO, MD<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR

IRVINE, CA 92618  
Effective as of 01-JAN-18

### **SHAHAMIRI, SEAN, MD<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **SHUNE, HONG, MD<sup>†</sup>**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618  
Effective as of 01-JAN-20

### **SYCHANGCO, PAUL, MD<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **TAHERI, NIMA, MD<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **YAP, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **ZAHED, SHAHAB, MD<sup>†</sup>**

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

## C1. 網絡內提供者清單 專科護理醫師

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IRVINE, CA 92603  
Effective as of 01-JUN-23

### **MCINTYRE, SUSAN, MFT**

Provider ID: N/A

 15635 ALTON PKWY STE  
350

IRVINE, CA 92618  
Effective as of 01-DEC-23

### **MCINTYRE, SUSAN, MFT**

Provider ID: N/A

 15635 ALTON PKWY STE  
350

IRVINE, CA 92618  
Effective as of 01-DEC-23

### **ONEILL, SEAN, MFT**

Provider ID: N/A

 60 STEPPING STONE  
IRVINE, CA 92603

Effective as of 01-JUN-23

### **ONEILL, SEAN, MFT**

Provider ID: N/A

 60 STEPPING STONE  
IRVINE, CA 92603

Effective as of 01-JUN-23

### **SHAH, SALMA, MFT**

Provider ID: N/A

 15635 ALTON PKWY STE  
350

IRVINE, CA 92618  
Effective as of 01-DEC-23

### **SHAH, SALMA, MFT**

Provider ID: N/A

 15635 ALTON PKWY STE  
350

IRVINE, CA 92618  
Effective as of 01-DEC-23

## ***MATERNAL AND FETAL MEDICINE***

### **BUSH, MELISSA, MD†**

Provider ID: N/A

 15785 LAGUNA CANYON  
RD STE 360

IRVINE, CA 92618  
Effective as of 01-SEP-16

### **BUSH, MELISSA, MD†**

Provider ID: N/A

 15785 LAGUNA CANYON  
RD STE 360

IRVINE, CA 92618  
Effective as of 01-SEP-16

### **BUSH, MELISSA, MD†**

Provider ID: N/A

 15785 LAGUNA CANYON  
RD STE 360

IRVINE, CA 92618  
Effective as of 01-FEB-21

### **DAY, ROBERT, MD†**

Provider ID: N/A

 15785 LAGUNA CANYON  
RD STE 360

IRVINE, CA 92618  
Effective as of 01-MAY-22

### **KFIR, MENASHE, MD†**


Provider ID: N/A

 15785 LAGUNA CANYON  
RD STE 360

IRVINE, CA 92618  
Effective as of 01-SEP-16

### **KFIR, MENASHE, MD†**


Provider ID: N/A

 15785 LAGUNA CANYON  
RD STE 360

IRVINE, CA 92618  
Effective as of 01-JUN-19

### **KFIR, MENASHE, MD†**

Provider ID: N/A

 15785 LAGUNA CANYON  
RD STE 360

IRVINE, CA 92618  
Effective as of 01-JAN-23

### **KFIR, MENASHE, MD†**


Provider ID: N/A

 15785 LAGUNA CANYON  
RD STE 360

IRVINE, CA 92618  
Effective as of 01-JAN-23

### **KFIR, MENASHE, MD†**


Provider ID: N/A

 15785 LAGUNA CANYON  
RD STE 360

IRVINE, CA 92618  
Effective as of 01-JAN-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



## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-FEB-18

### **MASAKI, DAMON, MD<sup>†</sup>**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-DEC-19

### **MASAKI, DAMON, MD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618

Effective as of 01-JAN-21

## ***NEPHROLOGY***

### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

☐ 15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-18

### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

☐ 15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-14

### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

☐ 15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-20

### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

☐ 15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-21

### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

☐ 15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618

Effective as of 01-MAY-12

### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

☐ 15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618

Effective as of 01-JUN-18

### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

☐ 15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618

Effective as of 01-OCT-23

### **AHDOOT, JACOB, MD<sup>†</sup>**

Provider ID: N/A

☐ 15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618

Effective as of 01-APR-11

### **JAMES, JOJI, MD**

Provider ID: N/A

☐ 22 ODYSSEY STE 115  
IRVINE, CA 92618

Effective as of 01-AUG-23

### **MANSOURY, HADI, MD<sup>†</sup>**

Provider ID: N/A

☐ 11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**MESBAH, AZITA, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAY-23

**SAWHNEY, SAJEET, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-APR-21

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 202  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 202  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 202  
IRVINE, CA 92618  
Effective as of 01-JUL-17

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 202  
IRVINE, CA 92618  
Effective as of 01-OCT-19

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 202  
IRVINE, CA 92618  
Effective as of 01-MAY-20

**NEUROLOGY**

**CLEEREMANS, BRUCE, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**JANKOWSKI, PAWEL, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAY-23

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-APR-08

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-JAN-17

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-JAN-17

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE

STE 609  
IRVINE, CA 92618  
Effective as of 01-JAN-14

**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

**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

## C1. 網絡內提供者清單 專科護理醫師

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### **THAKKAR, SANDEEP, DO†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-MAR-19

### **THAKKAR, SANDEEP, DO†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618

Effective as of 01-AUG-22

### **THAKKAR, SANDEEP, DO†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-MAR-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

**C1. 網絡內提供者清單**  
**專科護理醫師**

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Effective as of 01-OCT-23

**OBSTETRICS /  
GYNECOLOGY**

**AHDOOT, MORRIS, MD<sup>†</sup>**

Provider ID: N/A

☞ 15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-MAY-12

**AHDOOT, MORRIS, MD<sup>†</sup>**

Provider ID: N/A

☞ 15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-APR-20

**AHDOOT, MORRIS, MD<sup>†</sup>**

Provider ID: N/A

☞ 15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-APR-20

**AHDOOT, MORRIS, MD<sup>†</sup>**

Provider ID: N/A

☞ 15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-FEB-21

**AHDOOT, MORRIS, MD<sup>†</sup>**

Provider ID: N/A

☞ 15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-FEB-21

**AHDOOT, MORRIS, MD<sup>†</sup>**

Provider ID: N/A

☞ 15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-APR-11

**AHDOOT, MORRIS, MD<sup>†</sup>**

Provider ID: N/A

☞ 15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-JUL-12

**AHDOOT, MORRIS, MD<sup>†</sup>**

Provider ID: N/A

☞ 15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-18

**AHDOOT, MORRIS, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☞ 16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-NOV-20

**HASHEMI, EMAD, MD<sup>†</sup>**

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

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **MARINESCU, CATALIN, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618  
Effective as of 01-JAN-20

#### **MARINESCU, CATALIN, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **MASAKI, DAMON, MD†**

Provider ID: N/A

☒ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-JAN-22

#### **MASAKI, DAMON, MD†**

Provider ID: N/A

☒ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-JAN-22

#### **MENDELSON, SUSAN, MD**

Provider ID: N/A

☒ 16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **MILLER, JAMIE, MD**

Provider ID: N/A

☒ 16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **PERKINS, KENDRA, DO†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **PETERS, AMY, DO**

Provider ID: N/A

☒ 16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **PETERS, AMY, DO**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618  
Effective as of 01-NOV-23

#### **STERNFELD, DANIEL, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618  
Effective as of 01-OCT-22

#### **STERNFELD, DANIEL, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618  
Effective as of 01-SEP-20

#### **TANAMAI, VAYA, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618  
Effective as of 01-MAY-20

#### **YAO, GRACE, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **YAO, GRACE, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-21

### ***OPHTHALMOLOGY***

#### **GE, NENGJIE, MD†**

Provider ID: N/A

☒ 16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **GE, NENGJIE, MD†**

Provider ID: N/A

☒ 16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618  
Effective as of 01-MAR-23

#### **GE, NENGJIE, MD†**

Provider ID: N/A

☒ 16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618  
Effective as of 01-MAR-23

#### **GE, NENGJIE, MD†**

Provider ID: N/A

☒ 16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618  
Effective as of 01-JUL-12

#### **GE, NENGJIE, MD†**

Provider ID: N/A

☒ 16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618  
Effective as of 01-JAN-18

#### **GE, NENGJIE, MD†**



## C1. 網絡內提供者清單

### 專科護理醫師

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Provider ID: N/A

16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618  
Effective as of 01-JAN-17

#### **GHIASI, ZAHRA, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 245  
IRVINE, CA 92618  
Effective as of 01-JAN-17

#### **GWYNN, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618  
Effective as of 01-MAR-23

#### **LEE, 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

#### **LEE, ANDREW, MD**

Provider ID: N/A

18 ENDEAVOR STE 104  
IRVINE, CA 92618  
Effective as of 01-MAY-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-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

#### **VAIDYA, NADEEM, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385  
IRVINE, CA 92618  
Effective as of 01-OCT-23

### ***OPTOMETRIST***

#### **OWYANG, ASHLEY, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-JAN-23

### **OWYANG, ASHLEY, 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-OCT-23

### **RUDE, LOREN, OD**

Provider ID: N/A

☞ 15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618

Effective as of 01-JAN-23

### **TRAN, STEPHANIE, OD**

Provider ID: N/A

☞ 15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618

Effective as of 01-JAN-23

### **TRAN, STEPHANIE, OD**

Provider ID: N/A

☞ 15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

### **WANG, STEVEN, OD**

Provider ID: N/A

☞ 22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-OCT-23

### **WANG, MATTHEW, OD†**

Provider ID: N/A

☞ 22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-OCT-23

### **WANG, MATTHEW, OD†**

Provider ID: N/A

☞ 22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-JAN-18

### **WANG, MATTHEW, OD†**

Provider ID: N/A

☞ 22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-JAN-23

## ***ORAL MAXILLOFACIAL SURGEON***

### **KALANTARI, OUZHAN, DMD**

Provider ID: N/A

☞ 114 PACIFICA STE 420  
IRVINE, CA 92618

Effective as of 01-NOV-23

## ***OTOLARYNGOLOGY***

### **BALAKER, ASHLEY, MD†**

Provider ID: N/A

☞ 18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-OCT-22

### **BALAKER, ASHLEY, MD†**

Provider ID: N/A

☞ 18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-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

### **BUEN, FLOYD, MD†**

Provider ID: N/A

☞ 18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-DEC-20

### **BUEN, FLOYD, MD†**

Provider ID: N/A

☞ 18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-DEC-20

### **BUEN, FLOYD, MD†**

Provider ID: N/A

☞ 18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-DEC-20

### **BUEN, FLOYD, MD†**

Provider ID: N/A

☞ 18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-DEC-20

### **BUEN, FLOYD, MD†**

Provider ID: N/A

☞ 18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-NOV-20

### **BUEN, FLOYD, MD†**

Provider ID: N/A

☞ 18 ENDEAVOR STE 208

## C1. 網絡內提供者清單 專科護理醫師

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IRVINE, CA 92618  
Effective as of 01-NOV-20

### **CROCKETT, DENNIS, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **GE, NORMAN, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-FEB-23

### **GE, NORMAN, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-FEB-23

### **GE, NORMAN, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-FEB-23

### **GE, NORMAN, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-JAN-23

### **LUU, QUANG, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-OCT-18

### **LUU, QUANG, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-OCT-18

### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-MAY-19

### **SUN, PAUL, MD†**

Provider ID: N/A

22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-14

### **SUN, 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, 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

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-JUN-16

### **MUNDI, JAGMEET, MD†**

Provider ID: N/A

☒ 18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-JUN-16

### **PETTIS, ROBERT, MD†**

Provider ID: N/A

☒ 16100 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-MAY-20

### **SUN, PAUL, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-NOV-17

### **SUN, JOHN, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-NOV-17

### **SUN, PAUL, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-NOV-17

### **SUN, JOHN, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-NOV-17

### **SUN, PAUL, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-JAN-21

### **SUN, JOHN, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-MAR-16

### **SUN, JOHN, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-JAN-14

### **SUN, PAUL, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-FEB-16

### **SUN, JOHN, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-JAN-17

### **SUN, JOHN, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-JAN-21

### **SUN, PAUL, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 100  
IRVINE, CA 92618

Effective as of 01-JAN-17

### **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-NOV-17

### **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

## ***PHYSICAL MEDICINE / REHABILITATION***

### **LAI, KHANG, DO**

Provider ID: N/A

☒ 15701 ROCKFIELD BLVD  
IRVINE, CA 92618

Effective as of 01-APR-11

### **LAI, KHANG, DO**

## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

15701 ROCKFIELD BLVD  
IRVINE, CA 92618  
Effective as of 01-DEC-14

### **LAI, KHANG, DO**

Provider ID: N/A

15701 ROCKFIELD BLVD  
IRVINE, CA 92618  
Effective as of 01-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**



## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAR-24

### **WU, VANNA, PA**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAR-24

### **WU, VANNA, PA**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAR-24

### ***PODIATRIST***

### **BATHAEE, FARSHAD, DPM**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 250  
IRVINE, CA 92618

Effective as of 01-DEC-21

### **COYER, MICHAEL, DPM†**

Provider ID: N/A

☐ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-JUL-18

### **COYER, MICHAEL, DPM†**

Provider ID: N/A

☐ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-JUL-18

### **COYER, MICHAEL, DPM†**

Provider ID: N/A

☐ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-JAN-20

### **KOLODENKER, GENNADY, DPM†**

Provider ID: N/A

☐ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-JUL-18

### **KOLODENKER, GENNADY, DPM†**

Provider ID: N/A

☐ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-JUL-18

### **LIN, PARKSON, DPM**

Provider ID: N/A

☐ 2 HUGHES STE 150  
IRVINE, CA 92618

Effective as of 01-JAN-17

### **ROOHIAN, ARSHIA, DPM**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 250  
IRVINE, CA 92618

Effective as of 01-DEC-21

### **ROOHIAN, ARSHIA, DPM**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 250  
IRVINE, CA 92618

Effective as of 01-JUL-20

### **SOLAR, SARA, DPM†**

Provider ID: N/A

☐ 16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-NOV-22

### **SOLAR, SARA, DPM†**

Provider ID: N/A

☐ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **TIEN, AUDRIS, DPM†**

Provider ID: N/A

☐ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-DEC-20

### **TIEN, AUDRIS, DPM†**

Provider ID: N/A

☐ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-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

## C1. 網絡內提供者清單 專科護理醫師

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### **VINCENT, EBONIE, DPM†**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-AUG-19

### **VINCENT, EBONIE, DPM†**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-JAN-21

### **VINCENT, EBONIE, DPM†**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-AUG-19

### **VINCENT, EBONIE, DPM†**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-AUG-19

### **YANG, DAVID, DPM**

Provider ID: N/A

☞ 18 ENDEAVOR STE 206  
IRVINE, CA 92618

Effective as of 01-JAN-23

### **YANG, DAVID, DPM**

Provider ID: N/A

☞ 18 ENDEAVOR STE 206  
IRVINE, CA 92618

Effective as of 01-OCT-23

### **YANG, ANDREW, DPM†**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-DEC-20

### **YANG, ANDREW, DPM†**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-DEC-20

### **YANG, ANDREW, DPM†**

Provider ID: N/A

☞ 16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618

Effective as of 01-DEC-20

## **PSYCHIATRY**

### **RITTER, AARON, MD**

Provider ID: N/A

☞ 16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **RITTER, AARON, MD**

Provider ID: N/A

☞ 16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **RITTER, AARON, MD**

Provider ID: N/A

☞ 16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **RITTER, AARON, MD**

Provider ID: N/A

☞ 16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **SALO, CLINT, DO†**

Provider ID: N/A

☞ 2 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-AUG-17

### **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-NOV-16

### **SALO, CLINT, DO†**

Provider ID: N/A

☞ 2 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-AUG-17

### **SZPUNAR, MERCEDES, MD**

Provider ID: N/A

☞ 16305 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-MAR-23

### **SZPUNAR, MERCEDES, MD**

Provider ID: N/A

☞ 16305 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-MAR-23

### **SZPUNAR, MERCEDES, MD**

Provider ID: N/A

☞ 16305 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-MAR-23

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**SZPUNAR, MERCEDES, MD**

Provider ID: N/A

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

## C1. 網絡內提供者清單 專科護理醫師

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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

### ***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-JAN-21

### **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

### ***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

## C1. 網絡內提供者清單 專科護理醫師

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IRVINE, CA 92618  
Effective as of 01-OCT-23

### **FORRESTER, JARED, MD**

Provider ID: N/A  
☑ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-OCT-23

### **HAMOUI, NAHID, MD†**

Provider ID: N/A  
☑ 16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618  
Effective as of 01-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-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-JAN-21

### **HAMOUI, NAHID, MD†**

Provider ID: N/A  
☑ 16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618  
Effective as of 01-JAN-23

### **HURWITZ, MICHAEL, MD**

Provider ID: N/A  
☑ 16305 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-JAN-20

### **JENSEN, NATISHA, MD**

Provider ID: N/A  
☑ 16305 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-AUG-23

### **KRAFT, ELIZABETH, MD**

Provider ID: N/A  
☑ 16305 SAND CANYON AVE  
STE 160  
IRVINE, CA 92618  
Effective as of 01-OCT-23

### **KRAFT, ELIZABETH, MD**

Provider ID: N/A  
☑ 16305 SAND CANYON AVE  
STE 160  
IRVINE, CA 92618  
Effective as of 01-OCT-23

### **MACDONALD, HEATHER, MD†**

Provider ID: N/A  
☑ 16305 SAND CANYON AVE  
STE 160  
IRVINE, CA 92618  
Effective as of 01-JAN-21

### **MILANCHI, SIAMAK, MD†**

Provider ID: N/A  
☑ 16300 SAND CANYON AVE

STE 604  
IRVINE, CA 92618  
Effective as of 01-JAN-18

### **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***



**C1. 網絡內提供者清單**  
**專科護理醫師**

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**VASCULAR**

**NISHANIAN, GARABED, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 350  
IRVINE, CA 92618

Effective as of 01-JAN-21

**NISHANIAN, GARABED, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 350  
IRVINE, CA 92618

Effective as of 01-NOV-15

**SURGERY**

**NEUROLOGICAL**

**JANKOWSKI, PAWEL, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-MAY-23

**MEHTA, VIVEK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-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

## C1. 網絡內提供者清單 專科護理醫師

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STE 225  
IRVINE, CA 92618  
Effective as of 01-JAN-23

### **ALI, RAED, MD†**

Provider ID: N/A  
☑ 113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618  
Effective as of 01-JAN-23

### **AMINIAN, ARASH, MD†**

Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-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-DEC-21

### **AMINIAN, ARASH, MD†**

Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-23

### **AMINIAN, ARASH, MD†**

Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-NOV-21

### **AMINIAN, ARASH, MD†**

Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-NOV-21

### **AMINIAN, ARASH, MD†**

Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-NOV-21

### **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

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-DEC-23

### **HAGHVERDIAN, BRANDON, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

### **HUNTER, MICHAEL, 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-DEC-21

### **JOHNSON, BRYCE, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-MAR-21

### **JOHNSON, BRYCE, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-OCT-22

### **JOHNSON, BRYCE, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

### **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-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-DEC-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-FEB-21

### **KASSAM, HAFIZ, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
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-OCT-23

### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-24

### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-24

### **KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205

## C1. 網絡內提供者清單 專科護理醫師

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IRVINE, CA 92618  
Effective as of 01-JAN-24

### **KIM, ABRAHAM, MD†**

Provider ID: N/A  
☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-JAN-23

### **KIM, ABRAHAM, MD†**

Provider ID: N/A  
☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-SEP-23

### **KIM, ABRAHAM, MD†**

Provider ID: N/A  
☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-JAN-24

### **LEE, RICHARD, MD**

Provider ID: N/A  
☒ 16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618  
Effective as of 01-JAN-21

### **LIN, DARIUS, MD†**

Provider ID: N/A  
☒ 22 ODYSSEY STE 270B  
IRVINE, CA 92618  
Effective as of 01-JUN-17

### **MOLHO, DAVID, MD**

Provider ID: N/A  
☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-DEC-23

### **MOLHO, DAVID, MD**

Provider ID: N/A  
☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-DEC-23

### **MOLHO, DAVID, MD**

Provider ID: N/A  
☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-DEC-23

### **MOLHO, DAVID, MD**

Provider ID: N/A  
☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-DEC-23

### **MOLHO, DAVID, MD**

Provider ID: N/A  
☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-DEC-23

### **MONTGOMERY, ROBERT, MD**

Provider ID: N/A  
☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-SEP-23

### **MOSKOW, LONNIE, MD**

Provider ID: N/A  
☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-SEP-23

### **NIETO, MICHAEL, MD**

Provider ID: N/A  
☒ 16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-JUN-21

### **NIETO, MICHAEL, MD**

Provider ID: N/A  
☒ 16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-JUN-21

### **NINH, CHRISTOPHER, MD†**

Provider ID: N/A  
☒ 113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618  
Effective as of 01-OCT-23

### **NINH, CHRISTOPHER, MD†**

Provider ID: N/A  
☒ 113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618  
Effective as of 01-MAY-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

### **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

## C1. 網絡內提供者清單 專科護理醫師

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STE 511  
IRVINE, CA 92618  
Effective as of 01-DEC-20

### **PATEL, AMAR, MD†**

Provider ID: N/A  
22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-SEP-23

### **PATEL, AMAR, MD†**

Provider ID: N/A  
22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-DEC-21

### **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-JAN-21

### **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

### **TING, JAMES, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618  
Effective as of 01-JAN-21

### **VENEZIANO, CHRISTOPHER, MD**

Provider ID: N/A  
22 ODYSSEY STE 210  
IRVINE, CA 92618  
Effective as of 01-SEP-23

### **WANG, WILLIAM, MD†**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618  
Effective as of 01-AUG-22

### **WANG, WILLIAM, MD†**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618  
Effective as of 01-AUG-22

### **WONG, JEFFREY, MD†**

Provider ID: N/A  
22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-SEP-23

### **WONG, JEFFREY, MD†**

Provider ID: N/A  
22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-JAN-20

### **WONG, JEFFREY, MD†**

Provider ID: N/A  
22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-20

### **WONG, JEFFREY, MD†**

Provider ID: N/A  
22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-20

### **WONG, JEFFREY, MD†**

Provider ID: N/A  
22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-20

### **YOUDERIAN, ARI, MD†**

Provider ID: N/A  
22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-DEC-21

### **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-JAN-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



## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-SEP-23

### **YOUDEIRIAN, ARI, MD†**

Provider ID: N/A

☒ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

### **ZHANG, JOANNE, MD**

Provider ID: N/A

☒ 16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **ZHANG, JOANNE, MD**

Provider ID: N/A

☒ 16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-NOV-22

## ***SURGERY THORACIC***

### **KANAAN, SAMER, MD†**

Provider ID: N/A

☒ 4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

### **KANAAN, SAMER, MD†**

Provider ID: N/A

☒ 4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

### **KANAAN, SAMER, MD†**

Provider ID: N/A

☒ 4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

### **KANAAN, SAMER, MD†**

Provider ID: N/A

☒ 4 HUGHES STE 100

IRVINE, CA 92618

Effective as of 01-APR-22

### **KANAAN, SAMER, MD†**

Provider ID: N/A

☒ 4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

### **KANAAN, SAMER, MD†**

Provider ID: N/A

☒ 4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

### **KANAAN, SAMER, MD†**

Provider ID: N/A

☒ 4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-DEC-23

### **KANAAN, SAMER, MD†**

Provider ID: N/A

☒ 16105 SAND CANYON AVE  
IRVINE, CA 92618

Effective as of 01-APR-19

## ***UROLOGY***

### **BUI, DON, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-DEC-23

### **BUI, DON, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-OCT-23

### **BUI, DON, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200

IRVINE, CA 92618\*

Effective as of 01-OCT-22

### **BUI, DON, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-23

### **BUI, DON, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

### **BUI, DON, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

### **BUI, DON, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

### **BUI, DON, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

### **BUI, DON, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

**C1. 網絡內提供者清單**  
**專科護理醫師**

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Effective as of 01-JUN-18

**ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-OCT-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JAN-23

**ELKHOURY, 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-OCT-23

**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-JUN-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JUN-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-AUG-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-AUG-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-AUG-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-AUG-19

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-AUG-19

**KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-DEC-23

**KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-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-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-OCT-23

Effective as of 01-JAN-21

**KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JUN-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JUN-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JUN-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JUN-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JAN-21

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

**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-22

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-DEC-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-DEC-19

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-DEC-19

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-APR-21

**NAKAMURA, LEAH, MD†**

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-OCT-22

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JAN-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

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JAN-21

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JUN-18

**SHOURESHI, POONE, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200

IRVINE, CA 92618

Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-AUG-23

**SINGH, KARAN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JAN-21

**SINGH, KARAN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JUN-18

**SINGH, KARAN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JUN-18

**SINGH, KARAN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JUN-18

**SINGH, KARAN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-OCT-23

**SINGH, KARAN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-JAN-23

**SINGH, KARAN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-OCT-22

**SINGH, KARAN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
 STE 200  
 IRVINE, CA 92618

Effective as of 01-DEC-19

**SINGH, KARAN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE

## C1. 網絡內提供者清單 專科護理醫師

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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-FEB-23

### **SPITZ, AARON, MD†**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-DEC-19

### **SPITZ, AARON, MD†**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-APR-21

### **SPITZ, AARON, MD†**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-OCT-22

### **SPITZ, AARON, MD†**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-OCT-18

### **SPITZ, AARON, MD†**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-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-JUN-18

### **SPITZ, AARON, MD†**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

### **SPITZ, AARON, MD†**

Provider ID: N/A

 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-21

### **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  
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-JAN-23

### **SU, DANIEL, MD†**


Provider ID: N/A

 16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-SEP-18

### **SU, DANIEL, MD†**

Provider ID: N/A

 16305 SAND CANYON AVE  
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

### **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-SEP-18



## C1. 網絡內提供者清單

### 專科護理醫師

---

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-MAY-21

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-18

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JUN-18

#### **ZHAO, HANSON, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-NOV-22

#### **ZHAO, HANSON, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-NOV-22

### **ALLERGY IMMUNOLOGY**

#### **MODENA, BRIAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUN-22

#### **MODENA, BRIAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAY-22

#### **SHARMA, KUSUM, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Effective as of 01-JAN-23

#### **SHARMA, KUSUM, MD**

Provider ID: N/A

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

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-JAN-22

### **NARLA, VINOD, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

### **NGO, DONALD, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

### **ROY, KEVIN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

### **SUYDAM, STEVEN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-21

### **TULLY, JEFFREY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

### **TZENG, ERIC, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-21

### **VAUGHN, DOUGLAS, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

### **WANG, MICHELLE, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

### ***ANESTHESIOLOGY CRITICAL CARE MEDICINE***

### **KRAUSE, MARTIN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

### ***ANESTHESIOLOGY PAIN MANAGEMENT***

### **MADHAV, SANDIP, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-APR-21

### **MADHAV, SANDIP, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAR-21

### ***AUDIOLOGIST***

### **BAXTER, STEPHANIE, AuD**

Provider ID: N/A

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

### **BAXTER, STEPHANIE, AuD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **HARRIS, GENEVIEVE, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

### **KING, JOHN, AuD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

### **RUBY, CHARLES, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

### **SPRIGGS, MEGHAN, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

### **TSANG, JOYCE, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

## C1. 網絡內提供者清單 專科護理醫師

---

### **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-SEP-21

### **COHEN, DAVID, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037  
Effective as of 01-MAY-20

### **HAMZEI, ALI, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **MENDENHALL, GEORGE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037  
Effective as of 01-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

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **AVALOS, ROY, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
780  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **BERMAN, BRETT, MD<sup>†</sup>**

Provider ID: N/A

📍 9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037  
Effective as of 01-FEB-21

#### **CHARLAT, MARTIN, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
780  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **COHEN, DAVID, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **COSTELLO, DENNIS, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
430  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **COSTELLO, DENNIS, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
430  
LA JOLLA, CA 92037  
Effective as of 01-JUL-20

#### **DAMANI, SAMIR, MD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
940

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **PATEL, JIGAR, DO<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
810  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

#### **RAPEPORT, KEVIN, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
940B  
LA JOLLA, CA 92037  
Effective as of 01-MAR-16

#### **RUSSO, ROBERT, MD<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
350  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **SAB, SHIV, MD<sup>†</sup>**

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***

## C1. 網絡內提供者清單 專科護理醫師

---

### **ACUPUNCTURIST**

#### **ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

☞ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

☞ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

#### **JULIAN, FIDES, LAC**

Provider ID: N/A

☞ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

#### **JULIAN, FIDES, LAC**

Provider ID: N/A

☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **JULIAN, FIDES, LAC**

Provider ID: N/A

☞ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **MURRAY, STEVEN, LAC**

Provider ID: N/A

☞ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **MURRAY, STEVEN, LAC**

Provider ID: N/A

☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **MURRAY, STEVEN, LAC**

Provider ID: N/A

☞ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

#### **TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

☞ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

#### **TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

☞ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

### **CERTIFIED NURSE PRACTITIONER**

#### **ASHMAN, ELLEN, NP†**

Provider ID: N/A

☞ 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **ATILLO, RONALD MAR, NP†**

Provider ID: N/A

☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **BELL, ANDREA, NP†**

Provider ID: N/A

☞ 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-AUG-22

#### **BIRD, JEREMY, NP**

Provider ID: N/A

☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **BIRD, JEREMY, NP**

Provider ID: N/A

☞ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **BISCHER, MARGARET, NP**

Provider ID: N/A

☞ 7855 IVANHOE AVE STE 110  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

#### **BURNEY, BRAEANNE, NP†**

Provider ID: N/A

☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **CAMAQUIN, MIA, NP**

Provider ID: N/A

☞ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **CAMAQUIN, MIA, NP**

Provider ID: N/A

☞ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

#### **CONNER, PAMELA, NP**

Provider ID: N/A



## C1. 網絡內提供者清單 專科護理醫師

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9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

### **CONNER, PAMELA, NP**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

### **CONNOR, CAROLINE, NP†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-JUN-21

### **CZYPULL, MONICA, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-SEP-21

### **CZYPULL, MONICA, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-21

### **DE DIOS, SARAH, NP**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

### **DRISCOLL, KARRIE, NP†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

### **GIOVANNETTI, ERIN, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **GOMEZ, LESLIE, NP**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **GOMEZ, LESLIE, NP**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### **GOMEZ, LESLIE, NP**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### **GOMEZ, LESLIE, NP**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **GOSHEN, KIRSTEN, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

### **GOSHEN, KIRSTEN, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **HADINGER, JANE, NP**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C129  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-DEC-23

### **HALPERN, DAVID, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **HANNA, LINDSAY, NP†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

### **HEURING, JULIE, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

### **JENKINS, ERIN, NP**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

### **JENKINS, ERIN, NP**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

### **JONES, CHRISTA, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

## C1. 網絡內提供者清單 專科護理醫師

---

### **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

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

### **MCCLAIN, MEGAN, NP†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
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

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

## C1. 網絡內提供者清單

### 專科護理醫師

---

#### **MICK, SHARON, NP**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **MICK, SHARON, NP**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

#### **MICK, SHARON, NP**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
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. 網絡內提供者清單 專科護理醫師

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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, RICHARD, NPF**  
Provider ID: N/A  
9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUL-23

**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

**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  
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Effective as of 01-JUL-21

**DULAY, JOTI, CRNA**  
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**ESTABROOK, LARA, CRNA**  
Provider ID: N/A  
9850 GENESEE AVE STE  
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LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**EVANS, CATHERINE, CRNA**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

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### **FIEDLER, DEREK, CRNA**

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### **GONZALEZ, LISA, CRNA**

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### **GRIFFIN, SETH, CRNA**

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### **JOHNSTON, RACHEL, CRNA**

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### **LAZARUS, ELIZABETH, CRNA**

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### **POLIKOWSKI, SAMANTHA, CRNA†**

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### **POLLOM, JESSICA, CRNA†**

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### **RAMIREZ, NICOLE, CRNA†**

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### **ROADMAN, KEENE, CRNA**

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### **SACKS, BRENT, CRNA†**

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### **SNODGRASS, JULIE, CRNA†**

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### **SOTO, GILBERTO, CRNA†**

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Effective as of 01-FEB-22

## ***CERTIFIED REGISTERED NURSE MIDWIFE***

### **CHOI, NATHALIE, CRNM**

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Effective as of 01-SEP-23

### **CORRY, ANDREA, CRNM**

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### **ELY-KONOSKE, RACHEL, CRNM**

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### **ELY-KONOSKE, RACHEL, CRNM**

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### **NATHAN, CARLY, CRNM**

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LA JOLLA, CA 92037  
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## ***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†**

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9850 GENESEE AVE STE  
470  
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Effective as of 01-FEB-18

### **KAUP, ALLISON, PhD†**

Provider ID: N/A



## C1. 網絡內提供者清單 專科護理醫師

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530  
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Teleservice

Effective as of 01-MAR-21

### **DERMATOLOGY**

#### **CHANG, TIMOTHY, MD†**

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850  
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Effective as of 01-OCT-21

#### **GONZALES, DARRELL, MD**

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Effective as of 01-OCT-21

#### **NASH GOELITZ, ALYSSA, MD†**

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Effective as of 01-OCT-21

#### **SIDDIQUI, FARYAL, MD**

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### **EMERGENCY MEDICINE**

#### **BLACK, NICHOLAS, MD†**

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STE 200  
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Effective as of 01-SEP-21

#### **CHEN, ALICE, MD†**

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Effective as of 01-NOV-21

#### **CHEN, ALICE, MD†**

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STE 100  
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#### **GALUST, HENRIK, MD**

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☒ 8910 VILLA LA JOLLA DR  
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Effective as of 01-JUN-23

#### **HARDIN, JEREMY, MD†**

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Effective as of 01-AUG-22

#### **HERNANDEZ, CRISTINA, MD†**

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Effective as of 01-MAY-21

#### **HOGUE, BRENNIA, MD**

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#### **HOGUE, BRENNIA, MD**

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#### **KUTZ, CRAIG, MD†**

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Effective as of 01-AUG-21

#### **KUTZ, CRAIG, MD†**

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#### **LIOTTA, BENJAMIN, MD†**

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#### **MUELLER, MATTHEW, DO†**

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Effective as of 01-JUL-21

#### **MUELLER, MATTHEW, DO†**

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#### **PARK, JAY, MD†**

Provider ID: N/A

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Effective as of 01-SEP-21

#### **PARK, JAY, MD†**

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## C1. 網絡內提供者清單 專科護理醫師

---

Effective as of 01-NOV-21

### **SELTZER, JUSTIN, MD<sup>†</sup>**

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STE 200  
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### **SMITH, CASEY, MD**

Provider ID: N/A

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### **SUPAT, BENJAMIN, MD**

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📍 8910 VILLA LA JOLLA DR  
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### **YU, ELAINE, DO**

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### **YU, ELAINE, DO**

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## ***ENDOCRINOLOGY***

## ***METABOLISM DIABETES***

### **GUERIN, CHRIS, MD<sup>†</sup>**

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### **IYENGAR, RAVI, MD**

Provider ID: N/A

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Effective as of 01-APR-23

### **IYENGAR, RAVI, MD**

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### **MBA, MBA UZOMA, MD**

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### **NAGELBERG, JODI, MD<sup>†</sup>**

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### **PETTUS, JEREMY, MD**

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### **SCHNEIDER, DARIUS, MD**

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### **SCHNEIDER, DARIUS, MD**

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### **SHAH, NANDI, MD**

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### **SHAH, NANDI, MD**

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Effective as of 01-JAN-24

## ***FAMILY PRACTICE***

### **BOYD, JAMES, MD<sup>†</sup>**

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900  
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### **JOLICOEUR, MEGAN, DO**

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Effective as of 01-JUN-23

## ***GASTROENTEROLOGY***

### **BORTNIKER, ETHAN, MD**

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440  
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Effective as of 01-JUN-23

### **GOLDKLANG, ROBERT, MD<sup>†</sup>**

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440  
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Effective as of 01-APR-23

### **GOLDKLANG, ROBERT, MD<sup>†</sup>**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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### **HASAN, AWS, MD**

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### **HASAN, AWS, MD**

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### **KLAPHEKE, ROBERT, MD†**

Provider ID: N/A

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Effective as of 01-AUG-21

### **LAJOIE, ADRIANNE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
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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†**

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820  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

### **PAREDEZ, EDWARD, MD†**

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Effective as of 01-JAN-21

### **PAREDEZ, EDWARD, MD†**

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Effective as of 01-NOV-14

### **PAREDEZ, EDWARD, MD†**

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820  
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Effective as of 01-SEP-22

### **PAREDEZ, EDWARD, MD†**

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9850 GENESEE AVE STE  
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Effective as of 01-FEB-05

### **SHAH, SHAILJA, MD†**

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Effective as of 01-AUG-21

### **SHAH, SHAILJA, MD†**

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### **SYAL, GAURAV, MD**

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9350 CAMPUS POINT DR  
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### **SYAL, GAURAV, MD**

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### **YOUSSEF, FADY, MD**

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### **YOUSSEF, FADY, MD**

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## ***GENETICS MEDICAL***

### **JONES, MARILYN, MD†**

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9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
Effective as of 01-JUN-21

**C1. 網絡內提供者清單**  
**專科護理醫師**

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***GYNECOLOGIC  
ONCOLOGY***

**ESKANDER, RAMEZ, MD†**

Provider ID: N/A

📍 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
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***GYNECOLOGY***

**MARSHALL, CATHARINE, MD**

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📍 7301 GIRARD AVE STE 300  
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Effective as of 01-NOV-18

***HEMATOLOGY /  
ONCOLOGY***

**BANERJEE, PUSHPENDU, MD†**

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560  
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Effective as of 01-JAN-21

**BANERJEE, PUSHPENDU, MD†**

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Effective as of 01-JAN-21

**CHEN, YU-WEI, MD**

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**CHEN, YU-WEI, MD**

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**SINCLAIR, JAMES, MD†**

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📍 9850 GENESEE AVE STE  
560  
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Effective as of 01-JAN-21

**SINCLAIR, JAMES, MD†**

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**SINCLAIR, JAMES, MD†**

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**SULLIVAN, JESSICA, DO**

Provider ID: N/A

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**WALLACH, SABINA, MD†**

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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†**

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📍 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

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LA JOLLA, CA 92037\*  
Effective as of 01-AUG-21

**COFFLER, ELIANE, MD**

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LA JOLLA, CA 92037  
Effective as of 01-MAR-23

**DJEKIC, KRISTINA, DO†**

Provider ID: N/A

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Effective as of 01-NOV-21

**DOUGLAS, JASON, MD**

Provider ID: N/A

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Effective as of 01-JAN-23

**FIRESTEIN, CATHERINE, MD†**

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Effective as of 01-JAN-21

**HAMMOND, CHARLES, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

---

9300 CAMPUS POINT DR  
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Effective as of 01-APR-21

### **PAPP, STEPHAN, MD**

Provider ID: N/A

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Effective as of 01-NOV-22

### **SHINDO, YURI, MD†**

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Effective as of 01-SEP-21

### **TONG, ALEXANDER, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
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Effective as of 01-JUL-23

### **WILLIAMS, BRANDON, MD†**

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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  
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### **KUPPALLI, KRUTIKA, MD**

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9350 CAMPUS POINT DR  
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Effective as of 01-AUG-23

### **KUPPALLI, KRUTIKA, MD**

Provider ID: N/A

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### **MILLER, HOWARD, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
310  
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### **RAMIREZ SANCHEZ, CLAUDIA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
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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  
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### **BRAZEL, DANIELLE, MD**

Provider ID: N/A

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Effective as of 01-JAN-24

### **CHETLAPALLI, SURYA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
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Effective as of 01-JAN-21

### **CROWLEY, DOUGLAS, MD†**

Provider ID: N/A

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### **DASHI, ARBEN, MD†**

Provider ID: N/A

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Effective as of 01-AUG-22

### **GADIYARAM, VARUNA, MD**

Provider ID: N/A

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Effective as of 01-SEP-23

### **GAN, TERENCE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
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Effective as of 01-JAN-21

### **GELBERG, ANNA, MD†**

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## C1. 網絡內提供者清單 專科護理醫師

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### **KATSNELSON, MARCELLA, DO**

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### **LAM, PAMELA, DO†**

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### **LAM, PAMELA, DO†**

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Effective as of 01-JAN-21

### **LEWIS, GREG, MD†**

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### **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

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

### **PATEL, KRUTI, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-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. 網絡內提供者清單 專科護理醫師

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### **STEVENS, KENNETH, MD<sup>†</sup>**

Provider ID: N/A

📍 9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

### **TOPPEN, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

### **TOROSIAN, KARO, DO<sup>†</sup>**

Provider ID: N/A

📍 9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

### **TRAN, PHI, DO<sup>†</sup>**

Provider ID: N/A

📍 9888 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **TRAN, PHI, DO<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
400  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

### **YANG, JENNY, MD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUN-18

## C1. 網絡內提供者清單 專科護理醫師

---

### **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. 網絡內提供者清單 專科護理醫師

---

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-SEP-20

### **ZHONG, YAN, MD†**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-MAR-22

## **NEUROLOGY**

### **ANSARI, HOSSEIN, MD†**

Provider ID: N/A

4180 LA JOLLA VILLAGE  
DR STE 240  
LA JOLLA, CA 92037  
Effective as of 01-MAY-22

### **CHOUDRY, BILAL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

### **CHOUDRY, BILAL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

### **FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

### **GUPTA, VISHAL, DO**

Provider ID: N/A

9300 CAMPUS POINT DR

LA JOLLA, CA 92037  
Effective as of 01-AUG-23

### **HAAS, RICHARD, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

### **KARANJIA, NAVAZ, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

### **KOCHARIAN, NAIRA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
340  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **LUHAR, RIYA, DO**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-23

### **NIELSEN, AMY, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-FEB-21

### **NIELSEN, AMY, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice

Effective as of 01-FEB-21

### **NIELSEN, AMY, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-FEB-21

### **OH, IRENE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

### **PADUGA, REMIA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Effective as of 01-MAR-21

### **QAYOUMI, WALI, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

### **QAYOUMI, WALI, MD†**

Provider ID: N/A

9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093  
Effective as of 01-OCT-21

### **SADOFF, MARK, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

### **SADOFF, MARK, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Effective as of 01-FEB-21

### **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, 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

### **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. 網絡內提供者清單 專科護理醫師

---

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. 網絡內提供者清單 專科護理醫師

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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-23

### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE

310  
LA JOLLA, CA 92037  
Effective as of 01-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

 9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

### **CULOTTA, ANTHONY, MD†**

Provider ID: N/A

 9834 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **ESLANI, MEDI, MD**

Provider ID: N/A

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

### **ESLANI, MEDI, MD**

Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23


### **ESLANI, MEDI, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

### **FISH, STEVEN, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-22

### **FISH, STEVEN, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

---

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-APR-23

#### **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-SEP-22

#### **HUDSON, HENRY, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

#### **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

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **LANG, PAUL, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **LANG, PAUL, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

#### **MCGRAW, JOSEPH, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **MCGRAW, JOSEPH, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

#### **MORRISON-REYES, JOSHUA, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

#### **MORTON, ASA, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
428

## C1. 網絡內提供者清單 專科護理醫師

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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-JAN-21

### **PERRY, ARTHUR, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **PERRY, ARTHUR, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-FEB-07

### **PERRY, ARTHUR, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-OCT-95

### **PRATT, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-OCT-12

### **PRATT, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **PRATT, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

### **PUIG LLANO, MANUEL, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUL-23

### **RAHMATNEJAD, KAMRAN, MD**

Provider ID: N/A

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

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

### **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

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. 網絡內提供者清單

### 專科護理醫師

---

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-21

#### **TAUNTON, PHILIP, OD†**

Provider ID: N/A

9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **YU, CAROL, OD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

#### **YU, CAROL, OD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

### **OTOLARYNGOLOGY**



## C1. 網絡內提供者清單 專科護理醫師

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### **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

☒ 3855 HEALTH SCIENCES

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

### **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

### **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

### **COFFEY, CHARLES, MD**

Provider ID: N/A

☒ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **COFFEY, CHARLES, MD**

Provider ID: N/A

☒ 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **COFFEY, CHARLES, MD**

Provider ID: N/A

☒ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

### **COFFEY, CHARLES, MD**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

### **DECONDE, ADAM, MD**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

### **DECONDE, ADAM, MD**

Provider ID: N/A

☒ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **DECONDE, ADAM, MD†**

Provider ID: N/A

☒ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

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

## C1. 網絡內提供者清單 專科護理醫師

---

### **FRIEDMAN, RICK, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **FRIEDMAN, RICK, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **FRIEDMAN, RICK, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### **FRIEDMAN, RICK, 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

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

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **GILANI, SAPIDEH, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **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

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

### **GREENE, JACQUELINE, 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

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

### **GUO, THERESA, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
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

3855 HEALTH SCIENCES  
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

### **HOM, DAVID, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### **HOM, DAVID, MD**

Provider ID: N/A

9300 CAMPUS POINT DR

## C1. 網絡內提供者清單 專科護理醫師

---

LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### **HOM, DAVID, MD**

Provider ID: N/A  
☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **HOM, DAVID, MD**

Provider ID: N/A  
☒ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **HUGHES, CHARLOTTE, MD**

Provider ID: N/A  
☒ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **HUGHES, CHARLOTTE, MD**

Provider ID: N/A  
☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **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

### **HUSSEMAN, JACOB, MD**

Provider ID: N/A  
☒ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-23

### **JANSEN, CORNELIUS, MD**

Provider ID: N/A  
☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **JANSEN, CORNELIUS, MD**

Provider ID: N/A  
☒ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **JANSEN, CORNELIUS, MD†**

Provider ID: N/A  
☒ 9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### **JANSEN, CORNELIUS, MD**

Provider ID: N/A  
☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### **KARI, ELINA, MD**

Provider ID: N/A  
☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### **KARI, ELINA, MD†**

Provider ID: N/A  
☒ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### **KARI, ELINA, MD**

Provider ID: N/A  
☒ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **KARI, ELINA, MD**

Provider ID: N/A  
☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **MAGIT, ANTHONY, MD**

Provider ID: N/A  
☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **MAGIT, ANTHONY, MD**

Provider ID: N/A  
☒ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **MAGIT, ANTHONY, MD**

Provider ID: N/A  
☒ 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

### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A  
☒ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A  
☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

## C1. 網絡內提供者清單 專科護理醫師

---

### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **NGUYEN, QUYEN, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **NGUYEN, QUYEN, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **NGUYEN, QUYEN, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

### **NGUYEN, QUYEN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

### **REUTHER, MARSHA, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037

Effective as of 01-AUG-23

### **REUTHER, MARSHA, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345

LA JOLLA, CA 92037

Effective as of 01-JAN-21

### **SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

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

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A

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

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **WATSON, DEBORAH, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

### **WATSON, DEBORAH, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **WATSON, DEBORAH, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **WEISSBROD, PHILIP, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

### **WEISSBROD, PHILIP, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR

## C1. 網絡內提供者清單 專科護理醫師

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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

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23


### **WOO, LINDA, MD†**

Provider ID: N/A

 9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21


### **WOO, LINDA, MD†**

Provider ID: N/A

 9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037  
Effective as of 01-JUL-22


### **YAN, CAROL, MD†**

Provider ID: N/A

 9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23


### **YAN, CAROL, MD**

Provider ID: N/A

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **YAN, CAROL, MD**

Provider ID: N/A

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-MAY-23

### **YAN, CAROL, MD**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### ***OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY***

### **WATSON, DEBORAH, MD†**


Provider ID: N/A

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

### ***PATHOLOGY ANATOMIC CLINICAL***

### **LIN, GRACE, MD†**

Provider ID: N/A

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

### ***PEDIATRIC PULMONOLOGY***

### **ANBAR, RAN, MD**

Provider ID: N/A

 3252 HOLIDAY CT STE 113  
LA JOLLA, CA 92037  
Effective as of 01-NOV-18

### ***PEDIATRIC RADIOLOGY***

### **DWEK, JERRY, MD†**

Provider ID: N/A

 9300 CAMPUS POINT DR

LA JOLLA, CA 92037  
Effective as of 01-JAN-22

### **KONING, JEFFREY, MD†**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-22

### **PUGMIRE, BRIAN, MD†**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

### ***PEDIATRICS***


### **GROBMAN, LILLIAN, MD†**

Provider ID: N/A

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

### **KOOROS, KOOROSH, MD†**


Provider ID: N/A

 4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

### ***PHYSICAL MEDICINE / REHABILITATION***

### **MADHAV, SANDIP, MD†**

Provider ID: N/A

 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-24

### ***PHYSICIANS ASSISTANT***

### **ABDELWAHHAB, EANAS, PA**

Provider ID: N/A



## C1. 網絡內提供者清單

### 專科護理醫師

---

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. 網絡內提供者清單

### 專科護理醫師

---

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

#### **HUNTER, JACOB, PA†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

#### **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. 網絡內提供者清單 專科護理醫師

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### **SAINT, MEAGHAN, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

### **SAUNDERS, SARA, PA†**

Provider ID: N/A

9898 GENESEE AVE FL 4  
LA JOLLA, CA 92037  
Effective as of 01-MAY-16

### **SHARAF, KAREEM, PA†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

### **SHARAF, KAREEM, PA†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

### **SHARAF, KAREEM, PA†**

Provider ID: N/A

9300 CAMPUS POINT 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-JUN-23

### **BERGER, COLBY, DPM**

Provider ID: N/A

9850 GENESEE AVE STE  
510  
LA JOLLA, CA 92037  
Effective as of 01-APR-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. 網絡內提供者清單**  
**專科護理醫師**

---

**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. 網絡內提供者清單 專科護理醫師

---

### **MOORE, SHAVON, MD†**

Provider ID: N/A

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

### **MOORE, SHAVON, MD†**

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUL-22

### **NICHOLS, ALPHONSO, MD**

Provider ID: N/A

📍 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUL-22

### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093  
Effective as of 01-OCT-21

### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093  
Effective as of 01-OCT-21  
Provider ID: N/A

### **QAYOUMI, WALI, MD†**

Provider ID: N/A

📍 9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
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†**

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Effective as of 01-AUG-22

### ***PSYCHIATRY CHILD***



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## ***PSYCHIATRY SLEEP MEDICINE***

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## ***RADIATION ONCOLOGY***

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### **MAREK BYKOWSKI, JULIE, MD**

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## C1. 網絡內提供者清單 專科護理醫師

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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, SRIHARI, MD**

Provider ID: N/A  
☒ 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

### **SAMPATH, SRINATH, MD**

Provider ID: N/A  
☒ 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

### **SANTILLAN, CYNTHIA, MD**

Provider ID: N/A  
☒ 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

### **SEARLEMAN, ADAM, MD**

Provider ID: N/A  
☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

### **SLATER, JERRY, MD†**

Provider ID: N/A  
☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

### **SMITAMAN, EDWARD, MD**

Provider ID: N/A  
☒ 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

### **SPENGLER, NATHAN, MD**

Provider ID: N/A  
☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

### **STEINBERGER, AMANDA, DO**

Provider ID: N/A  
☒ 9850 GENESEE AVE STE  
410  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-OCT-23

### **STEINBERGER, AMANDA, DO**

Provider ID: N/A  
☒ 9850 GENESEE AVE STE  
410  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-24

### **TAMAYO-MURILLO, DORATHY, MD**

Provider ID: N/A  
☒ 9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

### **THOMPSON, COLE, MD**

Provider ID: N/A  
☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

### **UNSDORFER, KYLE, MD**

Provider ID: N/A  
☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

### **VAHDOT, NOUSHIN, MD**

Provider ID: N/A  
☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

### **YORK, VINCENT, MD†**

Provider ID: N/A  
☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

### ***REGISTERED DIETITIAN / NUTRITIONIST***

### **SALCEDO, ALEXANDRA, RD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

---

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-JAN-21

#### **BEIERMEISTER, KEITH, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
201  
LA JOLLA, CA 92037  
Effective as of 01-AUG-13

## C1. 網絡內提供者清單

### 專科護理醫師

---

#### **LOPEZ, NICOLE, MD<sup>†</sup>**

Provider ID: N/A

☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

#### **PARRY, LISA, MD<sup>†</sup>**

Provider ID: N/A

☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-APR-21

#### **RAMAMOORTHY, SONIA, MD<sup>†</sup>**

Provider ID: N/A

☒ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

#### **SCHULTZEL, MATTHEW, DO<sup>†</sup>**

Provider ID: N/A

☒ 4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **WORSEY, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 9834 GENESEE AVE STE  
201  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **WORSEY, MICHAEL, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

#### **VENTRO, GEORGE, MD<sup>†</sup>**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

### ***SURGERY GENERAL***

#### **ARMANI, AVA, MD<sup>†</sup>**

Provider ID: N/A

☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-21

#### **BHOYRUL, SUNIL, MD<sup>†</sup>**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **BHOYRUL, SUNIL, MD<sup>†</sup>**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **BORTZ, PASCAL, MD<sup>†</sup>**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

#### **BORTZ, PASCAL, MD<sup>†</sup>**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037

Effective as of 01-AUG-23

#### **BORTZ, PASCAL, MD<sup>†</sup>**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **BURGESS, DANIEL, DO<sup>†</sup>**

Provider ID: N/A

☒ 4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUN-21

#### **BURGESS, DANIEL, DO<sup>†</sup>**

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. 網絡內提供者清單 專科護理醫師

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### **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-MAY-23

### **SHAPER, EMANUEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037

Effective as of 01-FEB-24

### **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. 網絡內提供者清單

### 專科護理醫師

---

#### **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-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

#### **MOFID, MEHRDAD, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 300  
LA JOLLA, CA 92037  
Effective as of 01-SEP-15

#### **UMANSKY, JEFFREY, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

---

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 FL 3  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

##### **BARADARIAN, SAM, MD†**

Provider ID: N/A

9898 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-NOV-17

##### **HUDSON, JESSICA, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

##### **HUDSON, JESSICA, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-23

##### **HUDSON, JESSICA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

##### **MOASIS, GHASSAN, MD†**

Provider ID: N/A

9898 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-MAY-17

##### **TYNER, JOHN, MD†**

Provider ID: N/A

10666 N TORREY PINES RD  
STE 209  
LA JOLLA, CA 92037  
Effective as of 01-SEP-20

##### **TYNER, JOHN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Effective as of 01-SEP-15

##### **ZANDER, ASHLEY, DO†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
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

##### **ZANDER, ASHLEY, DO†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
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-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

##### **COHEN, EDWARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

## C1. 網絡內提供者清單 專科護理醫師

---

### **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-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-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. 網絡內提供者清單 專科護理醫師

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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-FEB-16

### **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

## ***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 463  
LA MESA, CA 91942

Effective as of 01-FEB-24

### **SHASKY, GARY, AuD†**

Provider ID: N/A

☐ 5565 GROSSMONT  
CENTER DR STE 153  
LA MESA, CA 91942

**C1. 網絡內提供者清單  
專科護理醫師**

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Effective as of 01-JAN-21

**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



## C1. 網絡內提供者清單 專科護理醫師

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### **MCCALLION, DANIELLE, NP**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-AUG-23

### **MCCALLION, DANIELLE, NP**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-AUG-23

### **MEGERT, SONYA, NP†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Effective as of 01-SEP-22

### **TOMICICH, STEPHANIE, NP**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

### **WOLF, ELI, NP**

Provider ID: N/A

7339 EL CAJON BLVD STE 1  
LA MESA, CA 91942  
Effective as of 01-OCT-23

## ***HEARING AID DEALER / SUPPLIER***

### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Effective as of 01-SEP-22

## ***HEMATOLOGY / ONCOLOGY***

### **BATRA, REEMA, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942\*  
Effective as of 01-JAN-14

### **BATRA, REEMA, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Effective as of 01-JAN-21

### **MEDIC, IGOR, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Effective as of 01-JAN-21

### **MEDIC, IGOR, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942\*  
Effective as of 01-FEB-18

### **ZU, KAI, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942\*  
Teleservice

Effective as of 01-JAN-14

### **ZU, KAI, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Teleservice  
Effective as of 01-JAN-21

## ***INFECTIOUS DISEASE***

### **HADDAD, FADI, MD**

Provider ID: N/A

8860 CENTER DR STE 320  
LA MESA, CA 91942  
Effective as of 01-JUN-23

### **MIRADI, MOHAMMED, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 1 STE 211  
LA MESA, CA 91942  
Effective as of 01-SEP-22

### **MIRADI, MOHAMMED, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 1 STE 211  
LA MESA, CA 91942  
Effective as of 01-APR-15

## ***INTERNAL MEDICINE***

### **FADDA, GEORGE, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-NOV-23

### **FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-SEP-14

### **FERNANDEZ, GENARO, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942  
Effective as of 01-SEP-22

### **KOTHA, ROSHAN, MD†**

Provider ID: N/A

8860 CENTER DR STE 400  
LA MESA, CA 91942

## C1. 網絡內提供者清單 專科護理醫師

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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-SEP-20

### **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

### **FADDA, GEORGE, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

### **FADDA, GEORGE, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-AUG-16

### **FADDA, GEORGE, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-AUG-16

### **FADDA, GEORGE, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JUL-22

### **FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-AUG-14

### **LEININGER, DANIEL, DO†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

Effective as of 01-AUG-22

### **LEININGER, DANIEL, DO†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

## C1. 網絡內提供者清單 專科護理醫師

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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-JUL-22

### **MILLER, LUCY, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-APR-15

### **MILLER, LUCY, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-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-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-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-SEP-22

## **OBSTETRICS / GYNECOLOGY**

### **DAVIS, TRACIE, MD†**

Provider ID: N/A

8851 CENTER DR STE 210  
LA MESA, CA 91942

Effective as of 01-APR-21

### **PAPA, RHETT, DO†**

Provider ID: N/A

8851 CENTER DR STE 210  
LA MESA, CA 91942

Effective as of 01-APR-21

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**OCCUPATIONAL  
THERAPIST**

**BERNALES-MENDEZ,  
DEZARINA, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-JAN-23

**BERNALES-MENDEZ,  
DEZARINA, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-AUG-23

**BERNALES-MENDEZ,  
DEZARINA, OT**

Provider ID: N/A

4700 SPRING ST STE 180  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**PORTER, EILEEN, OT**

Provider ID: N/A

4700 SPRING ST STE 180  
LA MESA, CA 91942  
Effective as of 01-NOV-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

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-AUG-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-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

**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

**CARRABY, ARNETT, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**CARRABY, ARNETT, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-JUL-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. 網絡內提供者清單

### 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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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-21

### **HAIGHT, BRUCE, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942

Effective as of 01-JAN-22

### **HSU, CHRISTOPHER, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

### **HSU, CHRISTOPHER, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-APR-22

### **HSU, CHRISTOPHER, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-MAY-22

### **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  
LA MESA, CA 91942

Effective as of 01-SEP-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

**C1. 網絡內提供者清單**  
**專科護理醫師**

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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-MAR-22

**HUDSON, HENRY, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-23

**HUDSON, HENRY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-MAR-23

**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. 網絡內提供者清單 專科護理醫師

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8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-JAN-21

### **PAPASTERGIOU, GEORGIOS, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-AUG-20

### **PAPASTERGIOU, GEORGIOS, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

### **PATEL, GITANE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-SEP-22

### **PATEL, SARJAN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-SEP-22

### **PATEL, GITANE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-DEC-23

### **PATEL, SARJAN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-DEC-23

### **PATEL, GITANE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

### **PATEL, SARJAN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

### **PEAIRS, JAMES, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-AUG-20

### **PEAIRS, JAMES, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

### **PERRY, ARTHUR, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-APR-23

### **PERRY, ARTHUR, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-APR-22

### **PRABHU, SUJATA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2

LA MESA, CA 91942  
Effective as of 01-APR-22

### **PRABHU, SUJATA, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-DEC-23

### **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-MAR-22

### **PRABHU, SUJATA, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-SEP-22

### **PRATT, STEVEN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

### **RAJSBAUM, MARTIN, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-JUL-22

## C1. 網絡內提供者清單 專科護理醫師

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### **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-AUG-20

### **SKAF, AYHAM, MD†**

Provider ID: N/A

☐ 8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-JAN-21

### **ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

☐ 5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-JAN-21

## **OPTOMETRIST**

### **AOTO, KIM, OD†**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

### **AOTO, KIM, OD†**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-SEP-22

### **DEAN, MOENA, OD†**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-JAN-24

### **DEAN, MOENA, OD†**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

### **DYER, SHARON, OD†**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-SEP-22

### **DYER, SHARON, OD†**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE J  
AND K

LA MESA, CA 91942

Effective as of 01-MAR-22

### **DYER, SHARON, OD†**

Provider ID: N/A

☐ 5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-SEP-22

### **DYER, SHARON, OD†**

Provider ID: N/A

☐ 5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-SEP-22

### **HAN, SUL KI, OD†**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE  
J/K  
LA MESA, CA 91942

Effective as of 01-DEC-22

### **KHALIL, VADY, OD†**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE  
J-K  
LA MESA, CA 91942

Effective as of 01-NOV-22

### **KHALIL, VADY, OD†**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE  
J-K  
LA MESA, CA 91942

Effective as of 01-NOV-22

### **TONNU, ANH, OD†**

Provider ID: N/A

☐ 7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

## C1. 網絡內提供者清單 專科護理醫師

Effective as of 01-MAR-22

### **VINH, JOHN, OD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

### **VINH, JOHN, OD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-SEP-20

### **VINH, JOHN, OD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-JAN-21

### **ZVANUT, DONALD, OD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-AUG-22

### **ZVANUT, DONALD, OD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

## **OTOLARYNGOLOGY**

### **BUSINO, ROWLEY, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-SEP-22

### **BUSINO, ROWLEY, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

### **BUSINO, ROWLEY, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-JUL-22

### **BUSINO, ROWLEY, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

### **BUSINO, ROWLEY, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

### **BUSINO, ROWLEY, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-DEC-15

### **BUSINO, ROWLEY, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-APR-21

### **MOLES, JEREMIAH, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT

CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-APR-21

### **MOLES, JEREMIAH, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

### **MOLES, JEREMIAH, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

### **MOLES, JEREMIAH, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-JUL-22

### **MOLES, JEREMIAH, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-SEP-22

### **MOLES, JEREMIAH, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-NOV-22

### **MOSHTAGHI, OMID, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice



## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-OCT-23

### **MOSHTAGHI, Omid, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-24

### **PATSIAS, ALEXIS, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942

Effective as of 01-JUN-20

### **PATSIAS, ALEXIS, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942

Effective as of 01-MAY-21

### **PATSIAS, ALEXIS, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

### **PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-21

### **PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-21

### **PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-APR-21

### **PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-21

### **PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-NOV-22

### **SAEZ, NEIL, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-NOV-23

### **SAEZ, NEIL, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-24

### **SAEZ, NEIL, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-FEB-24

### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR 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 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

### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-MAY-21

### **SKELTON, SEAN, DO†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-MAY-21

### **SKELTON, SEAN, DO†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-SEP-22

**C1. 網絡內提供者清單  
專科護理醫師**

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**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. 網絡內提供者清單 專科護理醫師

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Effective as of 01-MAY-23

### **WHITE, KYLE, PA**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-NOV-23

### ***PODIATRIST***

### **CAINE, SAMUEL, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Teleservice

Effective as of 01-DEC-23

### **CAINE, SAMUEL, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Teleservice

Effective as of 01-DEC-23

### **COLLINS, MICHAEL, DPM†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-AUG-23

### **COLLINS, MICHAEL, DPM†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-21

### **COX, KEVIN, DPM**

Provider ID: N/A

5129 GARFIELD ST  
LA MESA, CA 91941

Effective as of 01-APR-23

### **KRIGER, STEPHEN, DPM†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-22

### **NGUYEN, HAN, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-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-SEP-23

### **TSAI, GRACE, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Effective as of 01-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-APR-23

### **XU, DIXON, DPM†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-SEP-22

### **XU, DIXON, DPM†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-MAR-24

### ***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. 網絡內提供者清單 專科護理醫師

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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

## C1. 網絡內提供者清單 專科護理醫師

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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-JUL-22

### **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

### **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. 網絡內提供者清單**  
**專科護理醫師**

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LA MESA, CA 91942  
Effective as of 01-MAR-16

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JUL-23

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-APR-23

**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. 網絡內提供者清單 專科護理醫師

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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-JAN-21

#### **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

#### **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. 網絡內提供者清單 專科護理醫師

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### **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-MAY-22

### **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-DEC-18

### **BINGHAM, LUCAS, MD**

Provider ID: N/A

☒ 600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-18

### **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-DEC-20

### **PENG, YING, MD†**

Provider ID: N/A

☒ 333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-20

### **PENG, YING, MD†**

Provider ID: N/A

☒ 333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694  
Effective as of 01-JUL-21

### **PENG, YING, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694  
Effective as of 01-JUL-21

### **PENG, YING, MD<sup>†</sup>**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694  
Effective as of 01-OCT-19

### **PENG, YING, MD<sup>†</sup>**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694  
Effective as of 01-OCT-19

### ***OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY***

### **KAUFMAN, AVRUM, DO**

Provider ID: N/A

800 CORPORATE DR STE  
290  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-18

### ***PEDIATRICS***

### **DWINELL, LAUREN, MD**

Provider ID: N/A

777 CORPORATE DR STE  
250  
LADERA RANCH, CA 92694  
Effective as of 01-JUL-23

### ***PHYSICIANS ASSISTANT***

### **RUMMEL, LAURA, PA<sup>†</sup>**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-22

### **RUMMEL, LAURA, PA<sup>†</sup>**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-22

### ***PODIATRIST***

### **RODRIGUEZ, NITZA, DPM<sup>†</sup>**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694  
Effective as of 01-NOV-19

### **RODRIGUEZ, NITZA, DPM<sup>†</sup>**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694  
Effective as of 01-NOV-19

### **RODRIGUEZ, NITZA, DPM<sup>†</sup>**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-19

### **SPENCER, ROBERT, DPM<sup>†</sup>**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-19

### **SPENCER, ROBERT, DPM<sup>†</sup>**

Provider ID: N/A

333 CORPORATE DR STE

230  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-19

### **SPENCER, ROBERT, DPM<sup>†</sup>**

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. 網絡內提供者清單

### 專科護理醫師

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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. 網絡內提供者清單**  
**專科護理醫師**

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***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. 網絡內提供者清單 專科護理醫師

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### **CHANG, STEVEN, MD**

Provider ID: N/A

31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-DEC-11

### **CHANG, STEVEN, MD**

Provider ID: N/A

31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-APR-12

### **CHANG, STEVEN, MD**

Provider ID: N/A

31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-SEP-13

### **COCCIA, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

### **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

### ***SURGERY ORTHOPEDIC***

### **ABDOLLAHI, KARIM, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

### **ABDOLLAHI, KARIM, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-NOV-14

### **ABDOLLAHI, KARIM, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-SEP-10

### **ASHKENAZE, DAVID, MD<sup>†</sup>**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-13

### **ASHKENAZE, DAVID, MD<sup>†</sup>**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-13

### **ASHKENAZE, DAVID, MD<sup>†</sup>**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

### **GILLMAN, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

### **GILLMAN, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-APR-16

### **GILLMAN, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 400

LAGUNA BEACH, CA 92651  
Effective as of 01-NOV-14

### **GILLMAN, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-SEP-10

### ***ALLERGY IMMUNOLOGY***

### **LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

### **LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

### **LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

### **LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-21

### **LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

## C1. 網絡內提供者清單 專科護理醫師

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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-MAR-24

### **HARRIS, MATTHEW, MD†**

Provider ID: N/A

☞ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**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

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-15

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7A  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

**HO, ALAN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7A  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-17

**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

**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. 網絡內提供者清單 專科護理醫師

---

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-23

### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-16

### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-16

### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-22

### **POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### **POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

### **POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-18

### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-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. 網絡內提供者清單 專科護理醫師

---

### ***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-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-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

#### **DRURY, PAUL, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-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

#### **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. 網絡內提供者清單**  
**專科護理醫師**

---

Effective as of 01-OCT-22

**GIM, RONALD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**GUJRAL, INDERPAL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 30A  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-11

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**LAMONT, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**LYLE, DOUGLAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**MASTERS, ROBERT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**PARISE, CHARLES, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**PARISE, CHARLES, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-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-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

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-20

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-20

**TURIY, YULIYA, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**TURIY, YULIYA, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**TURIY, YULIYA, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-20

## C1. 網絡內提供者清單 專科護理醫師

---

### **VAN, HO HAI, MD†**

Provider ID: N/A

☒ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

### **VAN, HO HAI, MD†**

Provider ID: N/A

☒ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

### **VAN, HO HAI, MD†**

Provider ID: N/A

☒ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### **VAN, HO HAI, MD†**

Provider ID: N/A

☒ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### **WALTERS, DANIEL, MD**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

## ***CARDIOVASCULAR DISEASE***

### **ARD, SCOTT, MD**

Provider ID: N/A

☒ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-SEP-23

### **ARD, SCOTT, MD**

Provider ID: N/A

☒ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-SEP-23

### **ARD, SCOTT, MD**

Provider ID: N/A

☒ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-SEP-23

### **ARD, SCOTT, MD**

Provider ID: N/A

☒ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-AUG-23

### **ARD, SCOTT, MD**

Provider ID: N/A

☒ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-AUG-23

### **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

### **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-FEB-19

### **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

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

Effective as of 01-MAY-12

**GIM, RONALD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

**GUJRAL, INDERPAL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 30A  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-17

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-17

**LAMONT, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

**LE, DAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-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-FEB-23

**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. 網絡內提供者清單**  
**專科護理醫師**

---

**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

**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-OCT-23

**VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-22

**VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-20

**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. 網絡內提供者清單

### 專科護理醫師

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☐ 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. 網絡內提供者清單 專科護理醫師

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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-23

### **LANDER, JEFFREY, MD†**

Provider ID: N/A

☞ 24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-16

### **LEE, KATHERINE, MD†**

Provider ID: N/A

☞ 24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **LEE, KATHERINE, MD†**

Provider ID: N/A

☞ 24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-14

### **LEE, KATHERINE, MD†**

Provider ID: N/A

☞ 24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-14

### **LEE, KATHERINE, MD†**

Provider ID: N/A

☞ 24431 CALLE DE LA LOUISA  
STE 200

LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-19

### **LEE, KATHERINE, MD†**

Provider ID: N/A

☞ 24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### **LEE, KATHERINE, MD**

Provider ID: N/A

☞ 24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

## ***EMERGENCY MEDICINE***

### **BLAND, HOWARD, MD**

Provider ID: N/A

☞ 23595 MOULTON PKWY  
STE E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

### **GEE, KELLY, DO†**

Provider ID: N/A

☞ 23521 PASEO DE VALENCIA  
STE 311  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

## ***ENDOCRINOLOGY***

## ***METABOLISM DIABETES***

### **BANDUKWALA, RAHIL, DO†**

Provider ID: N/A

☞ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **BANDUKWALA, RAHIL, DO†**

Provider ID: N/A

**C1. 網絡內提供者清單**  
**專科護理醫師**

<p>☞ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>BANDUKWALA, RAHIL, DO<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-22</p> <p><b>BANDUKWALA, RAHIL, DO<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-19</p> <p><b>BANDUKWALA, RAHIL, DO<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-16</p> <p><b>CHAN, JESSICA, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 24321 AVENIDA DE LA CARLOTA LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p><b>CHAN, JESSICA, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 24321 AVENIDA DE LA CARLOTA LAGUNA HILLS, CA 92653 Effective as of 01-NOV-22</p> <p><b>CHANG, KU JUEY, MD</b> Provider ID: N/A</p> <p>☞ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-JUN-19</p> <p><b>CHANG, KU JUEY, MD</b> Provider ID: N/A</p> <p>☞ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-AUG-21</p> <p><b>CHANG, KU JUEY, MD</b> Provider ID: N/A</p> <p>☞ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-NOV-16</p> <p><b>CHANG, KU JUEY, MD</b> Provider ID: N/A</p> <p>☞ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-OCT-23</p> <p><b>FARJOU DI, FARHAD, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p><b>FARJOU DI, FARHAD, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p><b>FARJOU DI, FARHAD, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p><b>FARJOU DI, FARHAD, MD<sup>†</sup></b> 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><b>FARJOU DI, FARHAD, MD<sup>†</sup></b> 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><b>KRISHNAN, PRIYANKA, MD</b> 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><b>KRISHNAN, PRIYANKA, MD</b> 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> <p><b>KRISHNAN, PRIYANKA, MD</b> Provider ID: N/A</p> <p>☞ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Teleservice Effective as of 01-OCT-22</p> <p><b>KRISHNAN, PRIYANKA, MD</b> Provider ID: N/A</p> <p>☞ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Teleservice Effective as of 01-APR-18</p>
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**C1. 網絡內提供者清單**  
**專科護理醫師**

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**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-FEB-16

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-AUG-21

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-OCT-23

**MARKMAN, LISA, MD**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**MARKMAN, LISA, MD**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**MEHTA, SHILPA, MD†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-NOV-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-NOV-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-NOV-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-NOV-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-OCT-22

**MEHTA, SHILPA, MD†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-OCT-23

**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

## C1. 網絡內提供者清單 專科護理醫師

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Teleservice

Effective as of 01-JAN-23

### **MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JUN-19

### **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 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

## ***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. 網絡內提供者清單  
專科護理醫師**

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. 網絡內提供者清單 專科護理醫師

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### **MULTANI, GURPREET, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

### **POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 501  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

### **RAO, AMOL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

### **SALIMI-TARI, PEYMAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 501  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

### **SU, DERRICK, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 501  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

### **VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

## ***HOSPITALIST MD/DO***

### **ABCEDE, GAIL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7C  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-SEP-22

## ***INFECTIOUS DISEASE***

### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

### **KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

### **KOPACZ, JOANNA, MD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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☒ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

### **KOPACZ, JOANNA, MD**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

### **KOPACZ, JOANNA, MD**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

### **KOPACZ, JOANNA, MD**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

### **KOPACZ, JOANNA, MD**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

### **WHITE, ALAN, MD**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

## **INTERNAL MEDICINE**

### **BAE, CHAY, DO†**

Provider ID: N/A

☒ 26538 MOULTON PKWY

STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **BAE, CHAY, DO†**

Provider ID: N/A

☒ 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **BAE, CHAY, DO†**

Provider ID: N/A

☒ 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **BAE, CHAY, DO†**

Provider ID: N/A

☒ 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **BAE, CHAY, DO†**

Provider ID: N/A

☒ 26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

☒ 25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

### **KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

☒ 25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

### **KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

☒ 25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

### **KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

☒ 25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

### **KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

☒ 25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

### **LO, ALAN, MD**

Provider ID: N/A

☒ 25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-JAN-18

### **NGUYEN, AN, DO†**

Provider ID: N/A

☒ 23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

### **POURBABAK, SAM, MD**

Provider ID: N/A

☒ 23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-JAN-23

### **SOONG, YEN-HUI, MD†**

Provider ID: N/A

☒ 23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

## C1. 網絡內提供者清單 專科護理醫師

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### **SOONG, YEN-HUI, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

### **INTERNAL MEDICINE CRITICAL CARE MEDICINE**

### **KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **VOVAN, THOMAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **INTERVENTIONAL CARDIOLOGY**

### **CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-20

### **KARROWNI, WASSEF, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

### **WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 550

LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

### **WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

### **WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

### **WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

### **LICENSED CLINICAL SOCIAL WORKER**

### **DOWNS, SAIGE, LCSW**

Provider ID: N/A

23461 S POINTE DR STE 240  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

### **DOWNS, SAIGE, LCSW**

Provider ID: N/A

23461 S POINTE DR STE 240  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

### **MACIEL, MARLA, LCSW**

Provider ID: N/A

23121 PLAZA POINTE DR STE 107  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

### **ZARGARBASHI, STEFANIE, LCSW†**

Provider ID: N/A

24321 AVENIDA DE LA CARLOTA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

### **MARRIAGE FAMILY THERAPIST**

### **MOORE, CANDACE, MFT**

Provider ID: N/A

23461 S POINTE DR  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-22

### **MOORE, CANDACE, MFT**

Provider ID: N/A

23461 S POINTE DR  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-22

### **MATERNAL AND FETAL MEDICINE**

### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 260  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### **BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

### **BUSH, MELISSA, MD†**

Provider ID: N/A

**C1. 網絡內提供者清單**  
**專科護理醫師**

<p>☞ 24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-20</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-AUG-20</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-04</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-NOV-11</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-22</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-19</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-16</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-16</p> <p><b>CHAU, CINDY, MD†</b></p>	<p>Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-19</p> <p><b>CHAU, CINDY, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-19</p> <p><b>CHAU, CINDY, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>CHAU, CINDY, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>CHAU, CINDY, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>CHAU, CINDY, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</p> <p><b>DAY, ROBERT, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p><b>KFIR, MENASHE, MD†</b> Provider ID: N/A</p> <p>☞ 24411 HEALTH CENTER DR STE 300</p>
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## C1. 網絡內提供者清單 專科護理醫師

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LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-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-JAN-23

### **MASAKI, DAMON, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-19

### **MASAKI, DAMON, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-19

### **MILLS, MARLIN, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 540

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### **MILLS, MARLIN, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 540

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

### **MILLS, MARLIN, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 540

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### **MILLS, MARLIN, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 540

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### **SHRIVASTAVA, VINEET, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

### **SHRIVASTAVA, VINEET, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

## ***NEONATAL / PERINATAL MEDICINE***

### **BUSH, MELISSA, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### **MASAKI, DAMON, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-19

## ***NEPHROLOGY***

### **HAFTBARADARAN**

### **MOHAMMADI, AFSANEH, MD**

Provider ID: N/A

☒ 25411 CABOT RD STE 105  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

### **HAFTBARADARAN**

### **MOHAMMADI, AFSANEH, MD**

Provider ID: N/A

☒ 25411 CABOT RD STE 105  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

### **JAMES, JOJI, MD**

Provider ID: N/A

☒ 23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

### **MANSOURY, HADI, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 620

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

## ***NEUROLOGY***

### **BANDARI, DANIEL, MD†**

Provider ID: N/A

☒ 24012 CALLE DE LA PLATA  
STE 210

LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**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-OCT-22

**LOC, KIET, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**MAASUMI, KASRA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**MAASUMI, KASRA, MD†**

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-SEP-20

**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

**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. 網絡內提供者清單 專科護理醫師

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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-20

### **COUGH, HEIDI, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

### **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. 網絡內提供者清單 專科護理醫師

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### **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-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

### **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-MAY-12

### **MASAKI, DAMON, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-19

### **MASAKI, DAMON, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-19

### **MASAKI, DAMON, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-22

### **MASAKI, DAMON, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-22

### **MENDELSON, SUSAN, MD**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### **MENDELSON, SUSAN, MD**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

### **MENDELSON, SUSAN, MD**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 200

**C1. 網絡內提供者清單**  
**專科護理醫師**

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LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**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-21

**O TOOLE, MARY, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**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-OCT-22

**STERNFELD, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**STERNFELD, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**STERNFELD, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

**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. 網絡內提供者清單 專科護理醫師

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### **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

📍 24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-19

## C1. 網絡內提供者清單 專科護理醫師

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### **DHOOT, SONIA, MD<sup>†</sup>**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-19

### **DHOOT, SONIA, MD<sup>†</sup>**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **DHOOT, SONIA, MD<sup>†</sup>**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **EIFRIG, CHARLES WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **EIFRIG, CHARLES WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **EIFRIG, CHARLES WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-18

### **EIFRIG, CHARLES WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-18

### **EIFRIG, CHARLES WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

### **EIFRIG, CHARLES WILLIAM, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

### **GUJRAL, SATVINDER, MD<sup>†</sup>**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

### **GUJRAL, SATVINDER, MD<sup>†</sup>**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

### **GUJRAL, SATVINDER, MD<sup>†</sup>**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **GUJRAL, SATVINDER, MD<sup>†</sup>**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **GUPTA, MRINALI, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-20

### **GUPTA, MRINALI, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-20

### **GUPTA, MRINALI, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-20

### **GUPTA, MRINALI, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

### **GUPTA, MRINALI, MD<sup>†</sup>**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

### **GUPTA, MRINALI, MD<sup>†</sup>**

Provider ID: N/A

**C1. 網絡內提供者清單**  
**專科護理醫師**

<p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-20</p> <p><b>GUPTA, MRINALI, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-22</p> <p><b>GUPTA, MRINALI, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-22</p> <p><b>GWYNN, DAVID, MD</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-23</p> <p><b>HENRICK, ANDREW, MD</b> Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>HENRICK, ANDREW, MD</b> Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p><b>HENRICK, ANDREW, MD</b> Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>HWANG, JOHN, MD†</b></p>	<p>Effective as of 01-FEB-14</p> <p><b>HENRICK, ANDREW, MD</b> Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-14</p> <p><b>HENRICK, ANDREW, MD</b> Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>HOVANESIAN, JOHN, MD</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>HOVANESIAN, JOHN, MD</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p><b>HOVANESIAN, JOHN, MD</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p><b>HOVANESIAN, JOHN, MD</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p><b>HOVANESIAN, JOHN, MD</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>HWANG, JOHN, MD†</b></p>	<p>Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-18</p> <p><b>HWANG, JOHN, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p><b>HWANG, JOHN, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>HWANG, JOHN, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-16</p> <p><b>HWANG, JOHN, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-20</p> <p><b>JACOBS, JEFFREY, MD†</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>JACOBS, JEFFREY, MD†</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300</p>
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**C1. 網絡內提供者清單**  
**專科護理醫師**

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LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**JOSON, PETER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 309  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-22

**JOSON, PETER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 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

**KELLER, CHARLES, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KELLER, CHARLES, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**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, 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-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, 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

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**KIM, BRIAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-FEB-23

**KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-FEB-23

**KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-FEB-23

**KIM, EDWARD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**KIM, BRIAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**KIM, ESTHER, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
 STE 745  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**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

**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-JUN-21

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JUN-21

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-MAR-18

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JAN-18

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-13

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-13

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-22

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-22

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-22

**LOGAN, DWAYNE, MD†**

Provider ID: N/A



## C1. 網絡內提供者清單

### 專科護理醫師

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 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-SEP-22	LAGUNA HILLS, CA 92653 Effective as of 01-SEP-23	Effective as of 01-FEB-15
<b>MCGUIRE, DESMOND, MD<sup>†</sup></b> Provider ID: N/A	<b>PERRY, ANGELA, MD</b> Provider ID: N/A	<b>RATHOD, RAJIV, MD<sup>†</sup></b> Provider ID: N/A
 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-DEC-20	 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-23	 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-16
<b>NOGUCHI, JONATHAN, MD</b> Provider ID: N/A	<b>PRENDIVILLE, PAUL, MD</b> Provider ID: N/A	<b>RATHOD, RAJIV, MD<sup>†</sup></b> Provider ID: N/A
 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23	 24022 CALLE DE LA PLATA LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23	 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-APR-22
<b>PATEL, ALPA, MD<sup>†</sup></b> Provider ID: N/A	<b>PRENDIVILLE, PAUL, MD</b> Provider ID: N/A	<b>RATHOD, RAJIV, MD<sup>†</sup></b> Provider ID: N/A
 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23	 24022 CALLE DE LA PLATA LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18	 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-APR-22
<b>PATEL, ALPA, MD<sup>†</sup></b> Provider ID: N/A	<b>PRENDIVILLE, PAUL, MD</b> Provider ID: N/A	<b>RATHOD, RAJIV, MD<sup>†</sup></b> Provider ID: N/A
 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-22	 24022 CALLE DE LA PLATA LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23	 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-APR-22
<b>PERRY, ANGELA, MD</b> Provider ID: N/A	<b>PRENDIVILLE, PAUL, MD</b> Provider ID: N/A	<b>RATHOD, RAJIV, MD<sup>†</sup></b> Provider ID: N/A
 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-23	 24022 CALLE DE LA PLATA LAGUNA HILLS, CA 92653 Effective as of 01-JUL-14	 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-APR-22
<b>PERRY, ANGELA, MD</b> Provider ID: N/A	<b>PRENDIVILLE, PAUL, MD</b> Provider ID: N/A	<b>RATHOD, RAJIV, MD<sup>†</sup></b> Provider ID: N/A
 23521 PASEO DE VALENCIA STE 305	 24022 CALLE DE LA PLATA LAGUNA HILLS, CA 92653	 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-APR-22
	<b>RATHOD, RAJIV, MD<sup>†</sup></b> Provider ID: N/A	<b>RATHOD, RAJIV, MD<sup>†</sup></b> Provider ID: N/A
	 23521 PASEO VALENCIA 309 LAGUNA HILLS, CA 92653	

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

☐ 24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

☐ 24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 309

LAGUNA HILLS, CA 92653

Effective as of 01-JUN-21

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 309  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-21

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 309  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-21

**SALIB, GEORGE, MD†**

Provider ID: N/A

☐ 24422 AVENIDA DE LA  
CARLOTA STE 110  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-21

**SALIB, GEORGE, MD†**

Provider ID: N/A

☐ 24422 AVENIDA DE LA  
CARLOTA STE 110  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-20

**SALIB, GEORGE, MD†**

Provider ID: N/A

☐ 24422 AVENIDA DE LA  
CARLOTA STE 110  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-18

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-19

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-14

**TAYANI, RAMIN, MD**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

☐ 24401 CALLE DE LA LOUISA  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-14

**TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 300

**C1. 網絡內提供者清單**  
**專科護理醫師**

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LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

**TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-23

**TOMPKINS, BRETT, DO**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**TOMPKINS, BRETT, DO**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**TOMPKINS, BRETT, DO**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**WANG, YE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**WANG, YE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-22

**WANG, YE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**WANG, YE, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

**WANG, YE, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

**WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475

LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475

LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475

LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**YOU, TIMOTHY, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-16

**YOU, TIMOTHY, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-05

**YOU, TIMOTHY, MD†**

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**OPTOMETRIST**

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

☐ 24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-19

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

☐ 24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-19

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

☐ 23961 CALLE DE LA

MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**GRATTAN, ANNE, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

**GRATTAN, ANNE, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

**GRATTAN, ANNE, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

**GRATTAN, ANNE, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**GRATTAN, ANNE, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

**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. 網絡內提供者清單 專科護理醫師

---

MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **LEIGHT, TERRA, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

### **LEUNG, CHRISTINA, OD†**

Provider ID: N/A

25260 LA PAZ RD STE G  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-16

### **MONTANA-COLLINS, CLAUDIA, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 412  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### **NG, REBECCA, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

### **PHAN, MIMI, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

### **PLECHOT, ERIQ, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-24

### **PLECHOT, ERIQ, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-24

### **SKVARNA, KAREN, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

### **SKVARNA, KAREN, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **SKVARNA, KAREN, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **TERADA, SEIJU, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **TERADA, SEIJU, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **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-OCT-22

### **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



**C1. 網絡內提供者清單**  
**專科護理醫師**

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STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-19

**BUEN, FLOYD, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**BUEN, FLOYD, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**BUEN, FLOYD, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**BUEN, FLOYD, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**CHO, MICHAEL, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**SUN, PAUL, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-14

**SUN, PAUL, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**SUN, JOHN, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**SUN, PAUL, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**SUN, JOHN, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**OTOLARYNGOLOGY /  
OTOLOGY /**

**LARYNGOLOGY /  
RHINOLOGY**

**ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A  
☒ 23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

**ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A  
☒ 23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-13

**ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A  
☒ 23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**CHO, MICHAEL, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**MUNDI, JAGMEET, MD†**

Provider ID: N/A  
☒ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

**SUN, PAUL, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**SUN, JOHN, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**SUN, PAUL, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-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-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, PAUL, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**SUN, JOHN, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**SUN, PAUL, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**SUN, JOHN, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**SUN, JOHN, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-14

**SUN, PAUL, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-16

**SUN, 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-APR-11

**SUN, JOHN, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**SUN, PAUL, MD†**

Provider ID: N/A

**C1. 網絡內提供者清單**  
**專科護理醫師**

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-DEC-07

**SUN, JOHN, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-DEC-07

**SUN, PAUL, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-14

**SUN, JOHN, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-14

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-14

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-DEC-07

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653

Effective as of 01-APR-11

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-12

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-FEB-16

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-14

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-21

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-17

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A

24411 HEALTH CENTER DR  
 STE 600  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-18

**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-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. 網絡內提供者清單**  
**專科護理醫師**

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☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**DENNY-BROWN, SINAN, MD**  
Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**DENNY-BROWN, SINAN, MD**  
Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

***PHYS MED/ REHAB PAIN  
MEDICINE***

**HANNA, ANDREW, DO**  
Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

**HANNA, ANDREW, DO**  
Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

**HANNA, ANDREW, DO**  
Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

***PHYSICAL MEDICINE /  
REHABILITATION***

**ALSHARIF, KAIS, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**ALSHARIF, KAIS, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**ALSHARIF, KAIS, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**HILAL, TARIQ, DO†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**HILAL, TARIQ, DO†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**HILAL, TARIQ, DO†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**HILAL, TARIQ, DO†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**HILAL, TARIQ, DO†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**KUO, DENNIS, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-20

**LYNN, KENNETH, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 460  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-19

**POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

## C1. 網絡內提供者清單 專科護理醫師

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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

### **POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

### **PHYSICIANS ASSISTANT**

#### **BYNON, KRISTEN, PA**

Provider ID: N/A

☐ 24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

#### **BYNON, KRISTEN, PA**

Provider ID: N/A

☐ 24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

#### **BYNON, KRISTEN, PA**

Provider ID: N/A

☐ 24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

#### **BYNON, KRISTEN, PA**

Provider ID: N/A

☐ 24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

#### **CARDENAS, RICARDO, PA†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 250  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

#### **CARDENAS, RICARDO, PA†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 250  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

#### **DINH, Y NHA THI, PA†**

Provider ID: N/A

☐ 23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-15

#### **KIM, MOSES, MD†**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

#### **KISCADEN, LAUREN, PA**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 208  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **KISCADEN, LAUREN, PA**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 208  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **NAGEL, IRENE, PA†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR

STE 680

LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

#### **OWEN, LISA, PA**

Provider ID: N/A

☐ 23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

#### **PALMER, VIVIENNE, PA**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **PALMER, VIVIENNE, PA**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **PALMER, VIVIENNE, PA**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **PALMER, VIVIENNE, PA**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

#### **PETERMAN, KYLIE, PA**

Provider ID: N/A

☐ 23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653\*

Effective as of 01-APR-23



## C1. 網絡內提供者清單 專科護理醫師

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### **PETERMAN, KYLIE, PA**

Provider ID: N/A

☐ 23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-23

### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

### **SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

☐ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

### **TOWERY, BOBBY, PA†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-18

### **WANG, LILLIAN, PA†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-FEB-22

### **PODIATRIST**

### **ARJOMANDI, NEDA, DPM†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 410  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-21

### **ARJOMANDI, NEDA, DPM†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 410  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-21

### **GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

### **GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

### **GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-20

### **GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-20

### **LEAMING, ROBERT, DPM**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-FEB-24

### **LEAMING, ROBERT, DPM**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE

109

LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-FEB-24

### **MCCANN, JAN, DPM**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 135  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

### **MCCANN, JAN, DPM**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 135  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

### **NOSRATI, SAM, DPM†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

### **NOSRATI, SAM, DPM†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-16

### **NOSRATI, SAM, DPM†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
109  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-16

### **POLISKIE, MICHAEL, DPM†**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-SEP-18

### **POLISKIE, MICHAEL, DPM†**

Provider ID: N/A

📍 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-22

### **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-MAR-23

### **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-JUN-23

### **CHANG, WILLIAM, DO†**

Provider ID: N/A

📍 23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

### **ESPELETA, VIDAL, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

### **ESPELETA, VIDAL, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

### **ESPELETA, VIDAL, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-17

### **ESPELETA, VIDAL, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-17

### **ESPELETA, VIDAL, MD†**

Provider ID: N/A

📍 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-17

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

**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  
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Effective as of 01-NOV-19

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
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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-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-JAN-17

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-11

**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  
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LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

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LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**SHAHINIAN, GEORGE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**SINGH, SAMARJIT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**SINGH, SAMARJIT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-22

**SINGH, SAMARJIT, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

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-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-OCT-23

### **VO, BRYAN, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-12

### **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-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

### **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  
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Effective as of 01-JAN-23

### **VOVAN, THOMAS, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
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LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

### **VOVAN, THOMAS, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
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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

## ***RADIATION ONCOLOGY***

### **CHAN, LINDA, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

### **CHAN, LINDA, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

### **CHAN, LINDA, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

### **CHAN, LINDA, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

### **CHAN, LINDA, MD†**

## C1. 網絡內提供者清單

### 專科護理醫師

---

Provider ID: N/A

☞ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

#### **HARSOLIA, ASIF, MD†**

Provider ID: N/A

☞ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **HARSOLIA, ASIF, MD†**

Provider ID: N/A

☞ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

#### **HARSOLIA, ASIF, MD†**

Provider ID: N/A

☞ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

#### **HARSOLIA, ASIF, MD†**

Provider ID: N/A

☞ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **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-FEB-23

#### **LEE, SHARON, MD†**

Provider ID: N/A

☞ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-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. 網絡內提供者清單 專科護理醫師

---

### **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<sup>†</sup>**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

### **HARGROVE, RACHEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

### **TENG, WANG, MD<sup>†</sup>**

Provider ID: N/A

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**TENG, WANG, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

***SURGERY COLON  
SURGERY***

**BRADY, MATTHEW, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**SYN, GENE, MD**

Provider ID: N/A

☒ 23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

**SYN, GENE, MD**

Provider ID: N/A

☒ 23961 CALLE DE LA  
MAGDALENA STE 231  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

***SURGERY GENERAL***

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR

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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-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-SEP-19

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**BACON, LOUISE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**BACON, LOUISE, 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

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
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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  
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LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**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-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653\*

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-23

**KUSHNER, KENNETH, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**KUSHNER, KENNETH, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-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. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

### **RAHNEMA, CYRUS, MD**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

### **RAHNEMA, CYRUS, MD**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

### **RAHNEMA, CYRUS, MD**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

### **RAHNEMA, CYRUS, MD**

Provider ID: N/A

☐ 23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

### **ROBERTSON, ELSIE, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

### **ROBERTSON, ELSIE, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

### **RONA, KAIS, MD**

Provider ID: N/A

☐ 11 MAREBLU STE 200  
LAGUNA HILLS, CA 92656\*  
Effective as of 01-FEB-23

### **SHARMA, RAHUL, DO†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

### **SHARMA, RAHUL, DO†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

### **SHAVER, JOHN, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

### **SHAVER, JOHN, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

### **SHAVER, JOHN, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

### **SHAVER, JOHN, 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-JAN-18

### **TUNG, SHAWNDEEP, MD**

Provider ID: N/A

☐ 24401 CALLE DE LA LOUISA  
STE 102  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-21

### **TUNG, SHAWNDEEP, MD**

Provider ID: N/A

☐ 24401 CALLE DE LA LOUISA  
STE 102  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-21

### **TUNG, SHAWNDEEP, MD**

Provider ID: N/A

☐ 24401 CALLE DE LA LOUISA  
STE 102  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-21

### **TUNG, SHAWNDEEP, MD**

Provider ID: N/A

☐ 24401 CALLE DE LA LOUISA  
STE 102  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-21

### **TUNG, SHAWNDEEP, MD**

Provider ID: N/A

☐ 24401 CALLE DE LA LOUISA  
STE 102

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-21

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-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-18

**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-MAY-12

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**WATANABE, BRIAN, MD†**

Provider ID: N/A

24953 PASCO DE  
VALENCIA  
STE 15C

LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-21

**WATANABE, BRIAN, MD†**

Provider ID: N/A

24953 PASCO DE  
VALENCIA  
STE 15C

LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-21

**WATANABE, BRIAN, MD†**

Provider ID: N/A

24953 PASCO DE  
VALENCIA  
STE 15C

LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-21

**WONG, JASON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-12

**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-JAN-18

**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



**C1. 網絡內提供者清單**  
**專科護理醫師**

---

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-MAY-18

**DEARING, DAVID, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-19

**DEARING, DAVID, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-15

**DEARING, DAVID, MD†**

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-23

**SHARMA, RAHUL, DO†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-19

**SHARMA, RAHUL, DO†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**SHARMA, RAHUL, DO†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-18

**TENG, WANG, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**TENG, WANG, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**TENG, WANG, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**TENG, WANG, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-16

**TENG, WANG, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-12

**TENG, WANG, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-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

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-16

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

***SURGERY HAND***  
***ORTHOPEDIC***

**PATEL, AMAR, MD†**

Provider ID: N/A

☒ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-20

**PATEL, AMAR, MD†**

Provider ID: N/A

☒ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-20

**PATEL, AMAR, MD†**

Provider ID: N/A

☒ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-20

**PATEL, AMAR, MD†**

Provider ID: N/A

☒ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-20

***SURGERY***  
***NEUROLOGICAL***

**HWANG, BRIAN, MD**

Provider ID: N/A

☒ 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-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

**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

**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-NOV-19

**LIAUW, JASON, MD**

Provider ID: N/A

☒ 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

**LIAUW, JASON, MD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

---

☞ 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-19

### **LIAUW, JASON, MD**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-19

### **LIAUW, JASON, MD**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 504  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

### **LIAUW, JASON, MD**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 504  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

### **LIAUW, JASON, MD**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 504  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-18

### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-JAN-21

### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 405

LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-JAN-21

### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-APR-22

### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-MAY-20

### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-MAY-20

### **MASSOUDI, FARZAD, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-OCT-22

## ***SURGERY ORTHOPEDIC***

### **GREENBAUM, BRADLEY, MD**

Provider ID: N/A

☞ 24022 CALLE DE LA PLATA  
STE 415  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

### **GREENBAUM, BRADLEY, MD**

Provider ID: N/A

☞ 24022 CALLE DE LA PLATA  
STE 415  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

### **PATEL, AMAR, MD†**

Provider ID: N/A

☞ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-SEP-23

### **PATEL, AMAR, MD†**

Provider ID: N/A

☞ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-DEC-21

### **PATEL, AMAR, MD†**

Provider ID: N/A

☞ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-JAN-22

### **PATEL, AMAR, MD†**

Provider ID: N/A

☞ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-JAN-23

### **PATEL, AMAR, MD†**

Provider ID: N/A

☞ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-MAY-22

### **PATEL, AMAR, MD†**

Provider ID: N/A

☞ 24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-OCT-23

### **PATEL, AMAR, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

---

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

## ***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-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

### **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-OCT-22

## C1. 網絡內提供者清單 專科護理醫師

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### **POWELL, LEDFORD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-14

### **POWELL, LEDFORD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-16

### ***SURGICAL ONCOLOGY***

### **BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

### **BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

### **BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

### **BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

### **BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

### **BREMNER, AMY, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 102  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-21

### ***UROLOGY***

### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

### **BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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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

### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE  
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Effective as of 01-NOV-21

### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
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Effective as of 01-MAR-23

### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE  
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LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23



## C1. 網絡內提供者清單

### 專科護理醫師

---

#### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE  
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Effective as of 01-NOV-21

#### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

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Effective as of 01-NOV-21

#### **CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE  
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Effective as of 01-NOV-21

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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Effective as of 01-FEB-22

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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Effective as of 01-FEB-22

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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Effective as of 01-NOV-21

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

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Effective as of 01-NOV-21

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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Effective as of 01-NOV-21

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

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Effective as of 01-NOV-21

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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Effective as of 01-NOV-21

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

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Effective as of 01-NOV-21

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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Effective as of 01-NOV-21

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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Effective as of 01-OCT-23

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

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Effective as of 01-JAN-23

#### **ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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Effective as of 01-NOV-23

#### **GRUENENFELDER, JENNIFER, MD**

Provider ID: N/A

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Effective as of 01-JAN-21

#### **HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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Effective as of 01-JAN-21

#### **HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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Effective as of 01-OCT-23

#### **HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

## C1. 網絡內提供者清單

### 專科護理醫師

---

#### **HO, TAMMY, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 500  
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Effective as of 01-FEB-20

#### **HO, TAMMY, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20

#### **HO, TAMMY, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20

#### **HO, TAMMY, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20

#### **HO, TAMMY, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20

#### **HO, TAMMY, MD†**

Provider ID: N/A

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Effective as of 01-FEB-22

#### **HO, TAMMY, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20

#### **HO, TAMMY, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20

#### **KIM, MOSES, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 500  
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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

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Effective as of 01-FEB-20

#### **KIM, MOSES, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20

#### **KIM, MOSES, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
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Effective as of 01-FEB-20

#### **KIM, MOSES, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
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Effective as of 01-DEC-23

#### **KIM, MOSES, MD†**

Provider ID: N/A

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Effective as of 01-JAN-23

#### **KIM, MOSES, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
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Effective as of 01-JAN-21

#### **KIM, MOSES, MD†**

Provider ID: N/A

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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. 網絡內提供者清單 專科護理醫師

---

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-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-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

### **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-APR-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-JAN-23

### **PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO VALENCIA7C  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-15


## C1. 網絡內提供者清單

### 專科護理醫師

---


#### **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  
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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  
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Effective as of 01-AUG-23


#### **SHOURESHI, POONE, MD**

Provider ID: N/A

 23961 CALLE DE LA  
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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-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-21


#### **SINGH, KARAN, MD†**

Provider ID: N/A

 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

#### **SINGH, KARAN, MD†**

Provider ID: N/A

 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20


#### **SINGH, KARAN, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單


### 專科護理醫師

---

 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20


#### **SINGH, KARAN, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20


#### **SINGH, KARAN, MD†**

Provider ID: N/A

 23961 CALLE DE LA  
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LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20


#### **SINGH, KARAN, MD†**

Provider ID: N/A

 23961 CALLE DE LA  
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Effective as of 01-FEB-20


#### **SINGH, KARAN, MD†**

Provider ID: N/A

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Effective as of 01-JAN-18


#### **SINGH, KARAN, MD†**

Provider ID: N/A

 23961 CALLE DE LA  
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LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20


#### **SINGH, KARAN, MD†**

Provider ID: N/A

 23961 CALLE DE LA  
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Effective as of 01-FEB-20


#### **SPITZ, AARON, MD†**

Provider ID: N/A

 23961 CALLE DE LA  
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Effective as of 01-FEB-20


#### **SPITZ, AARON, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20


#### **SPITZ, AARON, MD†**

Provider ID: N/A

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Effective as of 01-JAN-18


#### **SPITZ, AARON, MD†**

Provider ID: N/A

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Effective as of 01-OCT-22


#### **SPITZ, AARON, MD†**

Provider ID: N/A

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LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-14


#### **SPITZ, AARON, MD†**

Provider ID: N/A

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Effective as of 01-OCT-14


#### **SPITZ, AARON, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20


#### **SPITZ, AARON, MD†**

Provider ID: N/A

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Effective as of 01-FEB-20


#### **SPITZ, AARON, MD†**

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Effective as of 01-FEB-20


#### **SPITZ, AARON, MD†**

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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-JAN-23

#### **SPITZ, AARON, MD†**

Provider ID: N/A

 23961 CALLE DE LA



## C1. 網絡內提供者清單

### 專科護理醫師

---

MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

#### **SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-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-APR-23

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **SU, DANIEL, MD†**

Provider ID: N/A

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

#### **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

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-17

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

#### **TEBYANI, NEYSSAN, MD†**

## C1. 網絡內提供者清單

### 專科護理醫師

---

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

#### **TEBYANI, NEYSSAN, MD<sup>†</sup>**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

#### **TEBYANI, NEYSSAN, MD<sup>†</sup>**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

#### **TEBYANI, NEYSSAN, MD<sup>†</sup>**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-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<sup>†</sup>**

Provider ID: N/A

28985 GOLDEN LANTERN  
STE B105  
LAGUNA NIGUEL, CA 92677

Effective as of 01-NOV-21

#### **ABRAMSON, MARIA, AuD<sup>†</sup>**

Provider ID: N/A

28985 GOLDEN LANTERN  
STE B105  
LAGUNA NIGUEL, CA 92677

Effective as of 01-NOV-21

### ***CERTIFIED***

### ***ACUPUNCTURIST***

#### **PARK, ERIC, LAC<sup>†</sup>**

Provider ID: N/A

30101 TOWN CENTER DR  
STE 112  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-22

### ***DERMATOLOGY***

#### **KLEIN, LORRIE, MD<sup>†</sup>**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-SEP-19

#### **KLEIN, LORRIE, MD<sup>†</sup>**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-SEP-19

#### **KLEIN, LORRIE, MD<sup>†</sup>**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-23

#### **KLEIN, LORRIE, MD<sup>†</sup>**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JAN-23

#### **KLEIN, LORRIE, MD<sup>†</sup>**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JUL-21

#### **KLEIN, LORRIE, MD<sup>†</sup>**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JUL-21

#### **LANDER, JEFFREY, MD<sup>†</sup>**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-23

#### **LANDER, JEFFREY, MD<sup>†</sup>**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-22

#### **LANDER, JEFFREY, MD<sup>†</sup>**

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

Provider ID: N/A

☐ 30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JAN-23

**NAMI, NAVID, DO<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☐ 30281 GOLDEN LANTERN  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-SEP-22

**HEMATOLOGY /  
ONCOLOGY**

**WAGNER, EDWARD, MD**

Provider ID: N/A

☐ 25500 RANCHO NIGUEL  
RD STE 240  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-21

**INTERNAL MEDICINE**

**SHAHIM, ZAHRA, MD**

Provider ID: N/A

☐ 32341 GOLDEN LANTERN  
STE D  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-23

**MEDICAL ONCOLOGY**

**WAGNER, EDWARD, MD**

Provider ID: N/A

☐ 25500 RANCHO NIGUEL  
RD STE 240  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-12

**NEUROLOGY CHILD**

**GARFINKLE, REBECCA, DO**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 245  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAY-14

**GARFINKLE, REBECCA, DO**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 245  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-14

**MCINTOSH, ANDREW, MD<sup>†</sup>**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 195  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JAN-21

**MCINTOSH, ANDREW, MD<sup>†</sup>**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 195  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-13

**MCINTOSH, ANDREW, MD<sup>†</sup>**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 195  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-14

**MCINTOSH, ANDREW, MD<sup>†</sup>**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 195  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAR-21

**PRZEKLASA AUTH, MELISSA,  
MD<sup>†</sup>**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 237  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-SEP-19

**PRZEKLASA AUTH, MELISSA,  
MD<sup>†</sup>**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 237  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-SEP-19

**PEDIATRIC ALLERGY /**

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

**IMMUNOLOGY**

**DYER, MARC, MD**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 120  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JAN-21

**PODIATRIST**

**COX, MATTHEW, DPM**

Provider ID: N/A

☐ 30001 TOWN CENTER DR  
STE E2  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JAN-18

**PSYCHOLOGIST**

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAR-15

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAR-15

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30100 CROWN VALLEY  
PKWY STE 17C  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-23

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30100 CROWN VALLEY  
PKWY STE 17C

LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-23

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAR-15

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAR-15

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30100 CROWN VALLEY  
PKWY STE 17C  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-23

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

☐ 30100 CROWN VALLEY  
PKWY STE 17C  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-23

**FAMILY PRACTICE**

**SPORTS MEDICINE**

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637  
Effective as of 01-FEB-22

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200

LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-23

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637  
Effective as of 01-OCT-23

**PHYSICIANS ASSISTANT**

**BOW, LINDA, PA†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637  
Effective as of 01-SEP-23

**NGUYEN, TONY, PA†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637  
Effective as of 01-AUG-22

**NGUYEN, TONY, PA†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637  
Effective as of 01-AUG-22

**PODIATRIST**

**BATHAEE, FARSHAD, DPM**

Provider ID: N/A

☐ 24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637  
Effective as of 01-JAN-18

**BATHAEE, FARSHAD, DPM**

## C1. 網絡內提供者清單 專科護理醫師

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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-OCT-22

### **AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA

92637

Effective as of 01-NOV-14

### **AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-22

### **AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-21

### **AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-21

### **AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAY-12

### **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-JAN-18



**C1. 網絡內提供者清單**  
**專科護理醫師**

---

**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-AUG-11

**AMINIAN, ARASH, 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-SEP-23

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-18

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-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

**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-MAR-22

**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

**GURBANI, AJAY, MD**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-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. 網絡內提供者清單**  
**專科護理醫師**

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<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-SEP-23</p> <p><b>JOHNSON, BRYCE, MD†</b></p> <p>Provider ID: N/A</p>	<p>Effective as of 01-DEC-21</p> <p><b>KADAKIA, NIMISH, MD†</b></p> <p>Provider ID: N/A</p>	<p>Provider ID: N/A</p> <p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-SEP-20</p> <p><b>KIM, ABRAHAM, MD†</b></p> <p>Provider ID: N/A</p>
<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-18</p> <p><b>JOHNSON, BRYCE, MD†</b></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-23</p> <p><b>KIM, ABRAHAM, MD†</b></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><b>KIM, ABRAHAM, MD†</b></p> <p>Provider ID: N/A</p>
<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-OCT-22</p> <p><b>JOHNSON, BRYCE, MD†</b></p> <p>Provider ID: N/A</p>	<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-AUG-18</p> <p><b>KIM, ABRAHAM, MD†</b></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><b>KIM, ABRAHAM, MD†</b></p> <p>Provider ID: N/A</p>
<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-FEB-21</p> <p><b>JOHNSON, BRYCE, MD†</b></p> <p>Provider ID: N/A</p>	<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-DEC-18</p> <p><b>KIM, ABRAHAM, MD†</b></p> <p>Provider ID: N/A</p>	<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-24</p> <p><b>KIM, ABRAHAM, MD†</b></p> <p>Provider ID: N/A</p>
<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-MAR-21</p> <p><b>KADAKIA, NIMISH, MD†</b></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-23</p> <p><b>KIM, ABRAHAM, MD†</b></p> <p>Provider ID: N/A</p>	<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-24</p> <p><b>KIM, ABRAHAM, MD†</b></p> <p>Provider ID: N/A</p>
<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-OCT-22</p> <p><b>KADAKIA, NIMISH, MD†</b></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-18</p> <p><b>KIM, ABRAHAM, MD†</b></p> <p>Provider ID: N/A</p>	<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-23</p> <p><b>KIM, ABRAHAM, MD†</b></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-18</p> <p><b>KADAKIA, NIMISH, MD†</b></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-18</p> <p><b>KIM, ABRAHAM, MD†</b></p> <p>Provider ID: N/A</p>	<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-24</p> <p><b>KIM, ABRAHAM, MD†</b></p> <p>Provider ID: N/A</p>
<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p>	<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p>	<p>☞ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p>

**C1. 網絡內提供者清單**  
**專科護理醫師**

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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-OCT-23

**KIM, ABRAHAM, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JUN-23

**KIM, ABRAHAM, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JUN-23

**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-JAN-18

**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-FEB-21

**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

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAY-22

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**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

**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-OCT-11

**VENEZIANO, CHRISTOPHER, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-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

## C1. 網絡內提供者清單 專科護理醫師

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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-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-MAR-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

### **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

### **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-JAN-18

### **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-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. 網絡內提供者清單 專科護理醫師

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Effective as of 01-NOV-23

### **COX, JEREMY, DO<sup>†</sup>**

Provider ID: N/A

☒ 31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532

Effective as of 01-JAN-19

### **MESSENGER, BRADLEY, MD<sup>†</sup>**

Provider ID: N/A

☒ 31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532

Effective as of 01-JAN-19

### **PATANKAR, KAUSTUBH, MD<sup>†</sup>**

Provider ID: N/A

☒ 31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532

Effective as of 01-JAN-19

### **SANGODKAR, SANDEEP, DO<sup>†</sup>**

Provider ID: N/A

☒ 31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532

Effective as of 01-JAN-19

## ***CARDIOVASCULAR DISEASE***

### **QASQAS, SHADI, MD<sup>†</sup>**

Provider ID: N/A

☒ 31571 CANYON ESTATES DR  
STE 228  
LAKE ELSINORE, CA 92532

Effective as of 01-MAY-15

### **QASQAS, SHADI, MD<sup>†</sup>**

Provider ID: N/A

☒ 31571 CANYON ESTATES DR  
STE 228  
LAKE ELSINORE, CA 92532

Effective as of 01-MAY-15

### **QASQAS, SHADI, MD<sup>†</sup>**

Provider ID: N/A

☒ 31571 CANYON ESTATES DR  
STE 228  
LAKE ELSINORE, CA 92532

Effective as of 01-JUN-17

### **QASQAS, SHADI, MD<sup>†</sup>**

Provider ID: N/A

☒ 31571 CANYON ESTATES DR  
STE 228  
LAKE ELSINORE, CA 92532

Effective as of 01-JUL-21

### **QASQAS, SHADI, MD<sup>†</sup>**

Provider ID: N/A

☒ 31571 CANYON ESTATES DR  
STE 228  
LAKE ELSINORE, CA 92532

Effective as of 01-JUL-21

### **QASQAS, SHADI, MD<sup>†</sup>**

Provider ID: N/A

☒ 31571 CANYON ESTATES DR  
STE 228  
LAKE ELSINORE, CA 92532

Effective as of 01-MAR-21

### **QASQAS, SHADI, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 30195 FRASER DR

## C1. 網絡內提供者清單 專科護理醫師

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LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

### ***FAMILY PRACTICE***

#### **VIDAL, MONICA, DO<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☐ 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-22

### ***INTERNAL MEDICINE***

#### **ALTRIKI, MOHAMAD, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-OCT-20

#### **ALTRIKI, MOHAMAD, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-20

#### **ALTRIKI, MOHAMAD, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-20

#### **MAHESHWARI, ANOOP, MD<sup>†</sup>**

Provider ID: N/A

☐ 31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532

Effective as of 01-MAY-15

#### **YU, JERRY, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-23

#### **YU, JERRY, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

#### **YU, JERRY, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

#### **YU, JERRY, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

### ***INTERVENTIONAL CARDIOLOGY***

#### **PAREKH, NIRAJ, MD<sup>†</sup>**

Provider ID: N/A

☐ 31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532  
Effective as of 01-JAN-19

### ***NEPHROLOGY***

#### **ALTRIKI, MOHAMAD, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-20

#### **ALTRIKI, MOHAMAD, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-FEB-20

#### **CHANG, DAVID, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

#### **CHANG, DAVID, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

#### **CHANG, DAVID, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

#### **CHANG, DAVID, MD<sup>†</sup>**

Provider ID: N/A

☐ 425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-23

### ***OBSTETRICS / GYNECOLOGY***

#### **FRANCIS, LARRY, MD<sup>†</sup>**

Provider ID: N/A

☐ 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

#### **FRANCIS, LARRY, MD<sup>†</sup>**

Provider ID: N/A

☐ 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-22

#### **FRANCIS, LARRY, MD<sup>†</sup>**

## C1. 網絡內提供者清單 專科護理醫師

---

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-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

### **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

☐ 141 N MAIN ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-21

### **REY, RODOLFO, MD†**

Provider ID: N/A

☐ 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-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

☐ 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-APR-24

### **VADAPARAMPIL, JANET, MD†**

Provider ID: N/A

☐ 31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-21

### **VADAPARAMPIL, JANET, MD†**

Provider ID: N/A

☐ 141 N MAIN ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-21

## ***OPTOMETRIST***

### **GEE, JENNIFER, OD**

Provider ID: N/A

☐ 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

### **MORA, WENDY, OD**

Provider ID: N/A

☐ 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

### **RICH, RYAN, OD**

Provider ID: N/A

☐ 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

### **TAM, EMILY, OD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

### **PHYSICIANS ASSISTANT**

#### **FATHI, NAGHMEH, PA**

Provider ID: N/A

31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532  
Effective as of 01-MAY-19

#### **RUIZ-FLORES, ROSE, PA**

Provider ID: N/A

425 DIAMOND DR STE 105  
LAKE ELSINORE, CA 92530  
Effective as of 01-SEP-23

### **PULMONARY DISEASES**

#### **MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532  
Effective as of 01-MAY-15

#### **MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532  
Effective as of 01-AUG-13

#### **MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532  
Effective as of 01-AUG-14

### **REGISTERED PHYSICAL THERAPIST**

#### **CASTELLON, SHAWN, PT**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-23

#### **CASTELLON, SHAWN, PT**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-23

#### **DUPLECHAN, LAWRENCE, PT**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-23

#### **DUPLECHAN, LAWRENCE, PT**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-23

#### **EDDOW, JIM, PT†**

Provider ID: N/A

425 DIAMOND DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-17

#### **EDDOW, JIM, PT†**

Provider ID: N/A

425 DIAMOND DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-17

#### **EDDOW, JIM, PT†**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-20

#### **STEVENS, WHITNEY, PT**

Provider ID: N/A

425 DIAMOND DR STE 101

LAKE ELSINORE, CA 92530  
Effective as of 01-MAR-23

#### **STEVENS, WHITNEY, PT**

Provider ID: N/A

425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAR-23

#### **TSAI, CHIAHONG, PT**

Provider ID: N/A

425 DIAMOND DR STE  
101ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-23

#### **TSAI, CHIAHONG, PT**

Provider ID: N/A

425 DIAMOND DR STE  
101ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-23

### **ANESTHESIOLOGY**

#### **BUSTOS, JERROLD, MD†**

Provider ID: N/A

24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **BUSTOS, JERROLD, MD†**

Provider ID: N/A

24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **BUSTOS, JERROLD, MD†**

Provider ID: N/A

24401 MUIRLANDS BLVD

## C1. 網絡內提供者清單 專科護理醫師

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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-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 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**BELL, IRA, MD†**  
Provider ID: N/A  
☞ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**BELL, IRA, MD†**  
Provider ID: N/A  
☞ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-APR-23

**BENIK, KAREN, MD†**  
Provider ID: N/A  
☞ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-APR-23

**BENIK, KAREN, MD†**  
Provider ID: N/A  
☞ 23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**BENIK, KAREN, MD†**  
Provider ID: N/A  
☞ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**BENIK, KAREN, MD†**  
Provider ID: N/A  
☞ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21



## C1. 網絡內提供者清單 專科護理醫師

---

### **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-FEB-19

### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

### **BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-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-DEC-18

### **MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

### **TANG, KIM, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

### **TANG, KIM, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

### **TANG, KIM, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

### **TANG, KIM, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

### **TANG, KIM, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

### **TANG, KIM, MD†**

## C1. 網絡內提供者清單

### 專科護理醫師

---

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210

LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-18

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-22

**TANG, KIM, MD<sup>†</sup>**

Provider ID: N/A

☐ 23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-19

### ***ENDOCRINOLOGY***

### ***METABOLISM DIABETES***

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

☐ 23331 EL TORO RD STE 102  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-21

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

☐ 23331 EL TORO RD STE 102  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

### ***GASTROENTEROLOGY***

**CHOI, DAVID, DO<sup>†</sup>**

Provider ID: N/A

☐ 26672 PORTOLA PKWY STE  
104

LAKE FOREST, CA 92610  
Effective as of 01-JAN-23

**CHOI, DAVID, DO<sup>†</sup>**

Provider ID: N/A

☐ 26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610  
Effective as of 01-JUL-22

**CHOI, DAVID, DO<sup>†</sup>**

Provider ID: N/A

☐ 26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610  
Effective as of 01-JUL-22

**CHOI, DAVID, DO<sup>†</sup>**

Provider ID: N/A

☐ 26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610  
Effective as of 01-JUL-22

**CHOI, DAVID, DO<sup>†</sup>**

Provider ID: N/A

☐ 26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610  
Effective as of 01-JUL-22

**CHOI, DAVID, DO<sup>†</sup>**

Provider ID: N/A

☐ 26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610  
Effective as of 01-JUL-22

**CHOI, DAVID, DO<sup>†</sup>**

Provider ID: N/A

☐ 26672 PORTOLA PKWY STE  
104  
LAKE FOREST, CA 92610  
Effective as of 01-OCT-23

## C1. 網絡內提供者清單 專科護理醫師

---

### **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-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-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

### **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. 網絡內提供者清單 專科護理醫師

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LAKE FOREST, CA 92630  
Effective as of 01-APR-23

### **OPHTHALMOLOGY**

#### **FAZILAT, GOLAREH, MD<sup>†</sup>**

Provider ID: N/A

☒ 23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

#### **FAZILAT, GOLAREH, MD<sup>†</sup>**

Provider ID: N/A

☒ 23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-APR-21

#### **FAZILAT, GOLAREH, MD<sup>†</sup>**

Provider ID: N/A

☒ 23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-APR-21

#### **FAZILAT, GOLAREH, MD<sup>†</sup>**

Provider ID: N/A

☒ 23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-21

### **OPTOMETRIST**

#### **WELLS, MARY, OD<sup>†</sup>**

Provider ID: N/A

☒ 23591 EL TORO RD STE 145  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-18

#### **WELLS, MARY, OD<sup>†</sup>**

Provider ID: N/A

☒ 23591 EL TORO RD STE 145  
LAKE FOREST, CA 92630

Effective as of 01-JAN-17

### **PHYSICIANS ASSISTANT**

#### **ANASTASIU, DANIELLE, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **ANASTASIU, DANIELLE, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **ANASTASIU, DANIELLE, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **DE LEON, ROBERT, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **DE LEON, ROBERT, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **DE LEON, ROBERT, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

### **PSYCHIATRY**

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

## C1. 網絡內提供者清單

### 專科護理醫師

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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-OCT-23

#### **DESILVA, GAYANI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-MAR-21

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131

LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

#### **JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-MAR-21

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-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-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-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



## C1. 網絡內提供者清單 專科護理醫師

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STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

**RAJPOOT, DEEPAK, MD†**  
Provider ID: N/A  
☑ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

**RAJPOOT, DEEPAK, MD†**  
Provider ID: N/A  
☑ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

**RAJPOOT, DEEPAK, MD†**  
Provider ID: N/A  
☑ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

**RAJPOOT, DEEPAK, MD†**  
Provider ID: N/A  
☑ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

### ***PSYCHOLOGIST***

**KANG, EILEEN, PhD**  
Provider ID: N/A  
☑ 13 ORCHARD STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-MAY-15

**KANG, EILEEN, PhD**  
Provider ID: N/A  
☑ 13 ORCHARD STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-MAY-15

### ***REGISTERED PHYSICAL THERAPIST***

**BECKER GALUSHA, JANE, PT**  
Provider ID: N/A  
☑ 22821 LAKE FOREST DR STE  
100  
LAKE FOREST, CA 92630  
Effective as of 01-MAY-20

### ***SPEECH PATHOLOGIST***

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
☑ 22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
☑ 22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
☑ 22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
☑ 22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
☑ 22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A

☑ 22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
☑ 22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**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. 網絡內提供者清單 專科護理醫師

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### **MCCOWN, BARRY, DC**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-DEC-23

### **ZECHA, RONALD, DC**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JUL-22

### **PSYCHIATRY**

#### **LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-NOV-22

#### **LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

#### **LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

#### **LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-NOV-22

### **PSYCHOLOGIST**

#### **BRUNETTO, HEIDI, PSYD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

#### **BRUNETTO, HEIDI, PSYD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

### **ANESTHESIOLOGY**

#### **GUIANG, RAINIER, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-SEP-19

#### **HYUN, SUZANNE, MD**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAR-24

#### **PANG, GARY, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-SEP-19

#### **PANG, GARY, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAR-24

### **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-MAR-24

#### **GUIANG, RAINIER, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAY-21

#### **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. 網絡內提供者清單

### 專科護理醫師

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#### **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. 網絡內提供者清單 專科護理醫師

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### **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. 網絡內提供者清單 專科護理醫師

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Effective as of 01-NOV-22

### **GASTROENTEROLOGY**

#### **FLANNERY, CHRISTOPHER, MD**

Provider ID: N/A

☒ 29826 HAUN RD STE 308  
MENIFEE, CA 92586

Effective as of 01-APR-23

#### **FLANNERY, CHRISTOPHER, MD**

Provider ID: N/A

☒ 29826 HAUN RD STE 308  
MENIFEE, CA 92586

Effective as of 01-APR-23

### **INTERNAL MEDICINE**

#### **JACOBS, NATALIA, MD**

Provider ID: N/A

☒ 28120 BRADLEY RD  
MENIFEE, CA 92586

Effective as of 01-MAY-23

#### **LAC, PETER, MD†**

Provider ID: N/A

☒ 29878 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-JAN-22

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Teleservice

Effective as of 01-SEP-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Teleservice

Effective as of 01-SEP-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Teleservice

Effective as of 01-SEP-23

#### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Teleservice

Effective as of 01-SEP-23

### **LICENSED CLINICAL SOCIAL WORKER**

#### **TABIL-GALAPON, BERNICE, LCSW**

Provider ID: N/A

☒ 26926 CHERRY HILLS  
BLVD STE C  
MENIFEE, CA 92586

Effective as of 01-JUL-23

### **NEPHROLOGY**

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

☒ 29878 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-SEP-17

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

☒ 29878 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-SEP-17

#### **CHARLES COWAN, TRICIA,**

**DO†**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Effective as of 01-APR-23

#### **CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Effective as of 01-OCT-20

#### **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. 網絡內提供者清單 專科護理醫師

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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-NOV-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-DEC-23

### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-FEB-24

### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-OCT-23

### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-OCT-23

### **NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-NOV-23

### **NATH, ASHOK, MD†**

Provider ID: N/A  
☒ 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. 網絡內提供者清單**  
**專科護理醫師**

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**YOUSSEF, AMR, DO<sup>†</sup>**

Provider ID: N/A

☞ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-SEP-22

**YOUSSEF, AMR, DO<sup>†</sup>**

Provider ID: N/A

☞ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-SEP-22

**YOUSSEF, AMR, DO<sup>†</sup>**

Provider ID: N/A

☞ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-22

**NEUROLOGY**

**TALANKI, VARUN, MD**

Provider ID: N/A

☞ 29826 HAUN RD STE 209  
MENIFEE, CA 92586  
Effective as of 01-DEC-22

**OBSTETRICS /  
GYNECOLOGY**

**HOM, KATHERINE, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**NIHIRA, MIKIO, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**NIHIRA, MIKIO, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200

MENIFEE, CA 92586  
Effective as of 01-SEP-20

**NIHIRA, MIKIO, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-20

**NIHIRA, MIKIO, MD<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-20

**RIZVI, SYED, MD<sup>†</sup>**

Provider ID: N/A

☞ 27174 NEWPORT RD STE 2  
MENIFEE, CA 92584  
Effective as of 01-MAR-22

**URSO, MARY JO, DO<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**URSO, MARY JO, DO<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**URSO, MARY JO, DO<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-21

**URSO, MARY JO, DO<sup>†</sup>**

Provider ID: N/A

☞ 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**OCCUPATIONAL  
THERAPIST**

**STOTLER, APRIL, OT**

Provider ID: N/A

☞ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-24

**STOTLER, APRIL, OT**

Provider ID: N/A

☞ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-24

**ZECHA, RICHARD, OT<sup>†</sup>**

Provider ID: N/A

☞ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

**ZECHA, RICHARD, OT<sup>†</sup>**

Provider ID: N/A

☞ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

**OPHTHALMOLOGY**

**CHANG, TOM, MD<sup>†</sup>**

Provider ID: N/A

☞ 29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**CHAWLA, ANUJ, MD<sup>†</sup>**

Provider ID: N/A

☞ 29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**CHAWLA, ANUJ, MD<sup>†</sup>**

Provider ID: N/A

☞ 29950 HAUN RD STE 202

## C1. 網絡內提供者清單 專科護理醫師

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MENIFEE, CA 92586  
Effective as of 01-JUN-16

### **CHOW, JASON, MD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-JUL-23

### **CULOTTA, ANTHONY, MD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUL-23

### **CULOTTA, ANTHONY, MD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-NOV-20

### **DAVIS, MICHAEL, MD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUL-23

### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-OCT-17

### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

### **LEE, JOHN, MD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

### **LIN, THEODORE, MD†**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586\*  
Effective as of 01-APR-24

### **LIN, THEODORE, MD†**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586\*  
Effective as of 01-APR-24

### **LIN, THEODORE, MD†**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

### **LOBUE, THOMAS, MD**

Provider ID: N/A

29950 HAUN RD STE 206  
MENIFEE, CA 92586  
Effective as of 01-APR-14

### **SAMUEL, MICHAEL, MD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUL-23

### **SHELTON, RAYMOND, MD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-MAY-23

### **ZHOU, SIWEI, MD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-JUL-23

## ***OPHTHALMOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY***

### **ISSA, REDA, MD†**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-21

## ***OPTOMETRIST***

### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-JUL-23

### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-DEC-23

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **BARR, AUSTIN, OD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

#### **BARR, AUSTIN, OD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

#### **BARR, AUSTIN, OD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

#### **BARR, AUSTIN, OD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-MAR-23

#### **FENNEMA, ERIC, OD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-FEB-22

#### **FENNEMA, ERIC, OD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-SEP-22

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-NOV-21

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

#### **HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **MCINTYRE, DEBRA, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-DEC-17

#### **MCINTYRE, DEBRA, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-DEC-17

#### **MCINTYRE, DEBRA, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-DEC-17

#### **MILLER, RYAN, OD**

Provider ID: N/A

29950 HAUN RD STE 206  
MENIFEE, CA 92586  
Effective as of 01-APR-14

#### **TO, BRITTANY, OD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-AUG-15

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-AUG-15

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-AUG-15

#### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

## ***PHYSICAL MEDICINE / REHABILITATION***

## C1. 網絡內提供者清單

### 專科護理醫師

---

#### **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. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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### **KESEL, KELSEY, PT**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-MAR-24

### **PATEL, BINOY, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

### **PATEL, BINOY, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

### **REED, SAVONNA, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-21

### **REED, SAVONNA, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-21

### **REED, SAVONNA, PT†**

Provider ID: N/A

☐ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

### **REED, SAVONNA, PT†**

Provider ID: N/A

☐ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

### **SABIN, SCOTT, PT†**

Provider ID: N/A

☐ 30141 ANTELOPE RD STE A

MENIFEE, CA 92584  
Effective as of 01-FEB-19

### **SABIN, SCOTT, PT†**

Provider ID: N/A

☐ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-FEB-19

### **SABIN, SCOTT, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-FEB-19

### **SABIN, SCOTT, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-FEB-19

### **SANCHEZ, EMILY, PT**

Provider ID: N/A

☐ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JUN-23

### **SANCHEZ, EMILY, PT**

Provider ID: N/A

☐ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JUN-23

### **SANCHEZ, EMILY, PT**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JUN-23

### **SANCHEZ, EMILY, PT**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JUN-23

## ***RHEUMATOLOGY***

### **BRAVO, ARLENE, MD†**

Provider ID: N/A

☐ 29798 HAUN RD  
MENIFEE, CA 92586  
Effective as of 01-APR-21

### **COLBURN, KEITH, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

### **MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-OCT-09

### **MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-SEP-18

### **MEHTA, AMAL, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-SEP-18

### **MEHTA, AMAL, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

### **MEHTA, AMAL, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

### **MEHTA, CHANDRAKANT, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

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. 網絡內提供者清單 專科護理醫師

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29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-JUN-17

**LARSON, BENJAMIN, MD†**  
Provider ID: N/A

29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-JUN-17

**LUTTGE, SCOTT, MD**  
Provider ID: N/A

29826 HAUN RD STE 209  
MENIFEE, CA 92586  
Effective as of 01-MAY-23

**NIHIRA, MIKIO, MD†**  
Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-OCT-21

**NIHIRA, MIKIO, MD†**  
Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-OCT-21

### ***ALLERGY IMMUNOLOGY***

**BASEN, TYLER, MD†**  
Provider ID: N/A

26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-DEC-20

**BASEN, TYLER, MD†**  
Provider ID: N/A

26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-DEC-20

**BASEN, TYLER, MD†**

Provider ID: N/A

26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-SEP-22

**BASEN, TYLER, MD†**  
Provider ID: N/A

26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-SEP-22

**CARR, WARNER, MD**  
Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**CARR, WARNER, MD**  
Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-08

**CARR, WARNER, MD**  
Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**CARR, WARNER, MD**  
Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-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-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

**LEE-KIM, CHRISTINE, DO†**  
Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**LEE-KIM, CHRISTINE, DO†**  
Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**LEE-KIM, CHRISTINE, DO†**  
Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**LEE-KIM, CHRISTINE, DO†**  
Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

## C1. 網絡內提供者清單 專科護理醫師

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### **LEE-KIM, CHRISTINE, DO<sup>†</sup>**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

### **LEE-KIM, CHRISTINE, DO<sup>†</sup>**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

### **LEE-KIM, CHRISTINE, DO<sup>†</sup>**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

### **LEE-KIM, CHRISTINE, DO<sup>†</sup>**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

### **MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

### **MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER

RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **VENKAT, GEETA, MD<sup>†</sup>**

Provider ID: N/A

☒ 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-17

### **VENKAT, GEETA, MD<sup>†</sup>**

Provider ID: N/A

☒ 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-17

## ***ANESTHESIOLOGY***

### **GERAYLI, AFSHIN, MD<sup>†</sup>**

Provider ID: N/A

☒ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-AUG-22

### **GERAYLI, AFSHIN, MD<sup>†</sup>**

Provider ID: N/A

☒ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-AUG-22

## ***ANESTHESIOLOGY PAIN MANAGEMENT***

### **BESHAI, ALFRED, MD**

Provider ID: N/A

☒ 26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-16

### **GERAYLI, AFSHIN, MD<sup>†</sup>**

Provider ID: N/A

☒ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-OCT-08

### **GERAYLI, AFSHIN, MD<sup>†</sup>**

Provider ID: N/A

☒ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-JAN-16

### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☒ 25982 PALA STE 280  
MISSION VIEJO, CA 92691



## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-AUG-20

### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-16

### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-16

### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

## **AUDIOLOGIST**

### **NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

☐ 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

### **NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

☐ 26726 CROWN VALLEY  
PKWY STE 200

MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

### **PANEK, KRISTI, AuD**

Provider ID: N/A

☐ 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

### **PANEK, KRISTI, AuD**

Provider ID: N/A

☐ 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

## **CARDIAC**

## **ELECTROPHYSIOLOGY**

### **DESAI, ASEEM, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

### **HUNG, LYNNE, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

### **TIONGSON, JAY, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 103  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-13

### **TIONGSON, JAY, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 103

MISSION VIEJO, CA 92691  
Effective as of 01-OCT-13

## **CARDIOLOGY**

### **HUNG, LYNNE, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

### **KOPLIK, SHERI, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-16

### **KOPLIK, SHERI, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-16

### **LOUSSARARIAN, ARTHUR, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

### **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. 網絡內提供者清單

### 專科護理醫師

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26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

#### **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-OCT-99

#### **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-MAY-12

#### **LOUSSARARIAN, ARTHUR, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-99

#### **LOUSSARARIAN, ARTHUR, MD†**

Provider ID: N/A

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. 網絡內提供者清單 專科護理醫師

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Effective as of 01-NOV-12

### **REDIKER, DONALD, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-12

### **REDIKER, DONALD, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-99

### **REDIKER, DONALD, MD†**

Provider ID: N/A

☐ 26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-10

### **REDIKER, DONALD, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-12

### ***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. 網絡內提供者清單

### 專科護理醫師

---

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. 網絡內提供者清單

### 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

### **HOSSEINI, ALIREZA, MD<sup>†</sup>**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

### **HOSSEINI, ALIREZA, MD<sup>†</sup>**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

### **MULFORD, MIM, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

### **MULFORD, MIM, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-99

### **MULFORD, MIM, MD<sup>†</sup>**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

### **TRAN, NEIL, MD<sup>†</sup>**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

### **TRAN, NEIL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-07

### **TRAN, NEIL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

### **TRUONG, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

### **TRUONG, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-99

## ***FAMILY PRACTICE SPORTS MEDICINE***

### **CUENCA, ARNOLD, DO<sup>†</sup>**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

### **CUENCA, ARNOLD, DO<sup>†</sup>**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

### **CUENCA, ARNOLD, DO<sup>†</sup>**

Provider ID: N/A

23512 MADERO

MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

### **MARANDOLA, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-12

### **MARANDOLA, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-12

## ***GASTROENTEROLOGY***

### **BAE, WANJUN, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

### **BAE, WANJUN, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

### **BLOCK, EDWARD, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

### **BLOCK, EDWARD, MD<sup>†</sup>**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

---

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **CHANG, ELMER, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **CHANG, ELMER, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-14

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

#### **CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

#### **CHU, ERIC, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 240  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

#### **CHU, ERIC, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 240  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

#### **CHU, ERIC, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310

MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **CHU, ERIC, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

#### **KIM, DANIEL, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **KIM, DANIEL, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **NGUYEN, DOUGLAS, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **NGUYEN, DOUGLAS, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

#### **RAHMAN, HABIB, MD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

---

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-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

### **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

## ***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. 網絡內提供者清單 專科護理醫師

---

STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-20

### **HUANG, DANIEL, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-21

### **HUANG, DANIEL, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

### **HUANG, DANIEL, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

### **LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

### **LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

### **LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18

### **LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18

### **LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

### **LI, MING, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-20

### **LI, MING, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-20

## ***INFECTIOUS DISEASE***

### **REDDY, JAGADEESH, MD**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-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. 網絡內提供者清單 專科護理醫師

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Effective as of 01-APR-23

### **CHEN, MAY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

### **GEE, JOEY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-16

### **GOLDBERG, ROBERT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-12

### **JIANG, FEN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

### **JIANG, FEN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

### **KOVACS, DAVID, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-APR-16

### **MIEL, RUFINA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691

Effective as of 01-APR-19

### **MIEL, RUFINA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691

Effective as of 01-APR-19

### **QURESHI, TAUSEEF, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-15

### **SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-17

## ***INTERNAL MEDICINE CRITICAL CARE MEDICINE***

### **SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-17

## ***INTERNAL MEDICINE SPORTS MEDICINE***

### **DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230

MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

## ***INTERVENTIONAL CARDIOLOGY***

### **DANON, SAAR, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-AUG-20

### **DANON, SAAR, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-MAY-21

### **DANON, SAAR, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-MAY-21

### **DANON, SAAR, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-MAY-21

## ***MARRIAGE FAMILY THERAPIST***

### **ORTIZ, TINA, MFT†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

### **ORTIZ, TINA, MFT†**



## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

### **MEDICAL ONCOLOGY**

#### **BENDER, RICHARD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **BENDER, RICHARD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

### **NEPHROLOGY**

#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

25982 PALA  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-16

#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

25982 PALA  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-16

#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

25982 PALA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22

#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

25982 PALA STE 170

MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22

#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

25982 PALA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22

#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

25982 PALA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22

#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

25982 PALA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22

#### **ALLAMEHZADEH, REZA, MD†**

Provider ID: N/A

25982 PALA STE 170  
MISSION VIEJO, CA 92691\*  
Effective as of 01-JAN-18

#### **AZAD, HABIB, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

#### **AZAD, HABIB, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

#### **AZAD, HABIB, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250

MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

#### **CHEN, MAY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

#### **CHEN, MAY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

#### **NAWAR, MAGDY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 485  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

#### **NAWAR, MAGDY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 485  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

#### **NAWAR, MAGDY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 485  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99

#### **RAVIKUMAR, ASHA, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-14

## C1. 網絡內提供者清單 專科護理醫師

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### **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. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

☐ 26691 PLAZA STE 235  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-11

### **SALEHI, HAMID, MD†**

Provider ID: N/A

☐ 26691 PLAZA STE 235  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

### **SALEHI, HAMID, MD†**

Provider ID: N/A

☐ 26691 PLAZA STE 235  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20

### **SALEHI, HAMID, MD†**

Provider ID: N/A

☐ 26691 PLAZA STE 235  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

### **SALEHI, HAMID, MD†**

Provider ID: N/A

☐ 26691 PLAZA STE 235  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-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

### **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-SEP-10

### **TEACHER, THEODORE, MD†**

Provider ID: N/A

☐ 26691 PLAZA STE 235  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

### **TEACHER, THEODORE, MD†**

Provider ID: N/A

☐ 26691 PLAZA STE 235  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

### **VORA, RONAK, DO†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

### **VORA, RONAK, DO†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

## **NEUROLOGY CHILD**

### **ELBALALESY, NASER, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY

PKWY STE 460

MISSION VIEJO, CA 92691

Effective as of 01-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-JAN-20

### **ELBALALESY, NASER, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

### **ELBALALESY, NASER, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

### **ELBALALESY, NASER, MD†**

Provider ID: N/A

☐ 26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-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

## C1. 網絡內提供者清單 專科護理醫師

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### **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-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 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

## ***OBSTETRICS / GYNECOLOGY***

### **ABRAVESH, SOODABEH, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

### **BAGINSKI, LEON, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-20

### **BAGINSKI, LEON, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-20

### **BAGINSKI, LEON, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

### **BAILEY, THOMAS, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-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. 網絡內提供者清單**  
**專科護理醫師**

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26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**CVAR, KATHRYN, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 443  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**CVAR, KATHRYN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99

**EDMUNDSON, MORIAH, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

**EDMUNDSON, MORIAH, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

**FARAZ ESLAMI, PARASTOO,  
MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JUL-20

**FARAZ ESLAMI, PARASTOO,  
MD†**

Provider ID: N/A

30492 GATEWAY PL STE

110  
MISSION VIEJO, CA 92694  
Effective as of 01-JUL-20

**FARAZ ESLAMI, PARASTOO,  
MD**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-24

**FARAZ ESLAMI, PARASTOO,  
MD**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-24

**FARAZ ESLAMI, PARASTOO,  
MD**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-FEB-24

**FARAZ ESLAMI, PARASTOO,  
MD**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-FEB-24

**GRANESE, MARSHA, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-18

**GRANESE, MARSHA, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-18

**KANALY, KIM, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 381  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

**KANALY, KIM, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 381  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

**LEAVITT, JAMIE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

**LEAVITT, JAMIE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

**MELKONIAN, VIKEN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**MELKONIAN, VIKEN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691



## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-SEP-19

### **MELKONIAN, VIKEN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

### **MILLER, KURT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-99

### **MILLER, KURT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

### **POLLOCK, KATHLEEN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-10

### **POLLOCK, KATHLEEN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-05

### **RAMIREZ, SARA, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

### **RAMIREZ, SARA, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

### **SALCIDO, CRAIG, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-07

### **SALCIDO, CRAIG, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

### **STADLER, EDWARD, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-99

### **STADLER, EDWARD, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

### **TRAN, TIFFANY, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 144  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

### **TRAN, TIFFANY, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 144

MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

### **TRAN, BRYAN, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 144  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

## ***OPHTHALMOLOGY***

### **AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-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

Effective as of 01-NOV-21

### **AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-NOV-21

### **AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-21

### **AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

### **AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-23

### **AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-22

### **AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-22

### **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

### **BANUELOS, LYDIA, MD†**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-22

### **BANUELOS, LYDIA, MD†**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

### **CUNNINGHAM-AHUMADA, ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

### **CUNNINGHAM-AHUMADA, ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-14

### **CUNNINGHAM-AHUMADA, ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-11

### **CUNNINGHAM-AHUMADA, ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-19

### **CUNNINGHAM-AHUMADA, ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-16

### **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

### **GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

## C1. 網絡內提供者清單 專科護理醫師

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### **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-OCT-22

### **GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

### **GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-08

### **JOSON, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **JOSON, PETER, MD**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 220  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-17

### **JOSON, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-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

### **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-DEC-14

### **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

### **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. 網絡內提供者清單 專科護理醫師

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### **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

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

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-MAR-23

### **TAYANI, RAMIN, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

## **OPTOMETRIST**

### **ANSARI, SHORA, OD**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

### **HWANG, DONNA, OD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

### **KHAN, CEMONE, OD**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

### **NG, REBECCA, OD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

### **NG, REBECCA, OD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **SAKO, AARON, OD**

Provider ID: N/A

27724 SANTA MARGARITA  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

### **WONG, RANDALL, OD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-04

### **WONG, RANDALL, OD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

## **OTOLARYNGOLOGY**

### **FEINBERG, STEVEN, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

### **HEINRICH, JAMES, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

### **JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

### **LUU, QUANG, MD†**

Provider ID: N/A

26726 CROWN VALLEY

**C1. 網絡內提供者清單**  
**專科護理醫師**

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PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

**LUU, QUANG, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18

**LUU, QUANG, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

**LUU, QUANG, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

***OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY***

**BREDENKAMP, JAMES, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**BREDENKAMP, JAMES, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-16

**BREDENKAMP, JAMES, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**BREDENKAMP, JAMES, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-14

**BREDENKAMP, JAMES, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-99

**CHO, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**CHO, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**CHO, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-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-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

**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



## C1. 網絡內提供者清單 專科護理醫師

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### **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. 網絡內提供者清單 專科護理醫師

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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-MAY-15

### **CHUN, DAVID, MD†**

Provider ID: N/A  
26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-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 210  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

### **GANDY, JODIE, MD†**

Provider ID: N/A  
26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

### **GANDY, JODIE, MD†**

Provider ID: N/A  
26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

### **GANDY, JODIE, MD†**

Provider ID: N/A  
26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

### **GANDY, JODIE, MD†**

Provider ID: N/A  
26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

### **GANDY, JODIE, MD**

Provider ID: N/A  
26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

### **GANDY, JODIE, MD**

Provider ID: N/A  
26691 PLAZA STE 160  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

### **GANDY, JODIE, MD**

Provider ID: N/A  
26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

### **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-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  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-21

### **RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A  
30492 GATEWAY PL STE

## C1. 網絡內提供者清單 專科護理醫師

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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-FEB-17

### **ARRIETA, ANTONIO, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 138 BLDG 2  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-17

### **ARRIETA, ANTONIO, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 138 BLDG 2  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

## ***PEDIATRIC NEPHROLOGY***

### **ZAMAN, RUMINA, MD**

Provider ID: N/A

26691 PLAZA STE 130

MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

## ***PEDIATRIC ORTHOPEDICS***

### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-05

### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-14

### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-12

### **AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

### **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. 網絡內提供者清單 專科護理醫師

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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-APR-18

### **DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

### **DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-APR-18

### **DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-20

### **DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-18

### **DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-18

## ***PEDIATRIC SURGERY ORTHOPEDIC***

### **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

### **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. 網絡內提供者清單

### 專科護理醫師

---

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. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單

### 專科護理醫師

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#### **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. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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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-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-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. 網絡內提供者清單 專科護理醫師

---

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. 網絡內提供者清單 專科護理醫師

---

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-APR-11

### **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-OCT-99

### **TAMMELIN, BRUCE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

### **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

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-08

## ***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. 網絡內提供者清單 專科護理醫師

---

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-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

### **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. 網絡內提供者清單 專科護理醫師

---

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-21

**THIBAUT, WILLIAM, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

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-19

### **WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

### **WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

### **WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226

MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

### **WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

## ***SURGERY COLON SURGERY***

### **BRADY, MATTHEW, MD†**

Provider ID: N/A

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. 網絡內提供者清單 專科護理醫師

---

### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-22

### **ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-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

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-OCT-23

### **ANDERSON, MARLA, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

### **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-SEP-22

### **ANDERSON, MARLA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

### **ANDERSON, MARLA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

### **BACON, LOUISE, MD†**

Provider ID: N/A

26732 CROWN VALLEY



**C1. 網絡內提供者清單**  
**專科護理醫師**

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PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**BACON, LOUISE, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**BACON, LOUISE, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**BACON, LOUISE, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**BACON, LOUISE, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-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-OCT-23

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**LAM, VINH, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-18

## C1. 網絡內提供者清單

### 專科護理醫師

---

#### **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-SEP-22

#### **SHAVER, JOHN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **SHAVER, JOHN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-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

#### **SHAVER, JOHN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-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. 網絡內提供者清單**  
**專科護理醫師**

---

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. 網絡內提供者清單**  
**專科護理醫師**

---

**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-APR-12

**BURDI, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**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. 網絡內提供者清單

### 專科護理醫師

---

#### **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-JUL-07

#### **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-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. 網絡內提供者清單


### 專科護理醫師

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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-OCT-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-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-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-JUL-23

#### **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. 網絡內提供者清單

### 專科護理醫師

---

MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

#### **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-NOV-14

#### **PARK, SAMUEL, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

#### **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-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

#### **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. 網絡內提供者清單

### 專科護理醫師

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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-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-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-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-MAR-20

#### **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

#### **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-APR-08

#### **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-OCT-12

### ***SURGERY PEDIATRIC***

#### **GERMAN, JOHN, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-18

#### **LAM, VINH, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-17

#### **LAM, VINH, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-17

#### **LAM, VINH, MD†**

## C1. 網絡內提供者清單

### 專科護理醫師

---

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 138  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-14

#### **LAM, VINH, MD<sup>†</sup>**

Provider ID: N/A

☒ 26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-17

#### **LAM, VINH, MD<sup>†</sup>**

Provider ID: N/A

☒ 26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

### ***SURGERY PLASTIC***

#### **LEE, MICHAEL, MD**

Provider ID: N/A

☒ 26800 CROWN VALLEY  
PKWY STE 410  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

### ***SURGERY THORACIC***

#### **SAFFARZADEH, AREO, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **SAFFARZADEH, AREO, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

#### **TANG, TAYLOR, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

#### **TANG, TAYLOR, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

#### **TANG, TAYLOR, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

#### **TANG, TAYLOR, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

#### **WON, EUGENE, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **WON, EUGENE, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **WON, EUGENE, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

#### **WON, EUGENE, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **WON, EUGENE, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **WON, EUGENE, MD<sup>†</sup>**

Provider ID: N/A

☒ 26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

### ***UROLOGY***

#### **BUI, DON, MD<sup>†</sup>**

Provider ID: N/A

☒ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **BUI, DON, MD<sup>†</sup>**

Provider ID: N/A

☒ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **BUI, DON, MD<sup>†</sup>**

Provider ID: N/A

☒ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **BUI, DON, MD<sup>†</sup>**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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-FEB-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-OCT-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-JAN-21

### **HO, TAMMY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

### **HO, TAMMY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

### **HO, TAMMY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

### **HO, TAMMY, MD**

Provider ID: N/A

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. 網絡內提供者清單 專科護理醫師

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MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23


### **KIM, MOSES, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

### **KIM, MOSES, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23


### **KIM, MOSES, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23


### **KIM, MOSES, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23


### **KIM, MOSES, MD**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23


### **KIM, MOSES, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

### **KIM, MOSES, MD†**


Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-19


### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21


### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18


### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18


### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18


### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18


### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22


### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23


### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22


### **MEAGLIA, JAMES, MD†**

Provider ID: N/A

 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-JAN-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

## C1. 網絡內提供者清單 專科護理醫師

---

### **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-OCT-23

### **NAKAMURA, LEAH, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

### **NAKAMURA, LEAH, MD†**

Provider ID: N/A

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-MAY-22

### **RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

### **RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

### **RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

### **RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

### **RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

### **SINGH, KARAN, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **SINGH, KARAN, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

### **SINGH, KARAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

### **SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

## C1. 網絡內提供者清單 專科護理醫師

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### **SINGH, KARAN, MD†**

Provider ID: N/A

☞ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

### **SINGH, KARAN, MD†**

Provider ID: N/A

☞ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **SINGH, KARAN, MD†**

Provider ID: N/A

☞ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **SINGH, KARAN, MD†**

Provider ID: N/A

☞ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

### **SINGH, KARAN, MD†**

Provider ID: N/A

☞ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

### **SINGH, KARAN, MD†**

Provider ID: N/A

☞ 26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

### **SINGH, KARAN, MD†**

Provider ID: N/A

☞ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

### **SINGH, KARAN, MD†**

Provider ID: N/A

☞ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

### **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-APR-21

### **SPITZ, AARON, MD†**

Provider ID: N/A

☞ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

### **SPITZ, AARON, MD†**

Provider ID: N/A

☞ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

### **SPITZ, AARON, MD†**

Provider ID: N/A

☞ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

### **SPITZ, AARON, MD†**

Provider ID: N/A

☞ 26800 CROWN VALLEY

PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

### **SPITZ, AARON, MD†**

Provider ID: N/A

☞ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

### **SPITZ, AARON, MD†**

Provider ID: N/A

☞ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

### **SPITZ, AARON, MD†**

Provider ID: N/A

☞ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

### **SPITZ, AARON, MD**

Provider ID: N/A

☞ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

### **SPITZ, AARON, MD**

Provider ID: N/A

☞ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

### **STEPHANY, HEIDI, MD**

Provider ID: N/A

☞ 26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-24

### **SU, DANIEL, MD**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

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☒ 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

☒ 26991 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

#### **SU, DANIEL, MD†**

Provider ID: N/A

☒ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **SU, DANIEL, MD†**

Provider ID: N/A

☒ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **SU, DANIEL, MD**

Provider ID: N/A

☒ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **SU, DANIEL, MD**

Provider ID: N/A

☒ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **SU, DANIEL, MD**

Provider ID: N/A

☒ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

☒ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

☒ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

☒ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

☒ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

☒ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

☒ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

☒ 26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

☒ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

#### **TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

☒ 26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

#### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

☒ 26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-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

☒ 26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

## C1. 網絡內提供者清單 專科護理醫師

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### **TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

### **ALLERGY IMMUNOLOGY**

### **IMAM, ASIF, MD**

Provider ID: N/A

40680 CALIFORNIA OAKS  
RD STE 1A  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

### **IMAM, ASIF, MD**

Provider ID: N/A

40680 CALIFORNIA OAKS  
RD STE 1A  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

### **IMAM, ASIF, MD**

Provider ID: N/A

40680 CALIFORNIA OAKS  
RD STE 1A  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

### **ANESTHESIOLOGY**

### **BAKER, BRUCE, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-22

### **DRUET, JACK, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **KRAUSE, MARTIN, MD†**

Provider ID: N/A

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

### **ANESTHESIOLOGY PAIN MANAGEMENT**

### **AUSTIN, MARK, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **BETTS, ANDRES, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

### **BETTS, ANDRES, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

### **KELLING, JONATHAN, MD†**

Provider ID: N/A

38860 SKY CANYON DR  
BLDG A  
MURRIETA, CA 92563  
Effective as of 01-DEC-18

### **KELLING, JONATHAN, MD†**

Provider ID: N/A

38860 SKY CANYON DR  
BLDG A  
MURRIETA, CA 92563  
Effective as of 01-JUL-23

### **KHATIBI, NIKAN, DO†**

Provider ID: N/A

24910 LAS BRISAS RD STE  
121  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

### **CARDIAC**

### **ELECTROPHYSIOLOGY**

### **MESSENGER, BRADLEY, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-MAY-20

### **OSHODI, GANIYU, MD†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208  
MURRIETA, CA 92562\*  
Effective as of 01-JUL-23

### **OSHODI, GANIYU, MD†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208  
MURRIETA, CA 92562  
Effective as of 01-FEB-19

### **CARDIOLOGY**

### **AL KHIAMI, BELAL, MD†**

Provider ID: N/A

28062 BAXTER RD  
MURRIETA, CA 92563  
Effective as of 01-JAN-21

### **AMIN, JATIN, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-JAN-19



## C1. 網絡內提供者清單 專科護理醫師

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### **ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

### **ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-APR-17

### **MESSINGER, BRADLEY, MD<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

### **MESSINGER, BRADLEY, MD<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-FEB-22

### **PATANKAR, KAUSTUBH, MD<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Effective as of 01-JAN-19

### **SANGODKAR, SANDEEP, DO<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Effective as of 01-JAN-19

### **SCHWARZ, ERNST, MD<sup>+</sup>**

Provider ID: N/A

☐ 39755 DATE ST STE 205 MURRIETA, CA 92563

Effective as of 01-SEP-22

### **SCHWARZ, ERNST, MD<sup>+</sup>**

Provider ID: N/A

☐ 39755 DATE ST STE 205 MURRIETA, CA 92563

Effective as of 01-SEP-22

## ***CARDIOVASCULAR DISEASE***

### **ALTURJUMAN, AHMAD, MD<sup>+</sup>**

Provider ID: N/A

☐ 29995 TECHNOLOGY DR STE 302 MURRIETA, CA 92563

Effective as of 01-MAR-22

### **ALTURJUMAN, AHMAD, MD<sup>+</sup>**

Provider ID: N/A

☐ 29995 TECHNOLOGY DR STE 302 MURRIETA, CA 92563

Effective as of 01-MAR-22

### **ALTURJUMAN, AHMAD, MD<sup>+</sup>**

Provider ID: N/A

☐ 29995 TECHNOLOGY DR STE 302 MURRIETA, CA 92563

Effective as of 01-JUL-22

### **ALTURJUMAN, AHMAD, MD<sup>+</sup>**

Provider ID: N/A

☐ 40700 CALIFORNIA OAKS RD STE 208 MURRIETA, CA 92562

Effective as of 01-NOV-22

### **AMIN, JATIN, MD<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-AUG-20

### **ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-21

### **ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-20

### **ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-SEP-18

### **ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-JUL-22

### **ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

☐ 39755 MURRIETA HOT SPRINGS RD BLDG G

## C1. 網絡內提供者清單 專科護理醫師

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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-MAR-20

### **PAREKH, NIRAJ, MD†**

Provider ID: N/A  
☒ 39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

## C1. 網絡內提供者清單 專科護理醫師

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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-AUG-18

### **PAREKH, NIRAJ, MD†**

Provider ID: N/A

☞ 39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-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

☞ 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

### **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

### **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. 網絡內提供者清單**  
**專科護理醫師**

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**BARBOZA, GEORGE, NP**

Provider ID: N/A

☐ 39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**CAMPBELL, AMBER, NP**

Provider ID: N/A

☐ 25470 MEDICAL CENTER

DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**CORCORAN, KIMBERLY, NP**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
105  
MURRIETA, CA 92562  
Effective as of 01-OCT-19

**DAO, NU, NP†**

Provider ID: N/A

☐ 28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-MAR-21

**DONLON, RYAN, NPF**

Provider ID: N/A

☐ 24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**

Provider ID: N/A

☐ 24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**

Provider ID: N/A

☐ 24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**

Provider ID: N/A

☐ 24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**FAIQ, JAMILA, NP†**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
206

MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-22

**GUTIERREZ, CRYSTAL, NP†**

Provider ID: N/A

☐ 25109 JEFFERSON AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

**HARTMAN, JULIE, NPF**

Provider ID: N/A

☐ 25470 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-SEP-23

**HASAN, BUSHRA, NP**

Provider ID: N/A

☐ 25470 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

**HUERTA, CARMEN, NP†**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

**HUERTA, CARMEN, NP†**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

**HUERTA, CARMEN, NP†**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

## C1. 網絡內提供者清單 專科護理醫師

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### **KLEWEIN, CRYSTAL, NPF**

Provider ID: N/A

40770 CALIFORNIA OAKS  
RD STE A  
MURRIETA, CA 92562

Effective as of 01-MAY-23

### **KULJIAN, NANCY, NP**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD STE E  
MURRIETA, CA 92563

Effective as of 01-AUG-21

### **MOONEY, PATRICIA, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-21

### **MWAURA, WAIRIMU, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562

Teleservice

Effective as of 01-JUN-21

### **PIZZIFRED, TIFFINY, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Effective as of 01-JAN-18

### **PIZZIFRED, TIFFINY, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Effective as of 01-JAN-18

### **SHEIKH, SARAH, NP**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-OCT-16

### **SHEIKH, SARAH, NP**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-MAY-23

### **SHEIKH, SARAH, NP**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-MAY-23

### **SICKELS, JENNIFER, NP**

Provider ID: N/A

24910 LAS BRISAS RD STE  
105  
MURRIETA, CA 92562

Effective as of 01-NOV-19

### **VIERA, LIANA, NP†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563

Effective as of 01-JAN-22

### **VIERA, LIANA, NP†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563

Effective as of 01-JAN-22

### **WILLEY, MARTI, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562

Teleservice

Effective as of 01-JUN-21

## **DERMATOLOGY**

### **CABRAL, ERIK, MD†**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562

Effective as of 01-JUN-22

### **FOWLER, VINCENT, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-18

### **FOWLER, VINCENT, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562

Effective as of 01-FEB-24

### **FOWLER, VINCENT, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562

Effective as of 01-FEB-24

### **FOWLER, VINCENT, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Teleservice

Effective as of 01-AUG-17

### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200



**C1. 網絡內提供者清單**  
**專科護理醫師**

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MURRIETA, CA 92562  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200

MURRIETA, CA 92562  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200

MURRIETA, CA 92562  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200

MURRIETA, CA 92562  
Effective as of 01-MAY-23

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200

MURRIETA, CA 92562  
Effective as of 01-MAY-22

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200

MURRIETA, CA 92562  
Effective as of 01-MAY-22

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

**LEE, HELEN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200

MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-22

**LEE, HELEN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200

MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-22

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562

Effective as of 01-JAN-24

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200

MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-23

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200

MURRIETA, CA 92562

Teleservice

Effective as of 01-JAN-23

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200

MURRIETA, CA 92562

Teleservice

Effective as of 01-MAR-24

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200

MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-21

## C1. 網絡內提供者清單 專科護理醫師

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### **ROSHDIEH, BABAK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **ROSHDIEH, BABAK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

### **SAIED, NAGI, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-MAY-23

### **SAIED, NAGI, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-18

### **SAIED, NAGI, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-DEC-19

### **SAIED, NAGI, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Teleservice

Effective as of 01-NOV-21

### **SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562  
Effective as of 01-JUL-22

### **TAHERI, DANIEL, MD†**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-APR-21

### **TAHERI, DANIEL, MD†**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-APR-21

### **TAHERI, DANIEL, MD†**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-DEC-21

### **THIELE, JENS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562  
Effective as of 01-JUL-22

### **VENKAT, ARUN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER

DR STE 200  
MURRIETA, CA 92562  
Effective as of 01-FEB-21

## ***ENDOCRINOLOGY METABOLISM DIABETES***

### **BUI, AMY-VAN, MD†**

Provider ID: N/A

39765 DATE ST STE 102  
MURRIETA, CA 92563  
Effective as of 01-NOV-13

## ***FAMILY PRACTICE***

### **FARZIN, ABDUL, MD**

Provider ID: N/A

40690 CALIFORNIA OAKS  
RD STE A  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

### **MEMON, TALHA, MD†**

Provider ID: N/A

39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-OCT-18

### **MEMON, TALHA, MD†**

Provider ID: N/A

39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-OCT-18

## ***GASTROENTEROLOGY***

### **ANYADIKE, CYRIL, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-SEP-15

### **ANYADIKE, CYRIL, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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☒ 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

### **ANYADIKE, CYRIL, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **ANYADIKE, CYRIL, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-MAR-21

### **ARDIGO, GREGORY, MD†**

Provider ID: N/A

☒ 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562

Effective as of 01-DEC-08

### **ARDIGO, GREGORY, MD†**

Provider ID: N/A

☒ 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562

Effective as of 01-JUL-23

### **DINH, JACK, MD†**

Provider ID: N/A

☒ 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562

Effective as of 01-OCT-07

### **DINH, JACK, MD†**

Provider ID: N/A

☒ 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562

Effective as of 01-DEC-08

### **FAN, ROBERT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-APR-17

### **FAN, ROBERT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-JUL-23

### **FAN, ROBERT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAR-21

### **FAN, ROBERT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-JUL-15

### **FAN, ROBERT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-AUG-15

### **FAN, ROBERT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-APR-20

### **FAN, ROBERT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-FEB-18

### **FLANNERY, CHRISTOPHER, MD**

Provider ID: N/A

☒ 40663 MURRIETA HOT  
SPRINGS RD STE C1  
MURRIETA, CA 92562

Effective as of 01-APR-23

### **FLANNERY, CHRISTOPHER, MD**

## C1. 網絡內提供者清單 專科護理醫師

---

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-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

### **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

### **RAGHUWANSHI, NAISHADH, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562

Effective as of 01-OCT-16

### **RAGHUWANSHI, NAISHADH, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562

Effective as of 01-OCT-16

### **RAGHUWANSHI, NAISHADH, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562

Effective as of 01-MAY-18

### **TEYMOORIAN, ARIAN, MD†**

Provider ID: N/A

40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562

Effective as of 01-FEB-20

### **TEYMOORIAN, ARIAN, MD†**

Provider ID: N/A

40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562

Effective as of 01-SEP-19

### **GENETICS CLINICAL**

### **BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210

**C1. 網絡內提供者清單**  
**專科護理醫師**

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MURRIETA, CA 92562  
Effective as of 01-JUL-19

***HEMATOLOGY /  
ONCOLOGY***

**AGAJANIAN, RICHY, MD**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ANDREY, JEFFREY, MD**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**BASERI, BABAK, MD**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-APR-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

**BASERI, BABAK, MD†**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
203

MURRIETA, CA 92562  
Effective as of 01-JUL-21

**BASERI, BABAK, MD†**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**BASERI, BABAK, MD**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-FEB-24

**BASERI, BABAK, MD**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**BELLO, OSAGIE, MD**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**BESSUDO, ALBERTO, MD†**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-21

**LEE, BYUNG, DO†**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**LEE, BYUNG, DO†**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**LEE, BYUNG, DO†**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**MARJON, PHILIP, MD**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-APR-23

**MASIELLO, DAVID, MD†**

Provider ID: N/A  
☑ 25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-MAR-21

**MOST, CAROLE, MD†**

Provider ID: N/A



## C1. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單**  
**專科護理醫師**

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***INFECTIOUS DISEASE***

**HARFOUCH, CHAWKI, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-JUL-23

**HARFOUCH, CHAWKI, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAY-13

**KIM, EMILY, MD**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

**KIM, EMILY, MD**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

**KIM, EMILY, MD**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

**LE, THUAN, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAY-13

**LE, THUAN, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAY-09

**LE, THUAN, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-SEP-09

**LE, THUAN, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-SEP-09

**LE, THUAN, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-JAN-11

***INTERNAL MEDICINE***

**BASERI, BABAK, MD†**

Provider ID: N/A

☒ 25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-APR-24

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

**HARFOUCH, CHAWKI, MD†**

Provider ID: N/A

☒ 28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-JUN-17

**MONTANA, WILBUR, DO†**

Provider ID: N/A

☒ 25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

***INTERNAL MEDICINE***

***CRITICAL CARE MEDICINE***

**PATEL, SAGAR, MD†**

Provider ID: N/A

☒ 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Effective as of 01-AUG-21

***INTERVENTIONAL***

***CARDIOLOGY***

**GAGLANI, RAHUL, MD†**

Provider ID: N/A

☒ 25395 HANCOCK AVE STE  
230  
MURRIETA, CA 92562  
Effective as of 01-AUG-21

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

☒ 39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

***MATERNAL AND FETAL  
MEDICINE***

**BRAR, HARBINDER, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

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-MAR-15

#### **ALVAREZ, PAMELA, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
115  
MURRIETA, CA 92562

Effective as of 01-MAY-14

#### **NUNE, SUNITHA, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-FEB-22

#### **TALANKI, VARUN, MD**

Provider ID: N/A

☐ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

#### **UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

### **NEUROLOGY CHILD**

#### **NUNE, SUNITHA, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-APR-21

### **OBSTETRICS / GYNECOLOGY**

#### **ANDERSEN, MICHAEL, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

24619 WASHINGTON AVE  
STE 104

MURRIETA, CA 92562

Effective as of 01-JAN-21

### **BINDER, PRATIBHA, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

Effective as of 01-JUL-21

### **BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-SEP-23

### **BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-SEP-23

### **BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-SEP-23

### **BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-NOV-08

### **BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-JUL-11

### **CHIODI, MARTINA, MD†**

Provider ID: N/A

24910 LAS BRISAS RD STE  
113

MURRIETA, CA 92562

Effective as of 01-MAR-20

### **DIMMETTE, PATTIE, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
203

MURRIETA, CA 92562

Effective as of 01-SEP-23

### **ELFELT, TIMOTHY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100

MURRIETA, CA 92562

Effective as of 01-AUG-10

### **HAYTON, TAMMY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100

MURRIETA, CA 92562

Teleservice

Effective as of 01-AUG-10

### **HAYTON, TAMMY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100

MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-22

### **JONES, KENDRA, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100

MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-22

### **JONES, KENDRA, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100

MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-22

### **LEBO, DEBRA, DO†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100

MURRIETA, CA 92562

Effective as of 01-AUG-10

### **LEBO, DEBRA, DO†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100

MURRIETA, CA 92562

Effective as of 01-SEP-22

### **LOCASCIO, ELIZABETH, DO†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100

MURRIETA, CA 92562

Teleservice

Effective as of 01-FEB-18

### **LOCASCIO, ELIZABETH, DO†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100

MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-22

### **NEAL, JAMES, MD†**

Provider ID: N/A

25495 MEDICAL CENTER


## C1. 網絡內提供者清單 專科護理醫師

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DR STE 300  
MURRIETA, CA 92562  
Effective as of 01-JUL-23


### **QUINATA, FLORENCE, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 300  
MURRIETA, CA 92562  
Effective as of 01-JUL-23


### **SHAH, NEMI, MD**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-FEB-24


### **SHEHATA, HANNAH LOUISE, MD†**

Provider ID: N/A

 25395 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-OCT-21


### **THOMSON, EMILY, DO**

Provider ID: N/A

 25460 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22


### **THOMSON, EMILY, DO**

Provider ID: N/A

 25460 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22


### **TODD, CHRISTINE, MD†**

Provider ID: N/A

 25495 MEDICAL CENTER  
DR STE 300  
MURRIETA, CA 92562  
Effective as of 01-JUL-23


### **TRAN, THERESA, DO**

Provider ID: N/A

 24910 LAS BRISAS RD STE  
113  
MURRIETA, CA 92562  
Effective as of 01-MAR-20


### **YANG, CHARLES, MD†**

Provider ID: N/A

 25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22

### **YANG, CHARLES, MD†**


Provider ID: N/A

 25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-AUG-10

## ***OCCUPATIONAL THERAPIST***


### **BAST, SIDNEY, OT†**

Provider ID: N/A

 24671 MONROE AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-OCT-19


### **BAST, SIDNEY, OT†**

Provider ID: N/A

 24671 MONROE AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-OCT-19


### **CATIPON, GABRIELLE, OT**

Provider ID: N/A

 24671 MONROE AVE STE  
C101  
MURRIETA, CA 92562  
Effective as of 01-MAY-23


### **CATIPON, GABRIELLE, OT**

Provider ID: N/A

 24671 MONROE AVE STE  
C101  
MURRIETA, CA 92562  
Effective as of 01-MAY-23


### **DIMEGLIO, PAUL, OT†**

Provider ID: N/A

 24671 MONROE AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-FEB-21


### **DIMEGLIO, PAUL, OT†**

Provider ID: N/A

 24671 MONROE AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-FEB-21


### **STOTLER, APRIL, OT**

Provider ID: N/A

 24671 MONROE AVE STE  
C201  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

### **STOTLER, APRIL, OT**

Provider ID: N/A

 24671 MONROE AVE STE  
C201  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

### **ZECHA, RICHARD, OT†**

Provider ID: N/A

 24671 MONROE AVE STE



## C1. 網絡內提供者清單 專科護理醫師

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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-JUL-19

### **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-FEB-21

### **CHIN, ERIC, MD†**

Provider ID: N/A  
☒ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-21

### **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  
Effective as of 01-SEP-18

## C1. 網絡內提供者清單 專科護理醫師

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### **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

☐ 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

### **JOHNSON, ROGER, MD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562

Effective as of 01-JAN-22

### **JOHNSON, ROGER, MD†**

Provider ID: N/A

☐ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562

Effective as of 01-JAN-22

### **JOHNSON, ROGER, MD†**

Provider ID: N/A

☐ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562

Effective as of 01-JUL-23

### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562

Effective as of 01-JUL-23

### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☐ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562

Effective as of 01-JAN-22

### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☐ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562

Effective as of 01-DEC-21

### **JOSEPH, JEFFREY, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-19

### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☐ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-AUG-19

### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-18

### **LOBUE, THOMAS, MD**

Provider ID: N/A

☐ 40700 CALIFORNIA OAKS  
RD STE 106  
MURRIETA, CA 92562  
Effective as of 01-OCT-09

### **NAWAZISH, SABA, MD†**

Provider ID: N/A

☐ 40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☐ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

### **PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100

MURRIETA, CA 92562

Effective as of 01-JAN-22

### **PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

### **PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☐ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

### **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-MAY-17

### **SORENSEN, ROBERT, MD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

### **SORENSEN, ROBERT, MD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

### **VIDOR, IRA, MD†**

Provider ID: N/A

☐ 40700 CALIFORNIA OAKS  
RD  
MURRIETA, CA 92562  
Effective as of 01-JUL-19

## ***OPTOMETRIST***

### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

☐ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-DEC-23

### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

☐ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-DEC-23

### **COLEMAN, BROOKE, OD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

### **COOPER, MICHAEL, OD†**

## C1. 網絡內提供者清單 專科護理醫師

---

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-FEB-22

### **LARSON, BRETT, OD†**

Provider ID: N/A

☐ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

### **LARSON, BRETT, OD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

### **LARSON, BRETT, OD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100

MURRIETA, CA 92562  
Effective as of 01-AUG-18

### **MC DIARMID, JOHN, OD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

### **MC DIARMID, JOHN, OD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-11

### **SCOTT, JEFFREY, OD†**

Provider ID: N/A

☐ 40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

### **SCOTT, JEFFREY, OD†**

Provider ID: N/A

☐ 40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-23

## ***OTOLARYNGOLOGY***

### **ABDOU, RAMI, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 105  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

### **ABDOU, RAMI, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 106  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

### **BANTHIA, VISHAL, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 105  
MURRIETA, CA 92563\*  
Teleservice  
Effective as of 01-JUL-23

### **DATE, AMIT, MD**

Provider ID: N/A

☐ 39755 DATE ST STE 105-106  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-JUL-23

### **TIAN, QING, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 105-106  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

## ***OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY***

### **FORRESTER, MICHAEL, MD†**

Provider ID: N/A

☐ 25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-JUN-05

### **FORRESTER, MICHAEL, MD†**

Provider ID: N/A

☐ 25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **ROBERTS, BENJAMIN, DO**

Provider ID: N/A

☐ 25150 HANCOCK AVE STE  
204

## C1. 網絡內提供者清單 專科護理醫師

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MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **ROBERTS, TODD, DO**

Provider ID: N/A  
☑ 25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **ROBERTS, TODD, DO**

Provider ID: N/A  
☑ 25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-DEC-15

### **ROBERTS, BENJAMIN, DO**

Provider ID: N/A  
☑ 25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-FEB-23

## ***PEDIATRIC CARDIOLOGY***

### **CHU, JAMES, MD**

Provider ID: N/A  
☑ 39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

### **CHU, JAMES, MD**

Provider ID: N/A  
☑ 39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

### **CHU, JAMES, MD†**

Provider ID: N/A  
☑ 25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

### **CHU, JAMES, MD**

Provider ID: N/A  
☑ 39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

### **CHU, JAMES, MD†**

Provider ID: N/A  
☑ 25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

### **CHU, JAMES, MD†**

Provider ID: N/A  
☑ 25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

### **ELLINI, AHMAD, MD†**

Provider ID: N/A  
☑ 25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

### **ELLINI, AHMAD, MD†**

Provider ID: N/A  
☑ 25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

### **ELLINI, AHMAD, MD†**

Provider ID: N/A  
☑ 25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

### **ELLINI, AHMAD, MD†**

Provider ID: N/A  
☑ 25470 MEDICAL CENTER  
DR STE 201

MURRIETA, CA 92562  
Effective as of 01-APR-18

## ***PHYSICIANS ASSISTANT***

### **ARROYO, ARIANNA, PA**

Provider ID: N/A  
☑ 25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

### **ARROYO, ARIANNA, PA**

Provider ID: N/A  
☑ 25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

### **ARROYO, ARIANNA, PA**

Provider ID: N/A  
☑ 25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

### **ARROYO, ARIANNA, PA**

Provider ID: N/A  
☑ 25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

### **BASIN, NATALIE, PA**

Provider ID: N/A  
☑ 25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-AUG-23

### **FRYER, KEVIN, PA**

Provider ID: N/A  
☑ 28078 BAXTER RD STE  
330-340



**C1. 網絡內提供者清單**  
**專科護理醫師**

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MURRIETA, CA 92563  
Effective as of 01-AUG-23

**GAUSEPOHL, MARY, PA†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 102

MURRIETA, CA 92562\*  
Effective as of 01-SEP-21

**GAUSEPOHL, MARY, PA†**

Provider ID: N/A

24910 LAS BRISAS RD STE  
116

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, TIFFANY, PA†**

Provider ID: N/A

24910 LAS BRISAS RD STE  
105

MURRIETA, CA 92562  
Effective as of 01-NOV-16

**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

**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. 網絡內提供者清單**  
**專科護理醫師**

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**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-NOV-18

**ST JULES, JESSICA, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-AUG-17

**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-NOV-16

**NGUYEN, THO, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-AUG-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-JAN-23

**SHIN, CHRISTOPHER, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-MAY-21

## C1. 網絡內提供者清單 專科護理醫師

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### **SHIN, CHRISTOPHER, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

### **TRANSFIGURACION SHIN, CHRISTIANNE, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **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-DEC-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

### **WELLS, JOSEPH, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-SEP-16

## ***PULMONARY DISEASES***

### **HADDADIN, HASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-APR-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-JUL-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. 網絡內提供者清單 專科護理醫師

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### **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. 網絡內提供者清單 專科護理醫師

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### **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. 網絡內提供者清單 專科護理醫師

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### **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. 網絡內提供者清單 專科護理醫師

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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-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

### **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

### **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-JUN-17

### **DADA, FESTUS, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-JUL-23

### **DADA, STEPHEN, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-MAY-14

### **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. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

### **LIEN, CHRISTINA, DO**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

### **LIEN, CHRISTINA, DO**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

### **MARTIN, DAVID, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

### **MARTIN, DAVID, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### **MEHTA, PRATIK, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

### **POLLACK, JAMES, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

### **POLLACK, JAMES, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-22

### **POLLACK, JAMES, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-FEB-23

### **POLLACK, JAMES, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

### **SAMIMI, KIAN, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-APR-23

### **SUH, DAVID, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-DEC-12

### **SUH, DAVID, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-DEC-12

### **TRAN, MICHAEL, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

### **TRAN, MICHAEL, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

### **VEGA, FRANCISCO, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

### **WANG, SHIN-CHERN, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

### **WANG, SHIN-CHERN, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-FEB-23

## ***SURGERY GENERAL***

## ***VASCULAR***

### **CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-APR-20

### **CHIRIANO, JASON, DO**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

### **VEGA, FRANCISCO, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

## C1. 網絡內提供者清單

### 專科護理醫師

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Effective as of 01-NOV-23

#### **VEGA, FRANCISCO, MD**

Provider ID: N/A

📍 41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

#### ***SURGERY HAND PLASTIC***

#### **KUPFER, DAVID, MD†**

Provider ID: N/A

📍 25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-SEP-09

#### ***SURGERY***

#### ***NEUROLOGICAL***

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

📍 25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-MAR-17

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

📍 25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-FEB-18

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

📍 25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

📍 25150 HANCOCK AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-FEB-20

#### **ABSHIRE, BRET, MD†**

Provider ID: N/A

📍 25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-OCT-15

#### **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

#### **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-OCT-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. 網絡內提供者清單**  
**專科護理醫師**

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210  
MURRIETA, CA 92562  
Effective as of 01-AUG-17

**OH, GERALD, MD†**

Provider ID: N/A  
25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-FEB-19

***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-JUL-21

**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-JAN-24

**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. 網絡內提供者清單**  
**專科護理醫師**

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**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-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 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-AUG-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. 網絡內提供者清單 專科護理醫師

---

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-DEC-22

#### **VO, QUANG, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

### ***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-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-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-JAN-04

#### **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-APR-21

#### **KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-20

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**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-JAN-24

**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-MAY-20

**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-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-DEC-22

**LUTTGE, SCOTT, MD†**

Provider ID: N/A

☞ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

**LUTTGE, SCOTT, MD†**

## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

### **LUTTGE, SCOTT, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

### **REDDY, MADHUMITHA, DO†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-MAR-21

### **REDDY, MADHUMITHA, DO†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-MAY-21

### **REDDY, MADHUMITHA, DO†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-FEB-22

### **REDDY, MADHUMITHA, DO†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-AUG-19

### **SHAH, NEMI, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-FEB-24

### **SHAH, NEMI, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562

Teleservice

Effective as of 01-FEB-24

### **TAKESITA, KEN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-15

### **TAKESITA, KEN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-15

### **TALANKI, VARUN, MD**

Provider ID: N/A

28078 BAXTER RD STE 430  
MURRIETA, CA 92563  
Effective as of 01-MAY-23

### **TALANKI, VARUN, MD**

Provider ID: N/A

28078 BAXTER RD STE 430  
MURRIETA, CA 92563  
Effective as of 01-MAY-23

### **TALANKI, VARUN, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-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-JAN-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-APR-22

### **TSI, SY, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-AUG-16

### **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-DEC-23

### **VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER

## C1. 網絡內提供者清單 專科護理醫師

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DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JUN-15

### **VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JUL-13

### **VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-OCT-14

### **VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-15

### **VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-20

### **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-JAN-21

### **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-APR-24

### **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. 網絡內提供者清單

### 專科護理醫師

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#### **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-JAN-21

#### **PANDHI, JAY, MD†**

Provider ID: N/A

📍 655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-20

#### **ROUGH, STEVEN, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

#### **ROUGH, STEVEN, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

#### **SHARF, ALBERT, MD**

Provider ID: N/A

📍 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

#### **SHETABI, KAMBIZ, MD**

Provider ID: N/A

📍 1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

#### **SHETABI, KAMBIZ, MD**

Provider ID: N/A

📍 1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

#### **WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

📍 502 EUCLID AVE STE 104  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **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

📍 1415 E 8TH ST STE 8  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

### **CARDIOVASCULAR DISEASE**

#### **DAMANI, SAMIR, MD**

Provider ID: N/A

📍 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-23

#### **KIM, JAMES, MD**

Provider ID: N/A

📍 1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

#### **KIM, JAMES, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 3  
NATIONAL CITY, CA 91950  
Teleservice

Effective as of 01-AUG-23

#### **LY, NANCY, MD**

Provider ID: N/A

📍 1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

#### **LY, NANCY, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 4  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-23

#### **LY, NANCY, MD**

Provider ID: N/A

📍 1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

#### **NANAVATI, VIMAL, MD**

Provider ID: N/A

📍 2345 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-23

#### **OVIEDO-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. 網絡內提供者清單

### 專科護理醫師

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Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **PANDHI, JAY, MD†**

Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18

#### **ROUGH, STEVEN, MD**

Provider ID: N/A

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-23

#### **SHEREV, DIMITRI, MD**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-23

#### **WYSOCZANSKI, MARIUSZ, MD**

Provider ID: N/A

1415 E 8TH ST STE 8  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

#### **WYSOCZANSKI, MARIUSZ, MD**

Provider ID: N/A

1415 E 8TH ST STE 8  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-23

#### **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, BREAUNA, NP**

## C1. 網絡內提供者清單 專科護理醫師

---

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-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-JAN-21

#### **CELANO, NICHOLAS, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18

#### **CELANO, NICHOLAS, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

#### **CHIANG, JENNIFER, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

#### **CHIANG, JENNIFER, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18

#### **CHIANG, JENNIFER, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 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-SEP-22

#### **CHIANG, JENNIFER, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22

#### **GONZALEZ, JOSE, MD†**

Provider ID: N/A

☐ 655 EUCLID AVE STE 304

## C1. 網絡內提供者清單 專科護理醫師

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NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

### **GONZALEZ, JOSE, MD**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAY-23

### **GORDON, JUSTIN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

### **GORDON, JUSTIN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-22

### **LIN, SHINKO, MD**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-MAR-24

### **NELSON, AISLYN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

### **NELSON, AISLYN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22

### **NELSON, AISLYN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-19

### **SATEESH, BROOKE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22

### **SATEESH, BROOKE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

### **SATEESH, BROOKE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18

### **SATEESH, BROOKE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

### **TYAGI, ABHILASHA, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-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. 網絡內提供者清單 專科護理醫師

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Effective as of 01-JAN-21

### **TOVAR, JUAN, MD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

📍 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-23

### **MAA CHIP, FHARAK, MD<sup>†</sup>**

Provider ID: N/A

📍 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-15

### **PANDHI, JAY, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

📍 655 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-MAY-21

### **TABILA, BRIAN, MD<sup>†</sup>**

Provider ID: N/A

📍 655 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-21

### ***INTERVENTIONAL CARDIOLOGY***

### **PANDHI, JAY, MD<sup>†</sup>**

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<sup>†</sup>**

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. 網絡內提供者清單 專科護理醫師

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NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

### **MARRIAGE FAMILY THERAPIST**

#### **KUEK, JOHN, MFT**

Provider ID: N/A  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

### **NEPHROLOGY**

#### **CALDERON MOLINA, JUAN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

#### **CALDERON MOLINA, JUAN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-23

#### **COMUNALE, RODERICK, MD†**

Provider ID: N/A  
502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JAN-21

#### **COMUNALE, RODERICK, MD†**

Provider ID: N/A  
502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-FEB-19

#### **COMUNALE, RODERICK, MD†**

Provider ID: N/A  
502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22

#### **MAA CHIP, FHARAK, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **MAA CHIP, FHARAK, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

#### **MAA CHIP, FHARAK, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-20

#### **SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-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. 網絡內提供者清單 專科護理醫師

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### **DAVIS, TRACIE, MD**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

### **DEL ROSARIO, GELEN, MD†**

Provider ID: N/A

502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

### **DEL ROSARIO, GELEN, MD†**

Provider ID: N/A

502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

### **FOLCH TORRES-AGUIAR, BEATRIZ, MD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-AUG-22

### **GELLENS, ANDREW, MD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-NOV-21

### **MENDEZ, DIEGO, MD**

Provider ID: N/A

2400 E 8TH ST  
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

## **OPHTHALMOLOGY**

### **CARRABY, ARNETT, MD†**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

### **CHANG, TOM, MD†**

Provider ID: N/A

2240 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

### **DELENGOCKY, TAYSON, DO**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Effective as of 01-FEB-24

### **FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

### **FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-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-JUN-22

### **FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-NOV-22

### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-JUN-23

### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-MAR-18

### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

### **GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-APR-18

### **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. 網絡內提供者清單

### 專科護理醫師

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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, MAJID, MD†**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

#### **MANI, NASRIN, MD†**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **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-OCT-21

#### **MCGRAW, JOSEPH, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-21

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

#### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-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-APR-22

#### **MORRISON-REYES, JOSHUA, MD**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

#### **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. 網絡內提供者清單 專科護理醫師

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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-MAR-24

### **KHIEU, TINA, OD**

Provider ID: N/A

📍 2240 E PLAZA BLVD STE

F&G

NATIONAL CITY, CA 91950  
Effective as of 01-DEC-23

### **KOO, ANITA, OD**

Provider ID: N/A

📍 1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

### **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. 網絡內提供者清單 專科護理醫師

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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-SEP-22

### **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

### **KRIGER, STEPHEN, DPM†**

Provider ID: N/A

☒ 610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-22



## C1. 網絡內提供者清單 專科護理醫師

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### **NGUYEN, HAN, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

### **NGUYEN, HAN, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-23

### **NGUYEN, HAN, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

### **SANICOLAS, MARIA THERESA, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

### **SANICOLAS, MARIA THERESA, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

### **TSAI, GRACE, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-23

### **TSAI, GRACE, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-23

### **TSAI, GRACE, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

### **XU, DIXON, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-MAY-21

### **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-SEP-22

### **XU, DIXON, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-24

## ***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. 網絡內提供者清單 專科護理醫師

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217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

### **GALANT, DANIEL, PhD**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

### **MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

### **MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

### **REGISTERED PHYSICAL THERAPIST**

### **CHENG, BRANDON, PT**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

### **DORSEY, KYLE, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-DEC-21

### **DORSEY, KYLE, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108

NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

### **HERMAN, RACHEL, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

### **HERMAN, RACHEL, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-21

### **KARANDE, PRACHI, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-22

### **NGUYEN, TIA, PT**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-24

### **NOVENCIDO, ANDREW, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

### **SUGGS, SARAH, PT**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-MAY-23

### **SURGERY PLASTIC**

### **GUTTIKONDA, RAKHESH, DO**

Provider ID: N/A

655 EUCLID AVE STE 200  
NATIONAL CITY, CA 91950

Effective as of 01-DEC-23

### **ALLERGY IMMUNOLOGY**

### **SCHWINDT, CHRISTINA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 401  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

### **SCHWINDT, CHRISTINA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 401  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

### **CARDIOLOGY**

### **SARABI, DENNIS, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 610  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-21

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **ANTONYAN, HOLLY, NPFT†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

### **DERMATOLOGY**


### **AWADALLA, FARAH, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師


---

 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-22

#### **AWADALLA, FARAH, MD†**


Provider ID: N/A

 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **AWADALLA, FARAH, MD†**


Provider ID: N/A

 400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

#### **BIERMAN, DINA, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

#### **BIERMAN, DINA, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-23

#### **BREITHAUPT, ANDREW, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-18

#### **BREITHAUPT, ANDREW, MD†**


Provider ID: N/A

 360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-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-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

 1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-23

#### **FAZEL, NASIM, MD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

---

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

### **FAZEL, NASIM, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

### **FAZEL, NASIM, MD**

Provider ID: N/A

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-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-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. 網絡內提供者清單**  
**專科護理醫師**

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1441 AVOCADO AVE STE  
 409  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-NOV-23

**HENDERSON, GREGORY, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
 309  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-NOV-23

**KAMEL, JOSEPH, DO**

Provider ID: N/A

360 SAN MIGUEL DR STE  
 501  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-APR-23

**KAMEL, JOSEPH, DO**

Provider ID: N/A

360 SAN MIGUEL DR STE  
 501  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-MAR-24

**KAMEL, JOSEPH, DO**

Provider ID: N/A

360 SAN MIGUEL DR STE  
 501  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-MAR-24

**KARAVAN JAHROMI, MAHSA,  
 MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
 703  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-SEP-19

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

240 NEWPORT CENTER DR  
 STE 105  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

240 NEWPORT CENTER DR  
 STE 105  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-DEC-21

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
 703  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-DEC-21

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
 703  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-DEC-21

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
 806  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-AUG-22

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE

806

NEWPORT BEACH, CA  
 92660

Effective as of 01-AUG-22

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
 806  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-JAN-23

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
 703  
 NEWPORT BEACH, CA  
 92660

Effective as of 01-JAN-23

**LANDER, JEFFREY, MD†**

Provider ID: N/A

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. 網絡內提供者清單

### 專科護理醫師

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#### **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

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA

92660

Effective as of 01-MAY-23

#### **LEDON, JENNIFER, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

#### **LEDON, JENNIFER, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

#### **LEDON, JENNIFER, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

#### **LEDON, JENNIFER, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### **LEDON, JENNIFER, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

#### **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. 網絡內提供者清單 專科護理醫師

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### **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-NOV-23

### **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-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-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

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-21

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-21

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-17

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-19

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA

92660

Effective as of 01-JAN-12

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-18

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-21

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

#### **NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**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-APR-21

**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-JAN-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-21

**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. 網絡內提供者清單 專科護理醫師

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### **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-JAN-17

### **SHIELL, RONALD, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

## ***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. 網絡內提供者清單 專科護理醫師

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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

### **SODHI, SANDEEP, MD†**

Provider ID: N/A

369 SAN MIGUEL DR STE  
200  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

## ***GASTROENTEROLOGY***

### **SAINI, SURINDER, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
807  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-12

### **SAINI, SURINDER, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
807  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-11

## ***HEMATOLOGY / ONCOLOGY***

### **PATHAK, BHAVANA, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-21

### **PATHAK, BHAVANA, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-21

### **SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

### **SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

### **SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

### **SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

### **SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

## ***OBSTETRICS / GYNECOLOGY***

### **AL-AZAWI, HIND, MD**

Provider ID: N/A

366 SAN MIGUEL DR STE  
209  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

### **SUGIHARA, CORINNE, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
608  
NEWPORT BEACH, CA  
92660

Effective as of 01-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. 網絡內提供者清單 專科護理醫師

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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

### **AGARWAL, MADHU, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 605  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-22

### **CIES, WILLIAM, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 404  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

### **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-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

### **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-OCT-23

### **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-OCT-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

## C1. 網絡內提供者清單 專科護理醫師

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360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

### **HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

### **HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-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. 網絡內提供者清單  
專科護理醫師**

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**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. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單  
專科護理醫師**

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-JUL-12

**MUDGE, BRADLEY, MD†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA

92660  
Teleservice  
Effective as of 01-SEP-21

**RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660  
Effective as of 01-JAN-24

**RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660  
Effective as of 01-SEP-20

**RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660  
Effective as of 01-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

**ROHING, JAMES, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
708  
NEWPORT BEACH, CA  
92660

## C1. 網絡內提供者清單 專科護理醫師

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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-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

### **PHAN, CU, MD**

Provider ID: N/A

📍 400 NEWPORT CENTER  
DR STE 409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

### ***FAMILY PRACTICE***

### ***SPORTS MEDICINE***

### **YIM, EUGENE, MD†**

Provider ID: N/A

📍 21115 NEWPORT COAST DR  
NEWPORT COAST, CA  
92657

Effective as of 01-JAN-21

### ***ANESTHESIOLOGY***

### **TOWNE, BROOKE, MD**

Provider ID: N/A

📍 3998 VISTA WAY STE C  
OCEANSIDE, CA 92056

Effective as of 01-JAN-24

### ***ANESTHESIOLOGY PAIN MANAGEMENT***

### **BODDU, NAVNEET, MD**

Provider ID: N/A

📍 2125 S EL CAMINO REAL  
STE 200  
OCEANSIDE, CA 92054

Effective as of 01-JAN-23

### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-OCT-21

### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-OCT-21

### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JAN-24

### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-NOV-21

### **COHEN, ZACHARY, MD†**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JAN-23

### **DAIRO, BRANDON, MD†**

Provider ID: N/A

📍 3231 WARING CT STE K  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JAN-23

### **FISHER, CASEY, MD**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JUN-19

### **FISHER, CASEY, MD**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-JUL-21

### **LAWSON, ERIN, MD**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-23

### **LAWSON, ERIN, MD**

Provider ID: N/A

📍 3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

### **TOWNE, BROOKE, MD**

Provider ID: N/A

📍 3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

## **CARDIAC**

## **ELECTROPHYSIOLOGY**

### **PASHMFOROUSH, MOHAMMAD, MD†**

Provider ID: N/A

📍 2424 VISTA WAY STE 300  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JUN-21

## **CARDIOLOGY**

### **MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

📍 605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

### **PARIKH, MILIND, DO†**

Provider ID: N/A

📍 605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

### **RAJAMANICKAM, ANITHA, MD†**

Provider ID: N/A

📍 3907 WARING RD STE 3  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-22

## **CARDIOVASCULAR DISEASE**

### **EL SHERIEF, KARIM, MD†**

Provider ID: N/A

📍 3230 WARING CT STE O  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

### **KABRA, ASHISH, MD†**

Provider ID: N/A

📍 3907 WARING RD STE 3  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-22

### **RAJAMANICKAM, ANITHA, MD†**

Provider ID: N/A

📍 3907 WARING RD STE 3  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

### **SAMANI, PARGOL, MD**

Provider ID: N/A

📍 3927 WARING RD STE C  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-MAY-24

### **SHEREV, DIMITRI, MD**

Provider ID: N/A

📍 3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-23

### **YUNG, AARON, MD†**

Provider ID: N/A

📍 2424 VISTA WAY STE 300  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JUN-21

## **CERTIFIED ACUPUNCTURIST**

### **LIPTON, GREGORY, LAC**

Provider ID: N/A

📍 701 SEAGAZE DR STE B  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-21

## **CERTIFIED NURSE PRACTITIONER**

### **ANDOLINA, SARA, NP†**

Provider ID: N/A

📍 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

### **BAEK, KILHYO, NP**

Provider ID: N/A

📍 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

### **BAEK, KILHYO, NP**

Provider ID: N/A

📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **BAEK, KILHYO, NP**

Provider ID: N/A

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

### **BALDWIN, ANDREA, NP†**

Provider ID: N/A

📍 818 PIER VIEW WAY

## C1. 網絡內提供者清單 專科護理醫師

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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

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

### **CORY, ALLISON, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

### **EKLUND, BONNIE, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

### **EKLUND, BONNIE, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-FEB-24

### **FISHER-GAMEZ, LORI, NP**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-OCT-21

### **HALGEDAHL, YI, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

### **HALGEDAHL, YI, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

### **HALGEDAHL, YI, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **HOWELL, AMANDA, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **HOWELL, AMANDA, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **HOWELL, AMANDA, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

### **KESSLER, JENNIFER, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-DEC-23

### **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

### **NAVA, PETER, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **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

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-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

#### **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. 網絡內提供者清單

### 專科護理醫師

---

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-NOV-20

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-21

#### **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-MAR-12

#### **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

#### **LEE, HELEN, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-NOV-22

#### **LEE, HELEN, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-AUG-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-SEP-22

#### **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

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **ROSS, ANDREW, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-12

#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-APR-07

#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

#### **SAMADY, JOSEPH, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20

#### **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-SEP-21

#### **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-22

#### **THIELE, JENS, MD†**

Provider ID: N/A

☒ 3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

#### **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-SEP-22

#### **WONG, DARRYL, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

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3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-12

#### **ENDOCRINOLOGY** **REPRODUCTIVE**

**COFFLER, MICKEY, MD<sup>†</sup>**  
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

517 N HORNE ST  
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

**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<sup>†</sup>**  
Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-AUG-22

**VIDAL, MONICA, DO<sup>†</sup>**  
Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-AUG-22

**VIDAL, MONICA, DO<sup>†</sup>**  
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<sup>†</sup>**  
Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-21

#### **GASTROENTEROLOGY**

**CHIAO, HELLEN, MD<sup>†</sup>**  
Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**CHIAO, HELLEN, MD<sup>†</sup>**  
Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22


**CHIAO, HELLEN, MD<sup>†</sup>**  
Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**CHIAO, HELLEN, MD<sup>†</sup>**  
Provider ID: N/A


**C1. 網絡內提供者清單**  
**專科護理醫師**

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 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-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-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-JUN-99


**KROL, THOMAS, MD†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21


**KROL, THOMAS, MD†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21


**NOVO, MEGAN, MD**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JUL-23


**NOVO, MEGAN, MD**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-23


**NOVO, MEGAN, MD**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-OCT-23


**SHAD, JAVAID, MD†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21


**SHAD, JAVAID, MD†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22


**SHAD, JAVAID, MD†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21


**SHAD, JAVAID, MD†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21


**SHAD, JAVAID, MD†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-07


**SHIM, MICHAEL, MD†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-FEB-10


**SHIM, MICHAEL, MD†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**SHIM, MICHAEL, MD†**

Provider ID: N/A

 3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**SHIM, MICHAEL, MD†**

Provider ID: N/A

 3923 WARING RD STE A

## C1. 網絡內提供者清單 專科護理醫師

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OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

### **SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

### **VIERNES, MATTHEW, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-01

### **VIERNES, MATTHEW, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

### **VIERNES, MATTHEW, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

### **VIERNES, MATTHEW, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

## ***GYNECOLOGIC ONCOLOGY***

### **ESKANDER, RAMEZ, MD†**

Provider ID: N/A

4002 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-21

## ***HEMATOLOGY / ONCOLOGY***

### **SINGH, HIMANI, MD†**

Provider ID: N/A

3617 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

### **SINGH, HIMANI, MD†**

Provider ID: N/A

3617 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

## ***INTERNAL MEDICINE***

### **KHARADJIAN, TALAR, MD†**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-21

### **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-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

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24



## C1. 網絡內提供者清單 專科護理醫師

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### **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

4700 N RIVER RD  
OCEANSIDE, CA 92057  
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

### **DOUGHERTY, CHRISTINE, LCSW**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **DOUGHERTY, CHRISTINE, LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **GODINEZ, BRENDA, LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **GODINEZ, BRENDA, LCSW**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **GODINEZ, BRENDA, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

### **MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

### **MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **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. 網絡內提供者清單 專科護理醫師

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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

☒ 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **MEYERHOF, GRETA, MFT†**

Provider ID: N/A

☒ 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **MEYERHOF, GRETA, MFT†**

Provider ID: N/A

☒ 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. 網絡內提供者清單 專科護理醫師

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### **SUNTAY, BERK, MD<sup>†</sup>**

Provider ID: N/A

☒ 3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Effective as of 01-MAY-21

### **SUNTAY, BERK, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

### **NGUYEN, VINCENT, MD<sup>†</sup>**

Provider ID: N/A

☒ 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-APR-20

### **ROBINSON, FANE, MD<sup>†</sup>**

Provider ID: N/A

☒ 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-FEB-10

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☒ 3637 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-24

### **SMITH, MARK, MD<sup>†</sup>**

Provider ID: N/A

☒ 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-FEB-10

### **SMITH, MARK, MD<sup>†</sup>**

Provider ID: N/A

☒ 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

### **SONG, DELU, MD**

Provider ID: N/A

☒ 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-OCT-23

### **SONG, DELU, MD**

Provider ID: N/A

☒ 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

### **SONG, DELU, MD**

Provider ID: N/A

☒ 3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-23

## ***OPTOMETRIST***

### **GEE, JENNIFER, OD**

Provider ID: N/A

☒ 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

### **GEE, JENNIFER, OD**

Provider ID: N/A

☒ 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

### **GEE, JENNIFER, OD**

Provider ID: N/A

☒ 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

### **GEE, JENNIFER, OD**

Provider ID: N/A

☒ 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

### **KASAI, SARAH, OD**

Provider ID: N/A

☒ 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-DEC-23

### **KASAI, SARAH, OD**

Provider ID: N/A

☒ 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-DEC-23

### **KIM, MICHAEL, OD**

Provider ID: N/A

☒ 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

### **KIM, MICHAEL, OD**

Provider ID: N/A

☒ 4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

### **KIM, MICHAEL, OD**

Provider ID: N/A

☒ 517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **KIM, MICHAEL, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **MORA, WENDY, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **MORA, WENDY, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

#### **MORA, WENDY, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

#### **MORA, WENDY, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **RICH, RYAN, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **RICH, RYAN, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

#### **RICH, RYAN, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

#### **RICH, RYAN, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **RING, ROBERT, OD†**

Provider ID: N/A

3998 VISTA WAY STE 204  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

#### **TAM, EMILY, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

#### **TAM, EMILY, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

#### **TAM, EMILY, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

#### **TAM, EMILY, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **OTOLARYNGOLOGY**

#### **CARROLL, SARAH, MD†**

Provider ID: N/A

3907 WARING RD STE 1

OCEANSIDE, CA 92056  
Effective as of 01-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. 網絡內提供者清單 專科護理醫師

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### **REISMAN, BRUCE, MD†**

Provider ID: N/A

3907 WARING RD STE 1  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

### **PEDIATRICS**

### **CURLEY, EDWARD, MD†**

Provider ID: N/A

2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-15

### **RONAN, KEVIN, MD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-MAY-23

### **ZACHRY, ALISON, MD†**

Provider ID: N/A

3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058  
Effective as of 01-SEP-22

### **ZACHRY, ALISON, MD†**

Provider ID: N/A

2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

### **ZACHRY, ALISON, MD†**

Provider ID: N/A

2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

### **ZACHRY, ALISON, MD†**

Provider ID: N/A

605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

### **ZACHRY, ALISON, MD†**

Provider ID: N/A

619 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

### **PHYSICAL MEDICINE / REHABILITATION**

### **CURRY, JASON, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-21

### **FISHER, CASEY, MD**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

### **PERRIZO, NATHAN, DO**

Provider ID: N/A

3998 VISTA WAY STE 108  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

### **RICHARDSON, HENRY, MD†**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-MAY-23

### **PHYSICIANS ASSISTANT**

### **BASIN, NATALIE, PA**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-DEC-23

### **BASIN, NATALIE, PA**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-AUG-23

### **BEITTER, KEERSTIN, PA†**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JAN-23

### **BRODSKY, DENNIS, PA**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-FEB-22

### **COWAN, JOHN, PA†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-21

### **GLASSER, DANIEL, PA**

Provider ID: N/A

605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

### **KUPIS, ROBERT, PA**

Provider ID: N/A

605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

### **PAUL, ROBERT, PA†**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Teleservice



## C1. 網絡內提供者清單 專科護理醫師

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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

☐ 517 N HORNE ST  
OCEANSIDE, CA 92054

Effective as of 01-AUG-21

#### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A

☐ 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-AUG-21

#### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A

☐ 4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-AUG-21

#### **CHRISTIANSON, WARREN, DO**

## C1. 網絡內提供者清單

### 專科護理醫師

---

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-AUG-21

#### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-AUG-21

#### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-AUG-21

#### **PATEL, MITESH, MD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **PATEL, MITESH, MD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24

#### **PATEL, MITESH, MD**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24

#### **PATEL, MITESH, MD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

#### **PATEL, MITESH, MD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24

#### **PATEL, MITESH, MD**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24

### ***PULMONARY DISEASES***

#### **CORONA, FRANK, MD**

Provider ID: N/A

3907 WARING RD STE 2  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-23

#### **CORONA, FRANK, MD**

Provider ID: N/A

3231 WARING CT STE D  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

#### **VISEROI, MARIUS, MD<sup>†</sup>**

Provider ID: N/A

3231 WARING CT STE D  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

#### **YAMANAKA, MARK, MD**

Provider ID: N/A

3907 WARING RD STE 2  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-23

### ***RADIATION ONCOLOGY***

#### **HOOPES, DAVID, MD**

Provider ID: N/A

4002 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

#### **RASH, DOMINIQUE, MD**

Provider ID: N/A

4002 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

#### **URBANIC, JAMES, MD**

Provider ID: N/A

4002 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

### ***REGISTERED PHYSICAL THERAPIST***

#### **AMBROSE, CHRISTOPHER, PT**

Provider ID: N/A

467 COLLEGE BLVD STE 6  
OCEANSIDE, CA 92057  
Effective as of 01-DEC-21

#### **BOUCHARD, REID, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Effective as of 01-OCT-21

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

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

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

457 COLLEGE BLVD STE 6  
OCEANSIDE, CA 92057  
Effective as of 01-FEB-24

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **DOULL, MATTHEW, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JUN-23

#### **FARRAR, COURTNEY, PT†**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JAN-23

#### **FARRAR, COURTNEY, PT†**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JAN-23

#### **GARBER, MARC, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-21

#### **LANGIS, TANYA, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-21

#### **MCGEE, JACQUELINE, PT**

Provider ID: N/A

467 COLLEGE BLVD STE 6  
OCEANSIDE, CA 92057

Effective as of 01-DEC-21

#### **OSORIO, SANTIAGO, PT**

Provider ID: N/A

2424 VISTA WAY STE 120  
OCEANSIDE, CA 92054

Effective as of 01-SEP-22

#### **PENNINGTON, JENNIFER, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-21

#### **TAMAYO, SYDNIE, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-23

#### **WILSON, JENNIFER, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-21

### ***RHEUMATOLOGY***

#### **BEJKO, ETELEVA, MD**

Provider ID: N/A

3998 VISTA WAY STE E  
OCEANSIDE, CA 92056

Effective as of 01-JAN-24

#### **BRION, PAUL, MD**

Provider ID: N/A

3998 VISTA WAY STE E  
OCEANSIDE, CA 92056

Effective as of 01-FEB-24

### ***SURGERY***

#### ***CARDIOVASCULAR***

#### **WU, DARRELL, MD†**

Provider ID: N/A

3156 VISTA WAY STE 100  
OCEANSIDE, CA 92056

Effective as of 01-JUL-21

### ***SURGERY COLON SURGERY***

#### **NASSERY, KRISTEN, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **NASSERY, KRISTEN, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

### ***SURGERY GENERAL***

#### **DEEMER, ANDREW, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **DEEMER, ANDREW, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

#### **JAMSHIDI-NEZHAD, MOHAMMAD, DO**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

#### **SEIDEN, GRANT, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

## C1. 網絡內提供者清單 專科護理醫師

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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-SEP-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-JAN-21

### **GUERENA, MICHAEL, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056

Effective as of 01-JAN-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-SEP-21

### **PHILLIPS, JASON, MD†**

Provider ID: N/A

3907 WARING RD STE 4  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

### **PHILLIPS, JASON, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056

Effective as of 01-JAN-15

### **SHAPIRO, ROBERT, MD**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056

## C1. 網絡內提供者清單 專科護理醫師

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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-SEP-21

### **VILCHIS, CAROLINE, MD†**

Provider ID: N/A

📍 3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-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  
210  
POWAY, CA 92064  
Effective as of 01-JAN-24

#### **COHEN, ZACHARY, MD**

Provider ID: N/A

📍 15725 POMERADO RD STE  
201  
POWAY, CA 92064  
Effective as of 01-JAN-23

#### **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. 網絡內提供者清單 專科護理醫師

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### **BAYAT, HAMED, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

### **CHEN, ANDREW, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

### **MULVIHILL, DANIEL, MD†**

Provider ID: N/A

15611 POMERADO RD FL 4  
POWAY, CA 92064  
Effective as of 01-SEP-22

### **SERRY, ROD, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

### **VANICHSARN, CHRISTOPHER, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-MAR-24

## **CARDIOVASCULAR DISEASE**

### **NANAVATI, VIMAL, MD**

Provider ID: N/A

15706 POMERADO RD STE  
104  
POWAY, CA 92064  
Effective as of 01-FEB-23

### **SHEREV, DIMITRI, MD**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064  
Effective as of 01-SEP-23

### **ZAKOV, KAMEN, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

## **CERTIFIED NURSE PRACTITIONER**

### **BISHOP, LESLIE, NP†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-JAN-21

### **TRAN, DAPHNE, NP**

Provider ID: N/A

15611 POMERADO RD  
POWAY, CA 92064  
Effective as of 01-FEB-23

### **WILLIAMS, SHANTRICE, NP**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064  
Effective as of 01-FEB-24

### **WRIGHT, KIMBERLY, NP†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-JAN-21

## **CLINICAL**

## **NEUROPSYCHOLOGIST**

### **KAUP, ALLISON, PhD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-MAR-21

## **DERMATOLOGY**

### **ARMSTRONG, PATRICK, MD**

Provider ID: N/A

15721 POMERADO RD STE  
300  
POWAY, CA 92064  
Effective as of 01-MAR-24

### **ARMSTRONG, PATRICK, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

### **BROGAN, JACQUELINE, MD**

Provider ID: N/A

15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-FEB-24

### **CELANO, NICHOLAS, MD**

Provider ID: N/A

15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-NOV-23

### **CELANO, NICHOLAS, MD**

Provider ID: N/A

15725 POMERADO RD STE

## C1. 網絡內提供者清單 專科護理醫師

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102  
POWAY, CA 92064  
Effective as of 01-JAN-24

### **CHIANG, JENNIFER, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-JAN-24

### **GONZALEZ, JOSE, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-FEB-24

### **JOU, PAUL, MD†**

Provider ID: N/A  
15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

### **LIN, SHINKO, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-MAR-24

### **NELSON, AISLYN, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-FEB-24

### **SATEESH, BROOKE, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-JAN-24

### **TYAGI, ABHILASHA, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-JAN-24

### **UEBELHOER, NATHAN, DO†**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-JAN-24

## ***ENDOCRINOLOGY***

## ***METABOLISM DIABETES***

### **SCHNEIDER, DARIUS, MD**

Provider ID: N/A  
15525 POMERADO RD STE  
A1  
POWAY, CA 92064  
Effective as of 01-DEC-22

### **SCHNEIDER, DARIUS, MD**

Provider ID: N/A  
15525 POMERADO RD STE  
A1  
POWAY, CA 92064  
Effective as of 01-JAN-23

## ***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-JAN-21

### **REDDY, SMITHA, MD†**

Provider ID: N/A  
15725 POMERADO RD STE  
117

## C1. 網絡內提供者清單 專科護理醫師

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POWAY, CA 92064  
Effective as of 01-JAN-23

### **REDDY, SMITHA, MD†**

Provider ID: N/A

 15725 POMERADO RD STE  
117

POWAY, CA 92064  
Effective as of 01-SEP-22

### **THAPER, MOHINDERPAL, MD†**

Provider ID: N/A

 15611 POMERADO RD STE  
575

POWAY, CA 92064  
Effective as of 01-JAN-21

### **LICENSED CLINICAL SOCIAL WORKER**

### **BELINSKY, MARIA, LCSW**

Provider ID: N/A

 13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-FEB-24

### **NEPHROLOGY**

### **AL-DAHMAN, ZAID, MD**


Provider ID: N/A

 15708 POMERADO RD STE  
N-205

POWAY, CA 92064  
Effective as of 01-MAY-23

### **BOISKIN, MARK, MD†**

Provider ID: N/A

 15708 POMERADO RD STE  
N-205

POWAY, CA 92064  
Effective as of 01-JUL-22

### **BOISKIN, MARK, MD**

Provider ID: N/A

 15644 POMERADO RD STE

104  
POWAY, CA 92064  
Effective as of 01-JAN-24

### **BOISKIN, MARK, MD†**

Provider ID: N/A

 15708 POMERADO RD STE  
N-205

POWAY, CA 92064  
Effective as of 01-JAN-21

### **BOISKIN, MARK, MD†**

Provider ID: N/A

 15708 POMERADO RD STE  
N-205

POWAY, CA 92064  
Effective as of 01-JAN-16

### **GREENSTEIN, JOSHUA, MD†**

Provider ID: N/A

 15708 POMERADO RD STE  
N-205

POWAY, CA 92064  
Effective as of 01-JUL-22

### **NEYAZ, MOHAMMED, DO**


Provider ID: N/A

 15708 POMERADO RD STE  
N-205

POWAY, CA 92064  
Effective as of 01-NOV-23

### **SHAPIRO, MARK, MD†**

Provider ID: N/A

 15708 POMERADO RD STE  
N-205

POWAY, CA 92064

Teleservice

Effective as of 01-JUL-22

### **NEUROLOGY**

### **DELANEY, MICHAEL, MD†**

Provider ID: N/A

 15611 POMERADO RD STE

505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-JAN-21

### **DELANEY, MICHAEL, MD†**

Provider ID: N/A

 15611 POMERADO RD STE  
505

POWAY, CA 92064

Teleservice

Effective as of 01-AUG-19

### **DELANEY, MICHAEL, MD†**

Provider ID: N/A

 15611 POMERADO RD STE  
505

POWAY, CA 92064

Teleservice

Effective as of 01-JAN-21

### **FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A

 15611 POMERADO RD STE  
505

POWAY, CA 92064

Effective as of 01-NOV-21

### **FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A

 15611 POMERADO RD STE  
505

POWAY, CA 92064

Effective as of 01-FEB-22

### **HO, GILBERT, MD**

Provider ID: N/A

 15708 POMERADO RD STE  
N103

POWAY, CA 92064\*

Effective as of 01-OCT-23

### **LUHAR, RIYA, DO**

Provider ID: N/A

 15611 POMERADO RD STE

**C1. 網絡內提供者清單  
專科護理醫師**

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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. 網絡內提供者清單

### 專科護理醫師

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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-FEB-21

#### **SMITH, COLLIN, DPM†**

Provider ID: N/A

☐ 15706 POMERADO RD STE  
S102  
POWAY, CA 92064

Effective as of 01-DEC-21

#### **SMITH, COLLIN, DPM†**

Provider ID: N/A

☐ 15706 POMERADO RD STE  
S102  
POWAY, CA 92064

Effective as of 01-SEP-22

#### ***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



## C1. 網絡內提供者清單 專科護理醫師

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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-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-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-SEP-22

#### **REDDY, SMITHA, MD†**

Provider ID: N/A

15725 POMERADO RD STE  
117  
POWAY, CA 92064

Effective as of 01-DEC-18

### **SURGERY ORTHOPEDIC**

#### **BALIKIAN, PHILIP, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064

Teleservice

Effective as of 01-JAN-21

#### **BRIED, JAMES, MD†**

Provider ID: N/A

15611 POMERADO RD STE

## C1. 網絡內提供者清單 專科護理醫師

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525  
POWAY, CA 92064  
Effective as of 01-SEP-22

### **COHEN, BRAD, MD†**

Provider ID: N/A  
☑ 15611 POMERADO RD STE  
525  
POWAY, CA 92064  
Effective as of 01-SEP-22

### **UROLOGY**

#### **ANTHONY, JULIAN, MD**

Provider ID: N/A  
☑ 15611 POMERADO RD FL 4  
POWAY, CA 92064  
Effective as of 01-MAR-24

#### **PE, MARK-RALLY, MD†**

Provider ID: N/A  
☑ 12630 MONTE VISTA RD  
STE 103  
POWAY, CA 92064  
Effective as of 01-SEP-22

### **CHIROPRACTOR**

#### **LOVERN, JENNIFER, DC†**

Provider ID: N/A  
☑ 220 ROTANZI ST  
RAMONA, CA 92065  
Effective as of 01-JUL-22

### **FAMILY PRACTICE**

#### **HARDISON, CHARLES, MD†**

Provider ID: N/A  
☑ 211 13TH ST  
RAMONA, CA 92065\*  
Effective as of 01-SEP-22

### **INTERNAL MEDICINE**

#### **YUNG, DORIS, MD†**

Provider ID: N/A  
☑ 220 ROTANZI ST  
RAMONA, CA 92065  
Effective as of 01-DEC-18

### **PEDIATRICS**

#### **ZACHRY, ALISON, MD†**

Provider ID: N/A  
☑ 220 ROTANZI ST  
RAMONA, CA 92065  
Effective as of 01-SEP-22

### **REGISTERED PHYSICAL THERAPIST**

#### **BOUTELLE, DAVID, PT**

Provider ID: N/A  
☑ 850 MAIN ST STE 105  
RAMONA, CA 92065  
Effective as of 01-FEB-24

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A  
☑ 850 MAIN ST STE 105  
RAMONA, CA 92065  
Effective as of 01-FEB-24

### **CHIROPRACTOR**

#### **PIERSON, MICHAEL, DC**

Provider ID: N/A  
☑ 22411 ANTONIO PKWY STE  
C215  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-18

### **DERMATOLOGY**

#### **DICESARE, DANIEL, MD**

Provider ID: N/A  
☑ 22032 EL PASEO STE 150  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-NOV-19

#### **DICESARE, DANIEL, MD**

Provider ID: N/A  
☑ 22032 EL PASEO STE 150  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-NOV-19

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A  
☑ 29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-17

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A  
☑ 29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-16

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A  
☑ 29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-16

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A  
☑ 29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-AUG-12

#### **GUIDE, SHIREEN, MD†**

Provider ID: N/A  
☑ 29829 SANTA MARGARITA  
PKWY STE 500

## C1. 網絡內提供者清單 專科護理醫師

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RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-AUG-12

### **GUIDE, SHIREEN, MD†**

Provider ID: N/A

☞ 29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-AUG-12

### **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. 網絡內提供者清單 專科護理醫師

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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-MAY-12

### **GORE, GWENDOLYN, MD†**

Provider ID: N/A

☐ 29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688\*

Effective as of 01-FEB-13

### **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-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

### **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

### **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. 網絡內提供者清單 專科護理醫師

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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-SEP-19

#### **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-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-JAN-23

#### **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



## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-JAN-23

### **DRURY, PAUL, MD<sup>†</sup>**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-JAN-23

### **DRURY, PAUL, MD<sup>†</sup>**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-SEP-19

### **KUO, ALLEN, MD<sup>†</sup>**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-SEP-20

### **KUO, ALLEN, MD<sup>†</sup>**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-SEP-20

### **KUO, ALLEN, MD<sup>†</sup>**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-SEP-20

### **VAN, HO HAI, MD<sup>†</sup>**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-DEC-21

### **VAN, HO HAI, MD<sup>†</sup>**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-FEB-23

### **VAN, HO HAI, MD<sup>†</sup>**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-DEC-21

### **VAN, HO HAI, MD<sup>†</sup>**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-DEC-21

## ***CARDIOVASCULAR DISEASE***

### **KUO, ALLEN, MD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

### **CARLIN, CHRISTOPHER, MD<sup>†</sup>**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-23

### **CARLIN, CHRISTOPHER, MD<sup>†</sup>**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-22

### **CARLIN, CHRISTOPHER, MD<sup>†</sup>**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-NOV-19

### **CARLIN, CHRISTOPHER, MD<sup>†</sup>**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-21

### **CARLIN, CHRISTOPHER, MD<sup>†</sup>**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-21

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

**CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-21

**CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-21

**FOREMAN, TANYA, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-21

**FOREMAN, TANYA, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-21

**FOREMAN, TANYA, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**FOREMAN, TANYA, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-18

**GUIDE, SHIREEN, MD†**

Provider ID: N/A

☐ 629 CAMINO DE LOS

MARES STE 105  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-16

**GUIDE, SHIREEN, MD†**

Provider ID: N/A

☐ 629 CAMINO DE LOS  
MARES STE 105  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-16

**GUIDE, SHIREEN, MD†**

Provider ID: N/A

☐ 629 CAMINO DE LOS  
MARES STE 105  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-17

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-20

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-18

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-23

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-18

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-18

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAR-23

**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. 網絡內提供者清單 專科護理醫師

---

### **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-APR-11

### **GUJRAL, NAVJYOT, MD†**

Provider ID: N/A

☐ 655 CAMINO LOS MARES  
123  
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-12

### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

☐ 675 CAMINO DE LOS  
MARES STE 301  
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-22

### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

☐ 675 CAMINO DE LOS  
MARES STE 301  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

### **HASSANEIN, TAREK, MD†**

Provider ID: N/A

☐ 675 CAMINO LOS MARES  
210  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

### **ROSSARO, LORENZO, MD†**

Provider ID: N/A

☐ 675 CAMINO DE LOS  
MARES STE 301  
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-22

### **ROSSARO, LORENZO, MD†**

Provider ID: N/A

☐ 675 CAMINO DE LOS  
MARES STE 210  
SAN CLEMENTE, CA 92673

Effective as of 01-JUN-21

## ***NEUROLOGY***

### **PATEL, HITESH, MD†**

Provider ID: N/A

☐ 638 CAMINO DE LOS  
MARES STE D4  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-21

### **PATEL, HITESH, MD†**

Provider ID: N/A

☐ 638 CAMINO DE LOS  
MARES STE D4  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-21

### **PATEL, HITESH, MD†**

Provider ID: N/A

☐ 638 CAMINO DE LOS  
MARES STE D4  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-21

### **PATEL, HITESH, MD†**

Provider ID: N/A

☐ 638 CAMINO DE LOS  
MARES STE D4  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-21

## ***OBSTETRICS / GYNECOLOGY***

### **BAILEY, THOMAS, MD†**

Provider ID: N/A

☐ 665 CAMINO LOS MARES  
303  
SAN CLEMENTE, CA 92672

Effective as of 01-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-JUL-22

### **JOHNSON, SUSAN, MD†**

Provider ID: N/A

☐ 1031 AVENIDA PICO STE  
204  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-20

### **JOHNSON, SUSAN, MD†**

Provider ID: N/A

☐ 1031 AVENIDA PICO STE  
204  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-22

### **PRIESTLEY, ANGELIKA, MD**

## C1. 網絡內提供者清單

### 專科護理醫師

---

Provider ID: N/A

☒ 1031 AVENIDA PICO STE  
204  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-22

#### **RAMIREZ, SARA, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-10

#### **RAMIREZ, SARA, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

#### **SALCIDO, CRAIG, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES STE 303A  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

#### **SALCIDO, CRAIG, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES STE 303A  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

### **OPHTHALMOLOGY**

#### **AHMAD, ASHRAF, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-22

#### **AHMAD, ASHRAF, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

#### **BANUELOS, LYDIA, MD†**

Provider ID: N/A

☒ 653 CAMINO DE LOS  
MARES STE 107  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-22

#### **BANUELOS, LYDIA, MD**

Provider ID: N/A

☒ 653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-FEB-23

#### **DHOOT, SONIA, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-19

#### **DHOOT, SONIA, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-19

#### **DHOOT, SONIA, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

#### **DHOOT, SONIA, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-22

#### **GUJRAL, SATVINDER, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-22

#### **GUJRAL, SATVINDER, MD†**

Provider ID: N/A

☒ 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

#### **GWYNN, DAVID, MD**

Provider ID: N/A

☒ 653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-24

#### **GWYNN, DAVID, MD**

Provider ID: N/A

☒ 653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-24

#### **GWYNN, DAVID, MD**

Provider ID: N/A

☒ 653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-24

#### **GWYNN, DAVID, MD**

Provider ID: N/A

☒ 653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-MAR-23

#### **GWYNN, DAVID, MD**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

☐ 653 CAMINO DE LOS MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-FEB-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

### **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

### **JACOBS, JEFFREY, MD†**

Provider ID: N/A

☐ 665 CAMINO LOS MARES 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

### **JACOBS, JEFFREY, MD†**

Provider ID: N/A

☐ 665 CAMINO LOS MARES 102

SAN CLEMENTE, CA 92673  
Effective as of 01-APR-23

### **JACOBS, JEFFREY, MD†**

Provider ID: N/A

☐ 665 CAMINO LOS MARES 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-23

### **JACOBS, JEFFREY, MD†**

Provider ID: N/A

☐ 665 CAMINO LOS MARES 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

### **JOSON, PETER, MD**

Provider ID: N/A

☐ 653 CAMINO LOS MARES 107  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-11

### **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-MAR-10

### **JOSON, PETER, MD**

Provider ID: N/A

☐ 653 CAMINO LOS MARES 107  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAR-23

### **JOSON, PETER, MD**

Provider ID: N/A

☐ 653 CAMINO LOS MARES 107  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAY-12

### **JOSON, PETER, MD**

Provider ID: N/A

☐ 653 CAMINO DE LOS MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAY-23

### **JOSON, PETER, MD**

Provider ID: N/A

☐ 653 CAMINO DE LOS MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAY-23

### **JOSON, PETER, MD**

Provider ID: N/A

☐ 653 CAMINO DE LOS MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-17

### **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. 網絡內提供者清單


### 專科護理醫師

---

MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22


#### **KERSTEN, DIANA, MD**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-23


#### **KERSTEN, DIANA, MD**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-23


#### **KERSTEN, DIANA, MD**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23


#### **KIM, EDWARD, MD†**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23


#### **KIM, BRIAN, MD†**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23


#### **KIM, BRIAN, MD†**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22


#### **KIM, EDWARD, MD†**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-22


#### **NOGUCHI, JONATHAN, MD**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23


#### **ROUHANI, BEHNAZ, MD**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23


#### **ROUHANI, BEHNAZ, MD**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-22


#### **SALEHI-HAD, HANI, MD†**

Provider ID: N/A

 653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-21


#### **SALEHI-HAD, HANI, MD†**

Provider ID: N/A

 653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-21


#### **SALEHI-HAD, HANI, MD†**

Provider ID: N/A

 653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-21


#### **TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23


#### **TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-22


#### **WANG, YE, MD†**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-19

#### **WANG, YE, MD†**


Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-19

#### ***OPTOMETRIST***

#### **CHOI-SIRITARATIWAT, ISABELL, OD†**

Provider ID: N/A

 665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-19

#### **CHOI-SIRITARATIWAT, ISABELL, OD†**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-19

### **CHOI-SIRITARATIWAT, ISABELL, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

### **CHOI-SIRITARATIWAT, ISABELL, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

### **LEIGHT, TERRA, OD†**

Provider ID: N/A

685 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

### **LEIGHT, TERRA, OD†**

Provider ID: N/A

685 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

### **NG, REBECCA, OD†**

Provider ID: N/A

653 CAMINO LOS MARES 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-11

### **NG, REBECCA, OD†**

Provider ID: N/A

653 CAMINO LOS MARES 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-18

### **NG, REBECCA, OD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 107  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-23

### **STEFANIDIS, NICOLETTA, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-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-SEP-22

### **TERADA, SEIJU, OD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

## **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

## C1. 網絡內提供者清單 專科護理醫師

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### **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. 網絡內提供者清單 專科護理醫師

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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-APR-11

### **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

## **UROLOGY**

### **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

### **BUI, DON, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA

STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-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. 網絡內提供者清單 專科護理醫師

---

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

☐ 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

### ***ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY***

#### **HOAGLAND, PETER, MD†**

Provider ID: N/A

☐ 3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

#### **JASKI, BRIAN, MD†**

Provider ID: N/A

☐ 3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-JAN-21

### ***AEROSPACE MEDICINE***

#### **BRUNO, EMILY, MD**

Provider ID: N/A

☐ 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-JUL-22

#### **BRUNO, EMILY, MD**

Provider ID: N/A

☐ 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-JUL-22

### ***ALLERGY IMMUNOLOGY***

#### **ALKATIB, RHONDA, MD†**

Provider ID: N/A

☐ 2655 CAMINO DEL RIO N  
STE 425  
SAN DIEGO, CA 92108

Effective as of 01-APR-22

#### **ALKATIB, RHONDA, MD†**

Provider ID: N/A

☐ 2655 CAMINO DEL RIO N  
STE 425

SAN DIEGO, CA 92108

Effective as of 01-OCT-21

#### **ALKATIB, RHONDA, MD†**

Provider ID: N/A

☐ 2655 CAMINO DEL RIO N  
STE 120

SAN DIEGO, CA 92108

Effective as of 01-SEP-22

#### **COHEN, GARY, MD**

Provider ID: N/A

☐ 9833 PACIFIC HEIGHTS  
BLVD STE J

SAN DIEGO, CA 92121

Effective as of 01-OCT-95

#### **COHEN, GARY, MD**

Provider ID: N/A

☐ 9833 PACIFIC HEIGHTS  
BLVD STE J

SAN DIEGO, CA 92121

Effective as of 01-FEB-07

#### **KIM, ALEXANDER, MD**

Provider ID: N/A

☐ 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JUN-23

#### **MERCANDETTI, ALEX, MD†**

Provider ID: N/A

☐ 3965 5TH AVE STE 430  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-NOV-20

#### **OSTROM, NANCY, MD†**

Provider ID: N/A

☐ 5776 RUFFIN RD  
SAN DIEGO, CA 92123



## C1. 網絡內提供者清單 專科護理醫師

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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 104  
SAN DIEGO, CA 92126

Effective as of 01-APR-21

### **GROVEY, BRITTANY, MD†**

Provider ID: N/A

☒ 8901 ACTIVITY RD STE 100  
SAN DIEGO, CA 92126

Effective as of 01-JAN-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. 網絡內提供者清單 專科護理醫師

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### **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-APR-21

### **LEE, GEMAYEL, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 104  
SAN DIEGO, CA 92126  
Effective as of 01-FEB-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

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **BAXTER, STEPHANIE, AuD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **BAXTER, STEPHANIE, AuD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
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. 網絡內提供者清單 專科護理醫師

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9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**HORNER, HEATHER, AuD†**  
Provider ID: N/A

6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-JUN-22

**HORNER, HEATHER, AuD†**  
Provider ID: N/A

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-JUN-22

**SHASKY, GARY, AuD†**  
Provider ID: N/A

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-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-DEC-22

**PATEL, JIGAR, DO†**  
Provider ID: N/A

4060 4TH AVE STE 650

SAN DIEGO, CA 92103  
Effective as of 01-FEB-23

**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. 網絡內提供者清單**  
**專科護理醫師**

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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-JUL-22

**FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**GLASSMAN, JERROLD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**GLASSMAN, JERROLD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**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

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-13

**GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

7901 FROST ST  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**LY, NANCY, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-JAN-23

**LY, NANCY, MD†**

Provider ID: N/A

292 EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-JUL-22

**MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

**MULLVAIN, JEFFRY, MD†**

Provider ID: N/A

4060 4TH AVE STE 500  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

**NGUYEN, TRI, MD†**

Provider ID: N/A

7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111  
Teleservice  
Effective as of 01-APR-24

**NGUYEN, BRYANT, MD†**

Provider ID: N/A

4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**NGUYEN, TRI, MD†**

Provider ID: N/A

4206 44TH ST  
SAN DIEGO, CA 92115\*  
Teleservice  
Effective as of 01-SEP-22

**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. 網絡內提供者清單 專科護理醫師

---

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-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

### **CARLSON, STEVEN, MD†**

Provider ID: N/A

☐ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Teleservice  
Effective as of 01-SEP-22

### **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

☐ 2131 3RD AVE  
SAN DIEGO, CA 92101  
Effective as of 01-DEC-23

### **DURAN, EDWARD, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

### **FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-14

### **FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

### **GARIBYAN, VARTAN, DO†**

Provider ID: N/A

☐ 4060 4TH AVE STE 500  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

### **GLASSMAN, JERROLD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

### **GLASSMAN, JERROLD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-20



**C1. 網絡內提供者清單**  
**專科護理醫師**

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**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-JUN-23

**LY, NANCY, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-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-SEP-22

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-APR-21

**NARULA, ARVIN, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**NAYAK, KESHAV, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**NAYAK, KESHAV, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-19

## C1. 網絡內提供者清單 專科護理醫師

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### **NGUYEN, TRI, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-SEP-22

### **PARIZO, JUSTIN, MD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-JAN-23

### **SHAH, ABHISHEK, MD<sup>†</sup>**

Provider ID: N/A

☒ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-SEP-22

### **SHAH, KULIN, MD<sup>†</sup>**

Provider ID: N/A

☒ 412 WASHINGTON ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

### **SHEREV, DIMITRI, MD<sup>†</sup>**

Provider ID: N/A

☒ 6402 EL CAJON BLVD STE  
102

SAN DIEGO, CA 92115

Effective as of 01-FEB-21

### **SUDHAKAR, DEEPTHI, MD<sup>†</sup>**

Provider ID: N/A

☒ 412 WASHINGTON ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

### **SUDHAKAR, DEEPTHI, MD<sup>†</sup>**

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. 網絡內提供者清單 專科護理醫師

---

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

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

### **ARELLANO, JACQUELINE, LAC†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

### **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

9333 GENESEE AVE STE  
220  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-21

### **MURRAY, STEVEN, LAC†**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-AUG-21

### **MURRAY, STEVEN, LAC†**

Provider ID: N/A

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

### **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. 網絡內提供者清單

### 專科護理醫師

---

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21

#### **SEITZ, GRETCHEN, LAC**

Provider ID: N/A

9995 CARMEL MOUNTAIN  
RD STE B10-B11  
SAN DIEGO, CA 92129  
Effective as of 01-JAN-21

#### **TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24

#### **TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

9333 GENESEE AVE  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-21

#### **TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

#### **TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-FEB-24

***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. 網絡內提供者清單 專科護理醫師

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8010 FROST ST STE 220  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-23

### **CAMARGO-LOWTHERS, ANGELICA, NP†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

### **CAMARGO-LOWTHERS, ANGELICA, NP†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

### **CARDENAS, MIRIAM, NPF**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

### **CARDENAS, MIRIAM, NPF**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

### **CASE, ERINN, NP**

Provider ID: N/A

3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

### **CELESTIN-RAMSEY, AKANKE, NPF**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Teleservice

Effective as of 01-DEC-21

### **CHANTALA, ELIZABETH, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **CHAVEZ, ALEXANDRIA, NP†**

Provider ID: N/A

4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

### **CHEATHAM, BRITTANY, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **CHEN, KATIE, NP**

Provider ID: N/A

4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-24

### **CHOATE, BERNADETTE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

### **CHOATE, BERNADETTE, NP†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

### **CHRISMAN, JESSICA, NP**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

### **COLEMAN, PAGE, NP**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-FEB-24

### **CONNER, PAMELA, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **CONNOR, CAROLINE, NP†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-21

### **CONNOR, CAROLINE, NP†**

Provider ID: N/A

6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-JUN-21

### **CUTLER, APRYL, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

### **DE DIOS, SARAH, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

### **DE LARA, KAROL JOHN, NP**

Provider ID: N/A

4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-24

### **DEBSKI, LAUREN, NPF**



## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-JUL-22

### **DEL VECCHIO, MEGAN, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

### **DEL VECCHIO, MEGAN, NP**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

### **DHARKAR SURBER, SAPNA, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

### **DHARKAR SURBER, SAPNA, NP**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

### **DILLEN, REBECCA, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

### **DO, ELAINE, NP**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

Effective as of 01-JUL-22

### **DOAN, ANGELA, NP†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **DOAN, ANGELA, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

### **DRISCOLL, KARRIE, NP†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

### **DRISCOLL, SUSAN, NP**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Effective as of 01-OCT-23

### **DWYER, ERIN, NP**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

### **DWYER, ERIN, NP**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

### **DWYER, ERIN, NP†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

### **DWYER, ERIN, NP†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

### **DWYER, ERIN, NP**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

### **ERICKSON, LISA, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

### **ERICKSON, LISA, NP†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

### **FEIZI, SEDI, NP†**

Provider ID: N/A

995 GATEWAY CENTER  
WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-JAN-21

### **FEROLIE, PAM, NP**

Provider ID: N/A

375 CAMINO DE LA REINA  
STE C  
SAN DIEGO, CA 92108  
Effective as of 01-DEC-23

### **FILIPPELLO, LAUREN, NPF**

Provider ID: N/A

3863 CLAIREMONT DR  
SAN DIEGO, CA 92117

## C1. 網絡內提供者清單 專科護理醫師

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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

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

### **INSTONE, SUSAN, NP**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Effective as of 01-SEP-22

### **JENKINS, ERIN, NP**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-AUG-22

## C1. 網絡內提供者清單 專科護理醫師

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### **JENKINS, ERIN, NP**

Provider ID: N/A

☒ 4510 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

☒ 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **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

☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **MADGEDI, SHEILA, NP†**

Provider ID: N/A

☒ 4282 GENESEE AVE STE  
204  
SAN DIEGO, CA 92117  
Teleservice  
Effective as of 01-JUL-21

### **MANZANO, EUNICE, NP†**

Provider ID: N/A

☒ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

### **MANZANO, EUNICE, NP†**

Provider ID: N/A

☒ 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

### **MAROSOK, MICHELLE, NP**

Provider ID: N/A

☒ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-NOV-23

### **MARTINEZ, CAROLYN, NP**

Provider ID: N/A

☒ 1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-AUG-22

### **MAYOYO, MARILYNN, NP**

Provider ID: N/A

☒ 3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

### **MCCLAIN, MEGAN, NP†**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **MCGILLOWAY, MELANIE, NP†**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

### **MCGOWAN, GLAIZA ANN, NP**

Provider ID: N/A

☒ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

### **MCGOWAN, GLAIZA ANN, NP**

## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

☐ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

### **MEDILO, LOVELLA, NP**

Provider ID: N/A

☐ 4033 3RD AVE STE 200  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-DEC-22

### **MEDINA, RUBELETA, NP**

Provider ID: N/A

☐ 9995 CARMEL MOUNTAIN  
RD STE B1011  
SAN DIEGO, CA 92129  
Effective as of 01-FEB-23

### **MELTZER, VIRGINIA, NP†**

Provider ID: N/A

☐ 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

### **MELTZER, VIRGINIA, NP†**

Provider ID: N/A

☐ 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

### **MEYER, ISAAC, NP**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **MEYER, ISAAC, NP**

Provider ID: N/A

☐ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

### **MICK, SHARON, NP**

Provider ID: N/A

☐ 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-JAN-24

### **MOONEY, PATRICIA, NP†**

Provider ID: N/A

☐ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-MAY-21

### **MORENO, EMILY, NP†**

Provider ID: N/A

☐ 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-21

### **MULVEY, CAOILFHIONN, NP†**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **MWAURA, WAIRIMU, NP†**

Provider ID: N/A

☐ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-JUN-21

### **NAGATA, CERAH, NP**

Provider ID: N/A

☐ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **NAGATA, CERAH, NP**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

### **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. 網絡內提供者清單 專科護理醫師

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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

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

### **QUINTO, CINDY, NP**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

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

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-OCT-23



## C1. 網絡內提供者清單 專科護理醫師

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### **REAL, MARIA, NP**

Provider ID: N/A

4171 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

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-APR-23

### **REGEV, SHANEE, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

### **REINER, GAIL, NP**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

### **REINER, GAIL, NP†**

Provider ID: N/A

4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121

Effective as of 01-OCT-21

### **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. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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Teleservice

Effective as of 01-JUL-21

### **TEJADA BRAS, SANDY, NP**

Provider ID: N/A

2929 HEALTH CENTER DR  
SAN DIEGO, CA 92123\*

Effective as of 01-JUL-22

### **TILLEY, MONICA, NPF**

Provider ID: N/A

12843 EL CAMINO REAL  
STE 203

SAN DIEGO, CA 92130

Effective as of 01-DEC-21

### **TOMICICH, STEPHANIE, NP**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270

SAN DIEGO, CA 92128

Effective as of 01-FEB-24

### **TOMICICH, STEPHANIE, NP**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

### **TOMICICH, STEPHANIE, NP**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202

SAN DIEGO, CA 92123

Effective as of 01-JAN-24

### **TOMICICH, STEPHANIE, NP**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201

SAN DIEGO, CA 92123

Effective as of 01-FEB-24

### **TOPIK, AMANDA, NP†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-AUG-22

### **TOPIK, AMANDA, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-AUG-22

### **TOWNS, ARTA, NP**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUN-23

### **TOWNS, ARTA, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUN-23

### **TRAN, DAPHNE, NP**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JUN-23

### **VILLALOBOS, REBECA, NP†**

Provider ID: N/A

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Effective as of 01-DEC-22

### **VILLALOBOS, REBECA, NP†**

Provider ID: N/A

823 GATEWAY CENTER  
WAY

SAN DIEGO, CA 92102

Effective as of 01-DEC-22

### **VILLANUEVA DE GUTIE,**

### **BERENICE, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

Teleservice

Effective as of 01-MAY-21

### **WIETZKE, MATTHEW, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

### **WIETZKE, MATTHEW, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

### **WILLEY, MARTI, NP†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

Teleservice

Effective as of 01-JAN-21

### **WILLEY, MARTI, NP†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

Teleservice

Effective as of 01-JUN-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. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

### **WONG, MAYBELLE, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

### **WOO, ANDY, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **YARTSEVA, YULIYA, NP**

Provider ID: N/A

3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

### **YEO, ALEXANDRIA, NP**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### ***CERTIFIED REGISTERED NURSE ANESTHETIST***

### **AMADOR, LINDSAY, CRNA<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

### **DOLLAND, STEVEN, CRNA<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **POLLOM, JESSICA, CRNA<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

### **RAMIREZ, NICOLE, CRNA<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-21

### **SNODGRASS, JULIE, CRNA<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

## C1. 網絡內提供者清單 專科護理醫師

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### **VINCENT, BERLIN, CRNA†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### ***CERTIFIED REGISTERED NURSE MIDWIFE***

### **CHOI, NATHALIE, CRNM**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

### **CHOI, NATHALIE, CRNM**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

### **CORRY, ANDREA, CRNM**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

### **CORRY, ANDREA, CRNM**

Provider ID: N/A

📍 7910 FROST ST  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

### **CORRY, ANDREA, CRNM**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-SEP-23

### **CORRY, ANDREA, CRNM**

Provider ID: N/A

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-SEP-23

### **CORTES, CHRISTINE, CRNM†**

Provider ID: N/A

📍 4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

### **EKHOLM, JANNA, CRNM†**

Provider ID: N/A

📍 4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

### **ELY-KONOSKE, RACHEL, CRNM**

Provider ID: N/A

📍 4168 FRONT ST  
SAN DIEGO, CA 92103  
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

### **ELY-KONOSKE, RACHEL, CRNM**

Provider ID: N/A

📍 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
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

📍 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-23

### **NATHAN, CARLY, CRNM**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
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. 網絡內提供者清單 專科護理醫師

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### **CHIROPRACTOR**

#### **ASSADIAN, MEHRAK, DC**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

#### **BEATTY, ZACHARY, DC**

Provider ID: N/A

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
Effective as of 01-JUL-22

#### **CABALLERO, JAMES, DC**

Provider ID: N/A

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
Effective as of 01-NOV-23

#### **CABALLERO, JAMES, DC**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-NOV-23

#### **CASTRO, DAVID, DC†**

Provider ID: N/A

1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-AUG-22

#### **DORADO, SUE, DC**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-OCT-23

#### **GILIBERTO, JOSEPH, DC†**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126  
Effective as of 01-AUG-22

#### **GILIBERTO, JOSEPH, DC†**

Provider ID: N/A

9995 CARMEL MOUNTAIN  
RD STE D  
SAN DIEGO, CA 92129  
Effective as of 01-AUG-22

#### **HALEY, STEVEN, DC**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

#### **LE, BRANDON, DC**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

#### **LE, BRANDON, DC**

Provider ID: N/A

4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

#### **LUU, DANIEL, DC†**

Provider ID: N/A

4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

#### **LUU, DANIEL, DC†**

Provider ID: N/A

4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

#### **ROSENBERG, ERIK, DC**

Provider ID: N/A

7612 LINDA VISTA RD STE  
109

SAN DIEGO, CA 92111  
Effective as of 01-NOV-23

#### **SU, VENNES, DC**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-OCT-23

### **DERMATOLOGY**

#### **AHLUWALIA, JUSLEEN, MD**

Provider ID: N/A

9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131  
Effective as of 01-DEC-20

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JUL-21

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JUL-21

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JUL-21

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

## C1. 網絡內提供者清單

### 專科護理醫師

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Teleservice

Effective as of 01-JUL-21

#### **ANGRA, KUNAL, MD†**

Provider ID: N/A

📄 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-DEC-22

#### **BOEN, MONICA, MD†**

Provider ID: N/A

📄 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

#### **BOEN, MONICA, MD†**

Provider ID: N/A

📄 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-MAR-20

#### **BOEN, MONICA, MD†**

Provider ID: N/A

📄 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-SEP-22

#### **BOEN, MONICA, MD†**

Provider ID: N/A

📄 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-SEP-22

#### **BRADSHAW, MICHAEL, MD**

Provider ID: N/A

📄 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-JUL-16

#### **BRAUN, TARA, MD**

Provider ID: N/A

📄 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAR-24

#### **BROUHA, BROOK, MD**

Provider ID: N/A

📄 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-NOV-23

#### **BROUHA, BROOK, MD**

Provider ID: N/A

📄 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **BROUHA, BROOK, MD†**

Provider ID: N/A

📄 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-SEP-22

#### **BROUHA, BROOK, MD†**

Provider ID: N/A

📄 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-JUN-18

#### **BROUHA, BROOK, MD†**

Provider ID: N/A

📄 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

#### **BROUHA, BROOK, MD†**

Provider ID: N/A

📄 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

#### **CALAME, ANTOANELLA, MD†**

Provider ID: N/A

📄 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUL-22

#### **CHEN, BRYAN, MD**

Provider ID: N/A

📄 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131†

Effective as of 01-JUL-16

#### **CHEN, BRYAN, MD**

Provider ID: N/A

📄 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-JUL-16

#### **DELA ROSA, KRISTINA, MD**

Provider ID: N/A

📄 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-AUG-17

#### **DELA ROSA, KRISTINA, MD**

Provider ID: N/A

📄 9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-JAN-18

#### **ERICKSON, CHRISTOPHER, MD†**

Provider ID: N/A

📄 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUL-22

#### **GERSTENFELD, ERIC, MD**

Provider ID: N/A

📄 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

#### **GLADSJO, JULIE, MD**

## C1. 網絡內提供者清單 專科護理醫師

---

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

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

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-JAN-21

### **HAMMAN, MICHAEL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-SEP-22

### **HAN, AMY, MD**

Provider ID: N/A

4060 4TH AVE STE 209  
SAN DIEGO, CA 92103

Effective as of 01-FEB-22

### **HAN, AMY, MD**

Provider ID: N/A

6386 ALVARADO CT STE  
209  
SAN DIEGO, CA 92120

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-SEP-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

### **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

## C1. 網絡內提供者清單 專科護理醫師

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### **LEE, MICHAEL, MD**

Provider ID: N/A

☐ 3965 5TH AVE STE 200  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

### **LUPTON, JASON, MD**

Provider ID: N/A

☐ 12395 EL CAMINO REAL  
STE 207  
SAN DIEGO, CA 92130  
Effective as of 01-MAR-16

### **LYFORD, WILLIS, MD**

Provider ID: N/A

☐ 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-MAY-23

### **MAFONG, ERICK, MD**

Provider ID: N/A

☐ 4060 4TH AVE STE 209  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

### **MAFONG, ERICK, MD**

Provider ID: N/A

☐ 6386 ALVARADO CT STE  
209  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-22

### **NAHM, WALTER, MD†**

Provider ID: N/A

☐ 7695 CARDINAL CT STE  
200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

### **NAHM, WALTER, MD†**

Provider ID: N/A

☐ 7695 CARDINAL CT STE  
200  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

### **NAHM, WALTER, MD†**

Provider ID: N/A

☐ 7695 CARDINAL CT STE  
200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

### **PELLE, MICHELLE, MD†**

Provider ID: N/A

☐ 3965 5TH AVE STE 200  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

### **REED, KELLY, DO†**

Provider ID: N/A

☐ 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

### **REED, KELLY, DO†**

Provider ID: N/A

☐ 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

### **RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

### **RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-23

### **RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 4060 4TH AVE STE 415

SAN DIEGO, CA 92103  
Effective as of 01-MAR-20

### **SCHMIEDECKE, RUDY, MD**

Provider ID: N/A

☐ 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JUL-23

### **SHAHAN, FRED, MD**

Provider ID: N/A

☐ 6367 ALVARADO CT STE  
107  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

### **SHAHAN, FRED, MD**

Provider ID: N/A

☐ 6367 ALVARADO CT STE  
107  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

### **SHIELL, RONALD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

### **SHIELL, RONALD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

### **SHIELL, RONALD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

### **SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

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4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-23

#### **SOON, SEAVER, MD**

Provider ID: N/A

3737 4TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-23

#### **STEIN, ALEXANDER, MD†**

Provider ID: N/A

6280 JACKSON DR STE 8  
SAN DIEGO, CA 92119  
Effective as of 01-SEP-22

#### **TOMPKINS, STACY, MD**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-23

#### **TOMPKINS, STACY, MD†**

Provider ID: N/A

9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-22

#### **TOMPKINS, STACY, MD†**

Provider ID: N/A

9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-22

#### **TOMPKINS, STACY, MD†**

Provider ID: N/A

9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-22

#### **TSE, YARDY, MD†**

Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130  
Effective as of 01-SEP-22

#### **TSE, YARDY, MD†**

Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130  
Effective as of 01-SEP-21

#### **VENKAT, ARUN, MD†**

Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130  
Effective as of 01-APR-20

#### **ZALESKI LARSEN, LISA, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-SEP-22

#### **ZALESKI LARSEN, LISA, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

#### **ZALESKI LARSEN, LISA, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

#### **ZUBAIR, RAHEEL, MD**

Provider ID: N/A

9339 GENESEE AVE STE

350

SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

#### **ZUBAIR, RAHEEL, MD**

Provider ID: N/A

9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121\*  
Effective as of 01-NOV-23

#### **ZUBAIR, RAHEEL, MD**

Provider ID: N/A

9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

### ***DERMATOLOGY***

### ***DERMATOPATHOLOGY***

#### **CALAME, ANTOANELLA, MD†**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-23

#### **ERICKSON, CHRISTOPHER, MD†**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **SHEN, HONGGANG, MD**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-19

### ***EMERGENCY MEDICINE***

#### **ALKATIB, RHONDA, MD†**

Provider ID: N/A

2655 CAMINO DEL RIO N



## C1. 網絡內提供者清單 專科護理醫師

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STE 120  
SAN DIEGO, CA 92108  
Effective as of 01-AUG-20

### **CASTELLANO, TIFFANY, MD**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

### **CHEN, ALICE, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

### **COYNE, CHRISTOPHER, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

### **DICKSON, MATTHEW, DO†**

Provider ID: N/A  
1628 PALM AVE  
SAN DIEGO, CA 92154  
Effective as of 01-JAN-21

### **GUEFEN, URI, MD**

Provider ID: N/A  
555 W C ST STE 102  
SAN DIEGO, CA 92101  
Effective as of 01-SEP-23

### **HARE, MARC, MD**

Provider ID: N/A  
6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Effective as of 01-APR-23

### **HARRELL-BURDER, BEVERLY, MD†**

Provider ID: N/A  
950 S EUCLID AVE

SAN DIEGO, CA 92114  
Effective as of 01-JUL-22

### **HOGUE, BRENNAN, MD**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

### **JURKOWSKI, LEONARD, MD†**

Provider ID: N/A  
3830 VALLEY CENTRE DR  
STE 702  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

### **KUTZ, CRAIG, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

### **LIOTTA, BENJAMIN, MD†**

Provider ID: N/A  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-21

### **MUELLER, MATTHEW, DO†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

### **PARK, JAY, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

### **YU, ELAINE, DO**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

## ***ENDOCRINOLOGY***

## ***METABOLISM DIABETES***

### **EKANAYAKE, PREETHIKA, MD†**

Provider ID: N/A  
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  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

### **IYENGAR, RAVI, MD**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-APR-23

### **NAGELBERG, JODI, MD†**

Provider ID: N/A

☒ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

### **NAGELBERG, JODI, MD†**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

### **NAGELBERG, JODI, MD†**

Provider ID: N/A

☒ 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-NOV-21

### **NAGELBERG, JODI, MD†**

Provider ID: N/A

☒ 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-NOV-21

### **SANDLER, JEFFREY, MD**

Provider ID: N/A

☒ 4060 4TH AVE STE 340  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

### **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-OCT-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

☒ 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

## C1. 網絡內提供者清單 專科護理醫師

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### **HILL, LINDA, MD†**

Provider ID: N/A

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

### **JOLICOEUR, MEGAN, DO**

Provider ID: N/A

📍 9333 GENESEE AVE  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

### **JOLICOEUR, MEGAN, DO**

Provider ID: N/A

📍 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-JUN-23

### **JOLICOEUR, MEGAN, DO**

Provider ID: N/A

📍 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **JOLICOEUR, MEGAN, DO**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122  
Effective as of 01-JUN-23

### **KUROSAKA, MOMO, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **KUROSAKA, MOMO, MD†**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-AUG-22

### **LARA, LESLEY, MD†**

Provider ID: N/A

📍 1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-AUG-22

### **LYNCH, SHAUNA, DO**

Provider ID: N/A

📍 1075 CAMINO DEL RIO S  
SAN DIEGO, CA 92108  
Effective as of 01-SEP-22

### **MARSTON, JACQUELINE, DO**

Provider ID: N/A

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

### **ORTIZ, KENNETH, MD†**

Provider ID: N/A

📍 316 25TH ST  
SAN DIEGO, CA 92102  
Teleservice  
Effective as of 01-MAY-23

### **PERESS, LILIA, MD**

Provider ID: N/A

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-FEB-24

### **PERESS, LILIA, MD**

Provider ID: N/A

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-FEB-24

### **RODRIGUEZ, NATALIE, MD**

Provider ID: N/A

📍 1685 HOLLISTER ST  
SAN DIEGO, CA 92154\*  
Effective as of 01-NOV-23

### **SHEKER-DICKSON, KIMBERLY, DO†**

Provider ID: N/A

📍 1628 PALM AVE  
SAN DIEGO, CA 92154  
Effective as of 01-JAN-21

### **SOPHY, ELIZABETH, MD†**

Provider ID: N/A

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
Effective as of 01-SEP-22

### **SUMMERS-DAY, COURTNEY, MD†**

Provider ID: N/A

📍 1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-JUL-22

### ***FAMILY PRACTICE***

### ***GERIATRIC MEDICINE***

### **MILLER, SCOTT, MD†**

Provider ID: N/A

📍 9878 CARMEL MOUNTAIN  
RD STE B  
SAN DIEGO, CA 92129  
Effective as of 01-JAN-21

### ***FAMILY PRACTICE***

### ***SPORTS MEDICINE***

### **UDOWENKO, MARINA, DO**

Provider ID: N/A

📍 375 CAMINO DE LA REINA  
STE C  
SAN DIEGO, CA 92108  
Effective as of 01-JUN-23

### ***GASTROENTEROLOGY***

### **CHANDRADAS, SAJIV, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 240  
SAN DIEGO, CA 92103

## C1. 網絡內提供者清單 專科護理醫師

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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-DEC-14

### **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-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-SEP-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-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. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

### **SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-APR-21

### **SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-15

### **SHAFFER, KATHERINE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-OCT-18

### **SHAFFER, KATHERINE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

### **SHAFFER, KATHERINE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-MAR-19

### **SHAH, SHAILJA, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **SHAH, SHAILJA, MD†**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103

Effective as of 01-AUG-21

### **SHPANER, ALEXANDER, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
206  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

### **STIPHO, SALLY, MD†**

Provider ID: N/A

4060 4TH AVE STE 240  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-20

### **SYAL, GAURAV, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **SYAL, GAURAV, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **THOMAS, CARLTON, MD†**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-MAR-16

### **THOMAS, CARLTON, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

### **THOMAS, CARLTON, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-14

### **THOMAS, CARLTON, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-15

### **YOUSSEF, FADY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **YOUSSEF, FADY, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

## ***GENERAL PRACTICE***

### **NGUYEN, HUONG, MD†**

Provider ID: N/A

4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115\*  
Effective as of 01-APR-21

## ***GENETIC COUNSELOR***

### **FOYOUZI-YOUSEFI,**

### **NASTARAN, MD**

Provider ID: N/A

11425 EL CAMINO REAL  
SAN DIEGO, CA 92130  
Effective as of 01-JUN-23

## ***GENETICS MEDICAL***

### **JONES, MARILYN, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-21



## C1. 網絡內提供者清單 專科護理醫師

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### **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-24

#### **BASERI, BABAK, MD†**

Provider ID: N/A

☒ 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103\*

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-APR-23

### **BESSUDO, ALBERTO, MD†**

Provider ID: N/A

☐ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

Teleservice

Effective as of 01-NOV-21

### **BESSUDO, ALBERTO, MD†**

Provider ID: N/A

☐ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

Teleservice

Effective as of 01-JAN-21

### **CHEN, YU-WEI, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

### **COGGAN, JAMES, DO**

Provider ID: N/A

☐ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123

Effective as of 01-NOV-22

### **EISENBERG, STEVEN, DO†**

Provider ID: N/A

☐ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

Effective as of 01-JAN-21

### **FISHER, JENNIFER, MD†**

Provider ID: N/A

☐ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123

Effective as of 01-DEC-08

### **FISHER, JENNIFER, MD†**

Provider ID: N/A

☐ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123

Effective as of 01-JAN-14

### **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. 網絡內提供者清單 專科護理醫師

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3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-15

### **RICE, KRISTEN, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-JUN-11

### **SARWARI, NAWID, MD**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

### **SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-22

### **SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103\*  
Effective as of 01-APR-23

### **SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

### **SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-22

### **SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

3965 5TH AVE STE 230

SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

### **SHAIKH, ANWER, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

### **SHENOY, CASIE, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-18

### **SHIEH, MARIE, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-16

### **SULLIVAN, JESSICA, DO**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

### **SULLIVAN, JESSICA, DO**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-23

## ***HOSPICE AND PALLIATIVE MEDICINE***

### **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. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

### **GELBERG, ANNA, MD†**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

### **GRUNVALD, EDUARDO, MD†**

Provider ID: N/A  
☒ 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

### **GRUNVALD, EDUARDO, MD†**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

### **HAMMES, JOHN, MD†**

Provider ID: N/A  
☒ 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-23

### **HAMMES, JOHN, MD†**

Provider ID: N/A  
☒ 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

### **HASTIE, ELIZABETH, MD†**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **JAIN, SUPRABHA, MD**

Provider ID: N/A  
☒ 6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121

Teleservice  
Effective as of 01-OCT-22

### **JIANG, JUN, MD†**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **KATSNELSON, MARCELLA, DO**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **KAUFER, DAVID, MD**

Provider ID: N/A  
☒ 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Effective as of 01-FEB-24

### **KOOKOOTSEDES, GAYLE, MD†**

Provider ID: N/A  
☒ 3633 CAMINO DEL RIO S  
STE 300  
SAN DIEGO, CA 92108  
Effective as of 01-MAR-21

### **LAMANTIA, MICHELE, MD†**

Provider ID: N/A  
☒ 950 S EUCLID AVE  
SAN DIEGO, CA 92114\*  
Effective as of 01-AUG-17

### **LIU, ANDREW, MD**

Provider ID: N/A  
☒ 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

### **LIU, ANDREW, MD**

Provider ID: N/A  
☒ 6402 EL CAJON BLVD STE  
100&102  
SAN DIEGO, CA 92115

Effective as of 01-SEP-23

### **LIU, ANDREW, MD**

Provider ID: N/A  
☒ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

### **LUND, GUY, MD†**

Provider ID: N/A  
☒ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

### **MARTINEZ, ARMANDO, MD†**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **MOOLANI, UJJALA, MD**

Provider ID: N/A  
☒ 6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-MAY-23

### **MOOLANI, UJJALA, MD**

Provider ID: N/A  
☒ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-23

### **NAMAZY, DAVID, MD†**

Provider ID: N/A  
☒ 6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-24

### **NARANJO, RODRIGO, MD†**

Provider ID: N/A  
☒ 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22



## C1. 網絡內提供者清單 專科護理醫師

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### **NARANJO, RODRIGO, MD†**

Provider ID: N/A

☒ 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

### **NGUYEN, VIET, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

Effective as of 01-OCT-20

### **NOKES, BRANDON, MD†**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

### **PITT, WILLIAM, MD†**

Provider ID: N/A

☒ 6386 ALVARADO CT STE  
101

SAN DIEGO, CA 92120

Effective as of 01-JAN-23

### **SONG, ALEXANDER, MD**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

### **TANTISIRA, LALITA, MD†**

Provider ID: N/A

☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JAN-21

### **TANTISIRA, LALITA, MD†**

Provider ID: N/A

☒ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

### **TOPPEN, WILLIAM, MD†**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

### **TRIVEDI, MEHUL, MD**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

### **TRIVEDI, MEHUL, MD**

Provider ID: N/A

☒ 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-JAN-24

### **YANG, JENNY, MD†**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

### **YANG, JENNY, MD†**

Provider ID: N/A

☒ 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

Effective as of 01-AUG-21

## ***INTERNAL MEDICINE***

## ***CRITICAL CARE MEDICINE***

### **BOROK, ZEA, MD†**

Provider ID: N/A

☒ 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

### **BOROK, ZEA, MD†**

Provider ID: N/A

☒ 200 W ARBOR DR  
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. 網絡內提供者清單 專科護理醫師

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### **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. 網絡內提供者清單 專科護理醫師

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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-JAN-23

**TITOVA, ANASTASIA, LPCC**  
Provider ID: N/A  
☑ 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

### **MARRIAGE FAMILY THERAPIST**

**GULOTTA, SAMANTHA, MFT**  
Provider ID: N/A  
☑ 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-JUN-23

**HOLLEMAN, KEVIN, DO**  
Provider ID: N/A  
☑ 8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-APR-23

**KUEK, JOHN, MFT**  
Provider ID: N/A  
☑ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-APR-21

### **LAIDLAW, JOHN, MFT**

Provider ID: N/A  
☑ 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-24

### **SAMORA, ANTHONY, MFT**

Provider ID: N/A  
☑ 438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Effective as of 01-DEC-22

### **SCHLOSSER, TARA, MFT**

Provider ID: N/A  
☑ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

### **SUTTLE, CAROLYN, MFT†**

Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

### **VILLAGOMEZ, JOSHUA, MFT**

Provider ID: N/A  
☑ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **ZAYAS, MARIO, MFT**

Provider ID: N/A  
☑ 3025 BEYER BLVD STE  
E-101  
SAN DIEGO, CA 92154  
Effective as of 01-JAN-21

### **MATERNAL AND FETAL MEDICINE**

**AHN, JENNIFER, MD†**

## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

☐ 12264 EL CAMINO REAL  
STE 204  
SAN DIEGO, CA 92130  
Effective as of 01-FEB-21

### **BERGGREN, ERICA, MD†**

Provider ID: N/A

☐ 12264 EL CAMINO REAL  
STE 204  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

### **DOWLING, DAVID, MD†**

Provider ID: N/A

☐ 12264 EL CAMINO REAL  
STE 204  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

### **EMERUWA, UKACHI, MD**

Provider ID: N/A

☐ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

### **EMERUWA, UKACHI, MD**

Provider ID: N/A

☐ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **EMERUWA, UKACHI, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **GOLLIN, YVONNE, MD†**

Provider ID: N/A

☐ 12264 EL CAMINO REAL  
STE 204  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

## **MEDICAL ONCOLOGY**

### **KOSSMAN, STEVEN, MD†**

Provider ID: N/A

☐ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-15

## **NEPHROLOGY**

### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

☐ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-23

### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

☐ 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

### **AL-DAHMAN, ZAID, MD**

Provider ID: N/A

☐ 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
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-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

☐ 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

☐ 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. 網絡內提供者清單 專科護理醫師

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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-SEP-15

### **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

### **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-JUL-22

### **HAMMES, JOHN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103\*  
Effective as of 01-JAN-24

### **HAMMES, JOHN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220

SAN DIEGO, CA 92103  
Effective as of 01-MAR-15

### **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. 網絡內提供者清單 專科護理醫師

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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. 網絡內提供者清單 專科護理醫師

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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-JAN-14

**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

**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-OCT-19

**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-DEC-20

**QAYOUMI, WALI, MD†**  
Provider ID: N/A

4510 EXECUTIVE DR STE

## C1. 網絡內提供者清單 專科護理醫師

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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

### **RAYNOWSKA, JENELLE, MD**

Provider ID: N/A  
☒ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **RAYNOWSKA, JENELLE, MD**

Provider ID: N/A  
☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-APR-23

### **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  
☒ 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-24

### **SCHORR, EMILY, MD**

Provider ID: N/A  
☒ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-MAR-24

### **SCHORR, EMILY, MD**

Provider ID: N/A  
☒ 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<sup>†</sup>**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

### **SIAVOSHI, SARA, DO<sup>†</sup>**

Provider ID: N/A  
☒ 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-22

### **TUASON, NORBERTO, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **ALEXANDER, SINDU, MD<sup>†</sup>**

Provider ID: N/A  
☒ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

### **CHOI, ESTHER, MD**

Provider ID: N/A  
☒ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

### **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  
☒ 330 LEWIS ST

## C1. 網絡內提供者清單 專科護理醫師

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SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

### **SHARIF TABRIZI, AHMAD, MD**

Provider ID: N/A

200 W ARBOR DR  
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

200 W ARBOR DR  
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

6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
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

### **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

6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-AUG-22

### **DRIEBE, AMY, MD†**

Provider ID: N/A

3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

## C1. 網絡內提供者清單 專科護理醫師

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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

☒ 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-DEC-23

### **MACKAY, GILLIAN, MD**

Provider ID: N/A

☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-23

### **MELLENDEZ, ARIANA, MD**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **MELLENDEZ, 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. 網絡內提供者清單 專科護理醫師

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### **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

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

### **PINSON, KELSEY, MD†**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

### **PINSON, KELSEY, MD†**

Provider ID: N/A

☒ 4910 DIRECTORS PL STE  
200

SAN DIEGO, CA 92121

Effective as of 01-SEP-21

### **SCHMIDT, LILA, MD**

Provider ID: N/A

☒ 3969 4TH AVE STE 207  
SAN DIEGO, CA 92103

Effective as of 01-SEP-15

### **SEFA-BOAKYE, KOFI, MD†**

Provider ID: N/A

☒ 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

Effective as of 01-JUL-22

### **SHUCKETT, ARIEL, MD†**

Provider ID: N/A

☒ 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-JUL-22

### **TAJРАН, DEENA, MD†**

Provider ID: N/A

☒ 10737 CAMINO RUIZ STE 114  
SAN DIEGO, CA 92126

Effective as of 01-JAN-21

### **THOMSON, SAMANTHA, MD†**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-OCT-21

### **THOMSON, SAMANTHA, MD†**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-OCT-21

### **TRUJILLO, JENNIFER, DO†**

Provider ID: N/A

☒ 950 S EUCLID AVE  
SAN DIEGO, CA 92114

Effective as of 01-JUL-22

### **VAN DEN HEUVEL, KELLY, MD†**

Provider ID: N/A

☒ 2918 5TH AVE STE 100  
SAN DIEGO, CA 92103

Effective as of 01-SEP-15

### **VU, LAC, MD**

Provider ID: N/A

☒ 5555 RESERVOIR DR STE

205

SAN DIEGO, CA 92120

Effective as of 01-JUL-23

### **WILLIAMS, ALISA, MD†**

Provider ID: N/A

☒ 5555 RESERVOIR DR STE  
307

SAN DIEGO, CA 92120\*

Effective as of 01-JAN-20

## ***OCCUPATIONAL MEDICINE***

### **JACKSON, CODY, MD**

Provider ID: N/A

☒ 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAY-22

## ***OCCUPATIONAL THERAPIST***

### **ARRIESGADO, MINNETT, OT**

Provider ID: N/A

☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JUN-23

### **CHOW, JENNIFER, OT**

Provider ID: N/A

☒ 3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111

Effective as of 01-DEC-23

### **CHOW, JENNIFER, OT**

Provider ID: N/A

☒ 3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111

Effective as of 01-DEC-23

### **CUA, NICOLE, OT**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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

4060 4TH AVE STE 610  
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

### **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. 網絡內提供者清單

### 專科護理醫師

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#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

#### **BINDER, NICHOLAS, MD†**

Provider ID: N/A

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

#### **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-APR-22

#### **CHOPLIN, NEIL, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

#### **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

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **ESLANI, MEDI, MD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **GUALTIERI, CHRISTOPHER, MD†**

Provider ID: N/A

3969 4TH AVE STE 300  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

#### **GUALTIERI, CHRISTOPHER, MD†**

Provider ID: N/A

3969 4TH AVE STE 300  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

#### **HAAK, LOGAN, MD†**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-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. 網絡內提供者清單

### 專科護理醫師

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#### **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

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **LANG, PAUL, MD**

Provider ID: N/A

200 W ARBOR DR  
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-MAR-23

#### **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

## C1. 網絡內提供者清單 專科護理醫師

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SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

### **MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-APR-23

### **MORTON, ASA, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-APR-22

### **MORTON, ASA, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

### **MORTON, ASA, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

### **MOSS, JASON, MD†**

Provider ID: N/A

5555 RESERVOIR DR STE  
201  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-23

### **NGUYEN, VINCENT, MD**

Provider ID: N/A

7695 CARDINAL CT STE S  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

### **NGUYEN, VINCENT, MD†**

Provider ID: N/A

7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123

Effective as of 01-APR-20

### **PATEL, 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-JAN-14

### **PATEL, GITANE, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-18

### **PATEL, SARJAN, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-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

### **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

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-JAN-24

### **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

### **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. 網絡內提供者清單 專科護理醫師

---

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

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-APR-22

### **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

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-FEB-18

### **PRABHU, SUJATA, MD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-20

### **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 100  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-15

### **ROBINSON, FANE, MD**

Provider ID: N/A

☐ 7695 CARDINAL CT STE S  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-23

### **ROESKE, RICHMOND, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

### **ROESKE, RICHMOND, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

### **ROESKE, RICHMOND, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

### **SATTERFIELD, KELLIE, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

### **SATTERFIELD, KELLIE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-JAN-24

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

### **SHOJI, MARISSA, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

### **SHOJI, MARISSA, MD**

Provider ID: N/A

☐ 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-DEC-22

### **YAMADA, KENTARO, MD†**

Provider ID: N/A

☐ 1040 UNIVERSITY AVE STE  
B209A  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

### **ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Effective as of 01-JAN-21

### **ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Effective as of 01-JAN-21

### **ZHAO, TAILUN, MD**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Effective as of 01-JAN-24

### **OPTOMETRIST**

### **AOTO, KIM, OD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Effective as of 01-JAN-21

### **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

### **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. 網絡內提供者清單

### 專科護理醫師

---

Provider ID: N/A

☞ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

#### **DYER, SHARON, OD**

Provider ID: N/A

☞ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-FEB-24

#### **EL-MOGHRABI, ROULA, OD†**

Provider ID: N/A

☞ 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131  
Effective as of 01-SEP-22

#### **HAN, SUL KI, OD†**

Provider ID: N/A

☞ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-22

#### **HO, HOANG MINH, OD**

Provider ID: N/A

☞ 10737 CAMINO RUIZ STE  
215-220  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21

#### **HO, HOANG MINH, OD**

Provider ID: N/A

☞ 4206 44TH ST  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

#### **HO, HOANG MINH, OD**

Provider ID: N/A

☞ 7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

#### **JOMOC, CAITLIN, OD**

Provider ID: N/A

☞ 200 W ARBOR DR

SAN DIEGO, CA 92103

Effective as of 01-FEB-24

#### **JOMOC, CAITLIN, OD**

Provider ID: N/A

☞ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-FEB-24

#### **JULAZADEH, SARA, OD†**

Provider ID: N/A

☞ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **KHALIL, VADY, OD†**

Provider ID: N/A

☞ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-22

#### **KHALIL, VADY, OD†**

Provider ID: N/A

☞ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-22

#### **KIM, PHILIP, OD†**

Provider ID: N/A

☞ 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-22

#### **MARR, RYAN, OD**

Provider ID: N/A

☞ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-DEC-22

#### **MARR, RYAN, OD**

Provider ID: N/A

☞ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-22

#### **RING, ROBERT, OD**

Provider ID: N/A

☞ 13223 BLACK MOUNTAIN  
RD STE 6  
SAN DIEGO, CA 92129  
Effective as of 01-FEB-24

#### **SCHWAB, GARY, OD†**

Provider ID: N/A

☞ 4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

#### **SCHWAB, GARY, OD†**

Provider ID: N/A

☞ 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

#### **TAUNTON, PHILIP, OD†**

Provider ID: N/A

☞ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

#### **TAUNTON, PHILIP, OD†**

Provider ID: N/A

☞ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **TONNU, ANH, OD†**

Provider ID: N/A

☞ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

#### **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

## C1. 網絡內提供者清單 專科護理醫師

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4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**TONNU, ANH, OD<sup>†</sup>**  
Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

**VINH, JOHN, OD<sup>†</sup>**  
Provider ID: N/A

2240 E PLAZA BLVD  
STE F AND G  
SAN DIEGO, CA 92102  
Effective as of 01-SEP-20

**VINH, JOHN, OD<sup>†</sup>**  
Provider ID: N/A

2240 E PLAZA BLVD  
STE F AND G  
SAN DIEGO, CA 92102  
Effective as of 01-JAN-21

**YU, CAROL, OD**  
Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-SEP-23

**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

### **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<sup>†</sup>**  
Provider ID: N/A

5405 OBERLIN DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**BANTHIA, VISHAL, MD<sup>†</sup>**  
Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-AUG-21

**BANTHIA, VISHAL, MD<sup>†</sup>**  
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

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**BRUMUND, KEVIN, MD**  
Provider ID: N/A

16950 VIA TAZON

SAN DIEGO, CA 92127  
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

**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

**CALZADA, AUDREY, MD<sup>†</sup>**  
Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-22

**CALZADA, AUDREY, MD<sup>†</sup>**  
Provider ID: N/A

5405 OBERLIN DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-OCT-19

**CALZADA, AUDREY, MD<sup>†</sup>**  
Provider ID: N/A

5405 OBERLIN DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JAN-21

**CHANG, EDWARD, MD**  
Provider ID: N/A

5405 OBERLIN DR FL 2

## C1. 網絡內提供者清單 專科護理醫師

---

SAN DIEGO, CA 92121  
Effective as of 01-MAR-24

### **COFFEY, CHARLES, MD**

Provider ID: N/A  
☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **COFFEY, CHARLES, MD**

Provider ID: N/A  
☒ 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **COFFEY, CHARLES, MD†**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **DECONDE, ADAM, MD**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **DECONDE, ADAM, MD**

Provider ID: N/A  
☒ 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **DECONDE, ADAM, MD**

Provider ID: N/A  
☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **DONALDSON, CHADWICK, MD†**

Provider ID: N/A  
☒ 4033 3RD AVE STE 104

SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

### **DRISKILL, BRENT, MD†**

Provider ID: N/A  
☒ 4033 3RD AVE STE 104  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

### **DRISKILL, BRENT, MD†**

Provider ID: N/A  
☒ 4033 3RD AVE STE 104  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

### **FRIEDMAN, RICK, MD**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **FRIEDMAN, RICK, MD**

Provider ID: N/A  
☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **FRIEDMAN, RICK, MD**

Provider ID: N/A  
☒ 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **GILANI, SAPIDEH, MD**

Provider ID: N/A  
☒ 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **GILANI, SAPIDEH, MD**

Provider ID: N/A  
☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

### **GILANI, SAPIDEH, MD**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **GREENE, JACQUELINE, MD†**

Provider ID: N/A  
☒ 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

### **GREENE, JACQUELINE, MD**

Provider ID: N/A  
☒ 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
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

### **GUO, THERESA, MD**

Provider ID: N/A  
☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
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



## C1. 網絡內提供者清單 專科護理醫師

---

### **HARRIS, JEFFREY, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **HAUFF, SAMANTHA, MD†**

Provider ID: N/A

4282 GENESEE AVE STE  
202  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

### **HAUFF, SAMANTHA, MD†**

Provider ID: N/A

4282 GENESEE AVE STE  
202  
SAN DIEGO, CA 92117  
Effective as of 01-AUG-20

### **HAUFF, SAMANTHA, MD**

Provider ID: N/A

4282 GENESEE AVE STE  
201  
SAN DIEGO, CA 92117  
Effective as of 01-APR-23

### **HAUFF, SAMANTHA, MD†**

Provider ID: N/A

4282 GENESEE AVE STE  
202  
SAN DIEGO, CA 92117  
Effective as of 01-MAY-22

### **HAUFF, SAMANTHA, MD**

Provider ID: N/A

4282 GENESEE AVE STE  
201  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-23

### **HOM, DAVID, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **HOM, DAVID, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **HOM, DAVID, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **HUGHES, CHARLOTTE, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **HUGHES, CHARLOTTE, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **HUGHES, CHARLOTTE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **HUSSEMAN, JACOB, MD**

Provider ID: N/A

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

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-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

### **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

### **KARI, ELINA, 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

8899 UNIVERSITY CENTER  
LN

## C1. 網絡內提供者清單 專科護理醫師

---

SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **MAGIT, ANTHONY, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **MAGIT, ANTHONY, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **MIYA, GARY, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 410  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-18

### **NGUYEN, QUYEN, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **NGUYEN, QUYEN, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **NGUYEN, QUYEN, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **SALL, EDWARD, DDS**

Provider ID: N/A

📍 5471 KEARNY VILLA RD STE  
201  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

### **SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

### **SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **TORCHINSKY, CYRUS, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 410  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-18

### **TORCHINSKY, CYRUS, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 410  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

### **VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

### **VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### **VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **WATSON, DEBORAH, MD**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

### **WATSON, DEBORAH, MD**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN

**C1. 網絡內提供者清單  
專科護理醫師**

---

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

16950 VIA TAZON  
SAN DIEGO, CA 92127

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

**YAN, CAROL, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

**YAN, CAROL, MD**

Provider ID: N/A

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

**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

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-22

**DWEK, JERRY, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-22

**KONING, JEFFREY, MD†**

Provider ID: N/A

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Effective as of 01-JAN-22

**KONING, JEFFREY, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

---

200 W ARBOR DR  
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

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

### **PUGMIRE, BRIAN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **PUGMIRE, BRIAN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

## ***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. 網絡內提供者清單 專科護理醫師

---

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. 網絡內提供者清單 專科護理醫師

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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 FAIRMOUNT 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. 網絡內提供者清單 專科護理醫師

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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

☒ 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-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

☒ 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. 網絡內提供者清單 專科護理醫師

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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-NOV-23

### **NGUYEN, THUY-VY, PA†**

Provider ID: N/A

☐ 9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Teleservice

Effective as of 01-AUG-22

### **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. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

### **PHUNG, AIVI, PA†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

### **PICKERING, OANA, PA**

Provider ID: N/A

555 W C ST STE 102  
SAN DIEGO, CA 92101  
Effective as of 01-MAY-23

### **POST, LACEY, PA**

Provider ID: N/A

12843 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130  
Effective as of 01-DEC-21

### **POTTER SMITH, SARAH, PA**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-AUG-23

### **PRIJATEL, SABRINA, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

### **PYLE, ALEXANDRA, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

### **PYLE, ALEXANDRA, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

### **QUIJANO, GLENN, PA†**

Provider ID: N/A

2100 5TH AVE STE 200  
SAN DIEGO, CA 92101  
Teleservice  
Effective as of 01-AUG-22

### **RAI, GEORGINA, PA†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

### **RALL, EMILY, PA**

Provider ID: N/A

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
Effective as of 01-JAN-21

### **SCHOELLER, BIANCA, PA†**

Provider ID: N/A

3180 UNIVERSITY AVE STE  
120  
SAN DIEGO, CA 92104  
Effective as of 01-DEC-21

### **SEBASTIAN, TRACY, PA†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

### **SHARPE, NORMA, PA**

Provider ID: N/A

316 25TH ST  
SAN DIEGO, CA 92102  
Teleservice  
Effective as of 01-JAN-23

### **SHIVELY, JEANNINE, PA†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-FEB-21

### **SMITH, ALLISON, PA**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

### **SNYDER, AMANDA, PA**

Provider ID: N/A

4033 3RD AVE STE 104  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-OCT-23

### **SPEH, BRIAN, PA**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-MAR-24

### **SUPERNAW, AMY, PA†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-FEB-21

### **TAYLOR, RYAN, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-23

### **TAYLOR, RYAN, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350

## C1. 網絡內提供者清單 專科護理醫師

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SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

### **TAYLOR, RYAN, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121  
Effective as of 01-NOV-23

### **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

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-JUN-23

### **WAHLIN, TAMARA, PA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

### **WAHLIN, TAMARA, PA**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JUN-23

### **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-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

### **WRIGHT, DEREK, PA**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Teleservice

Effective as of 01-NOV-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. 網絡內提供者清單 專科護理醫師

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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-SEP-20

### **JOLLEY, WALTER, DPM**

Provider ID: N/A  
☒ 5222 BALBOA AVE STE 41  
SAN DIEGO, CA 92117  
Effective as of 01-APR-15

### **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. 網絡內提供者清單 專科護理醫師

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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

📍 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

### **ROMERO, CAMILA, MD**

Provider ID: N/A

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

### **STERN, ANNA, MD**

Provider ID: N/A

📍 4142 ADAMS AVE STE 102  
SAN DIEGO, CA 92116

Effective as of 01-JAN-21

## **PSYCHIATRY**

### **BEVINS, ELIZABETH, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

### **BEVINS, ELIZABETH, MD**

Provider ID: N/A

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

### **BINDAL, ANKUR, MD†**

Provider ID: N/A

📍 6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-21

### **BINDAL, ANKUR, MD†**

Provider ID: N/A

📍 6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-21

### **BINDAL, ANKUR, MD†**

Provider ID: N/A

📍 6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

### **BINDAL, ANKUR, MD†**

Provider ID: N/A

📍 6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-21

### **BINDAL, ANKUR, MD†**

Provider ID: N/A

📍 6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-21

### **BINDAL, ANKUR, MD†**

Provider ID: N/A

📍 6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

### **BOBO, JERRY, MD†**

Provider ID: N/A

📍 6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

### **BOBO, JERRY, MD†**

Provider ID: N/A

📍 6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

### **CHAUHAN, SMIT, MD†**

Provider ID: N/A

📍 7850 VISTA HILL AVE  
SAN DIEGO, CA 92123

Effective as of 01-MAY-22

### **CHAUHAN, SMIT, MD†**

Provider ID: N/A

📍 7850 VISTA HILL AVE  
SAN DIEGO, CA 92123

Effective as of 01-MAY-22

### **FANOUS, ASHRAF, MD**

Provider ID: N/A

📍 8775 AERO DR STE 238  
SAN DIEGO, CA 92123

Effective as of 01-MAY-23

### **FANOUS, ASHRAF, MD**

Provider ID: N/A

📍 8775 AERO DR STE 238  
SAN DIEGO, CA 92123

Effective as of 01-MAY-23

### **FITZGERALD, MICHAEL, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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-FEB-23

**HANAGAMI, CORI, MD**  
Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**HANAGAMI, CORI, MD**  
Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**HANAGAMI, CORI, MD**  
Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**HANAGAMI, CORI, MD**  
Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**HANAGAMI, CORI, MD**  
Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

**HERSEVOORT, SHAWN, MD**  
Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

**HERSEVOORT, SHAWN, MD**  
Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123

Effective as of 01-JAN-23

**HERSEVOORT, SHAWN, MD**  
Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

**HERSEVOORT, SHAWN, MD**  
Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-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. 網絡內提供者清單 專科護理醫師

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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

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

### **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-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

### **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. 網絡內提供者清單

### 專科護理醫師

---

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 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

#### **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-SEP-22

#### **PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Effective as of 01-NOV-23



## C1. 網絡內提供者清單 專科護理醫師

---

### **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-SEP-22

### **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

📄 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

📄 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

📄 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

📄 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

### **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

📄 4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-JUN-23

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **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-SEP-15

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

☒ 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUN-22

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

☒ 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

#### **KARIPPOT, ANOOP, MD†**

Provider ID: N/A

☒ 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

#### **KARIPPOT, ANOOP, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

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

### **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

### ***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†**

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### **CARBONELL, SONIA, PSYD†**

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Effective as of 01-JUL-21

### **CARBONELL, SONIA, PSYD†**

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### **ESTRADA PATINO, ANGELA, PSYD**

Provider ID: N/A

4080 CENTRE ST STE 104  
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Effective as of 01-MAR-23

### **ESTRADA PATINO, ANGELA, PSYD**

Provider ID: N/A

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Effective as of 01-MAR-23

### **GALANT, DANIEL, PhD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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☒ 4060 FAIRMOUNT AVE  
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Teleservice  
Effective as of 01-APR-21

### **GALANT, DANIEL, PhD**

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Effective as of 01-APR-21

### **GOMEZ, JUANITA, PhD†**

Provider ID: N/A

☒ 6030 VILLAGE WAY  
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### **GOMEZ, JUANITA, PhD†**

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### **JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

☒ 4060 FAIRMOUNT AVE  
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### **JOHNSON, ARIKA, PSYD†**

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☒ 4189 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

☒ 4157 FAIRMOUNT AVE

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### **JOHNSON, ARIKA, PSYD†**

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### **JOHNSON, ARIKA, PSYD†**

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### **JOHNSON, ARIKA, PSYD†**

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### **JOHNSON, ARIKA, PSYD†**

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Effective as of 01-NOV-22

### **MINASSIAN, ARPI, PhD†**

Provider ID: N/A

☒ 350 DICKINSON ST  
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### **MINASSIAN, ARPI, PhD†**

Provider ID: N/A

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Effective as of 01-NOV-21

### **MIRANDA, CYNTHIA, PhD†**

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Teleservice  
Effective as of 01-APR-21

### **MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

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Teleservice  
Effective as of 01-APR-21

### **PARK, JESSIE, PSYD†**

Provider ID: N/A

☒ 4303 LA JOLLA VILLAGE  
DR STE 2110  
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### **PARK, JESSIE, PSYD†**

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DR STE 2110  
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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  
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Effective as of 01-DEC-23

### **VANFOSSEN, BRIAN, PhD†**

Provider ID: N/A

☒ 3434 MIDWAY DR STE 2001  
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Effective as of 01-NOV-23

### **VANFOSSEN, BRIAN, PhD†**

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☒ 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

## C1. 網絡內提供者清單 專科護理醫師

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Teleservice

Effective as of 01-SEP-22

### **VANFOSSEN, BRIAN, PhD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
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Teleservice

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### **VANFOSSEN, BRIAN, PhD†**

Provider ID: N/A

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Teleservice

Effective as of 01-NOV-23

## ***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  
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SAN DIEGO, CA 92115

Teleservice

Effective as of 01-JAN-21

### **LE, HUAN, MD†**

Provider ID: N/A

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Teleservice

Effective as of 01-JUL-22

### **LE, HUAN, MD†**

Provider ID: N/A

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Effective as of 01-JAN-14

### **MCGUIRE, WILLIAM, MD**

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### **MUNOZ PINEDA, JORGE, MD**

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### **MUNOZ PINEDA, JORGE, MD**

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### **MUNOZ PINEDA, JORGE, MD**

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### **PEARCE, ALEX, MD**

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### **RANCHES, GREGORY, MD†**

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725  
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Effective as of 01-AUG-20

### **RANCHES, GREGORY, MD†**

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Effective as of 01-APR-19

### **RANCHES, GREGORY, MD†**

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Effective as of 01-MAY-20

### **RESNIKOFF, PAMELA, MD†**

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725  
SAN DIEGO, CA 92103

Effective as of 01-MAR-22

### **SPITZ, BRADLEY, MD**

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Effective as of 01-MAY-23



## C1. 網絡內提供者清單 專科護理醫師

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### **SPITZ, BRADLEY, MD**

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725  
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### **WONG, STEVEN, MD†**

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### **WONG, STEVEN, MD†**

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### ***RADIATION ONCOLOGY***

### **BRUGGEMAN, ANDREW, MD†**

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STE 103  
SAN DIEGO, CA 92127  
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### **BRUGGEMAN, ANDREW, MD†**

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### **BRUGGEMAN, ANDREW, MD**

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### **CARMONA, RUBEN, MD**

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📍 7901 FROST ST  
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### **COLEMAN, LORI, MD†**

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SAN DIEGO, CA 92123  
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### **FULLER, DONALD, MD†**

Provider ID: N/A

📍 5395 RUFFIN RD STE 103  
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Effective as of 01-SEP-22

### **FULLER, DONALD, MD†**

Provider ID: N/A

📍 5395 RUFFIN RD STE 103  
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### **FULLER, DONALD, MD†**

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### **FULLER, DONALD, MD†**

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### **FULLER, DONALD, MD†**

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### **FULLER, DONALD, MD†**

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### **FULLER, DONALD, MD†**

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### **HATTANGADI GLUTH, JONA, MD†**

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### **HOOPES, DAVID, MD†**

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### **HOOPES, DAVID, MD†**

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### **IJAZ, TAHIR, MD†**

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### **IJAZ, TAHIR, MD†**

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Effective as of 01-SEP-15

### **IJAZ, TAHIR, MD†**

Provider ID: N/A

📍 3366 5TH AVE

## C1. 網絡內提供者清單 專科護理醫師

---

SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

### **IJAZ, TAHIR, MD†**

Provider ID: N/A

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Effective as of 01-JAN-21

### **IJAZ, TAHIR, MD†**

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📍 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-JUL-22

### **IJAZ, TAHIR, MD†**

Provider ID: N/A

📍 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

### **JABBARI, SIAVASH, MD†**

Provider ID: N/A

📍 3075 HEALTH CENTER DR  
LEVEL 0  
SAN DIEGO, CA 92123  
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### **MACEWAN, IAIN, MD†**

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STE 103  
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### **MELL, LOREN, MD†**

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STE 103

SAN DIEGO, CA 92127  
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### **MURPHY, KEVIN, MD†**

Provider ID: N/A

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Effective as of 01-JAN-21

### **PEJAVAR, SUNANDA, MD†**

Provider ID: N/A

📍 3075 HEALTH CENTER DR  
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### **SANDHU, AJAY, MD†**

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📍 16918 DOVE CANYON RD  
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Effective as of 01-JAN-21

### **SHARABI, ANDREW, MD†**

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### **SHIRAZI, REZA, MD†**

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### **SHIRAZI, REZA, MD†**

Provider ID: N/A

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Effective as of 01-SEP-22

### **SHIRAZI, REZA, MD†**

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Effective as of 01-SEP-22

### **SHIRAZI, REZA, MD†**

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### **SHIRAZI, REZA, MD†**

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### **SHIRAZI, REZA, MD†**

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### **SHIRAZI, REZA, MD†**

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### **SIMPSON, DANIEL, MD†**

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### **STRAKA, CHRISTOPHER, MD†**

Provider ID: N/A

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Teleservice  
Effective as of 01-APR-23

### **STRAKA, CHRISTOPHER, MD†**

Provider ID: N/A

📍 16918 DOVE CANYON RD

## C1. 網絡內提供者清單 專科護理醫師

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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  
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Effective as of 01-JUN-23

### **UHL, BARRY, MD†**

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### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
☒ 5395 RUFFIN RD STE 103  
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Effective as of 01-JUL-21

### **VAKILIAN, SIAVOSH, MD†**

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Teleservice  
Effective as of 01-MAY-21

### **VAKILIAN, SIAVOSH, MD†**

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Teleservice  
Effective as of 01-SEP-22

### **VAKILIAN, SIAVOSH, MD†**

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Teleservice  
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### **VAKILIAN, SIAVOSH, MD†**

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Teleservice  
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### **VAKILIAN, SIAVOSH, MD†**

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Teleservice  
Effective as of 01-MAY-21

### **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  
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SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-NOV-22

### **YORK, JOHN, MD**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

### **YORK, JOHN, MD**

Provider ID: N/A  
☒ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

## ***RADIOLOGY DIAGNOSTIC***

### **AGANOVIC, LEJLA, MD**

Provider ID: N/A  
☒ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **AGANOVIC, LEJLA, MD**

Provider ID: N/A  
☒ 408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

### **AGANOVIC, LEJLA, MD**

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LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **ANDERSON, GREGORY, MD†**

Provider ID: N/A  
☒ 3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-AUG-22

### **ANDERSON, GREGORY, MD†**

Provider ID: N/A  
☒ 3939 RUFFIN RD STE 102  
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Effective as of 01-AUG-23

## C1. 網絡內提供者清單 專科護理醫師

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### **ANDERSON, GREGORY, MD**

Provider ID: N/A

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STE 150  
SAN DIEGO, CA 92108  
Effective as of 01-OCT-23

### **BOLAR, DIVYA, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **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  
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SAN DIEGO, CA 92122  
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### **BOSWELL, GILBERT, MD**

Provider ID: N/A

200 W ARBOR DR  
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### **BOSWELL, GILBERT, MD**

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### **BRANCH, CODY, MD<sup>†</sup>**

Provider ID: N/A

200 W ARBOR DR  
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### **BRANCH, CODY, MD**

Provider ID: N/A

6655 ALVARADO RD  
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### **BROUHA, SHARON, MD**

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### **BROUHA, SHARON, MD**

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### **BROUHA, SHARON, MD**

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### **BUI, KEVIN, MD<sup>†</sup>**

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### **BUI, KEVIN, MD<sup>†</sup>**

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### **CARSWELL, AIMEE, MD**

Provider ID: N/A

330 LEWIS ST

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### **CARSWELL, AIMEE, MD**

Provider ID: N/A

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Effective as of 01-DEC-23

### **CARSWELL, AIMEE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **CHANG, JENNIFER, MD**

Provider ID: N/A

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SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **CHANG, JENNIFER, MD**

Provider ID: N/A

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### **CHANG, JENNIFER, MD**

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### **CHEN, KAREN, MD**

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Effective as of 01-FEB-24

### **CHENG, KAREN, MD**

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Effective as of 01-FEB-24

## C1. 網絡內提供者清單

### 專科護理醫師

---

#### **CHENG, KAREN, MD†**

Provider ID: N/A

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SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

#### **CHENG, KAREN, MD†**

Provider ID: N/A

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#### **CHENG, KAREN, MD**

Provider ID: N/A

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#### **CHENG, KAREN, MD**

Provider ID: N/A

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#### **CHO, AARON, MD**

Provider ID: N/A

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#### **CHO, AARON, MD**

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#### **CHO, AARON, MD**

Provider ID: N/A

6655 ALVARADO RD  
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#### **CHUNG, CHRISTINE, MD**

Provider ID: N/A

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#### **CHUNG, CHRISTINE, MD**

Provider ID: N/A

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#### **CHUNG, CHRISTINE, MD**

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#### **COOPER, JAMES, MD†**

Provider ID: N/A

3939 RUFFIN RD STE 102  
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Effective as of 01-MAY-22

#### **DORROS, STEPHEN, MD**

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#### **DORROS, STEPHEN, MD**

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#### **DORROS, STEPHEN, MD**

Provider ID: N/A

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#### **EAJAZI, ALIREZA, MD†**

Provider ID: N/A

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#### **EAJAZI, ALIREZA, MD†**

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#### **EGHTEDARI, MOHAMMAD, MD**

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#### **EGHTEDARI, MOHAMMAD, MD**

Provider ID: N/A

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#### **EGHTEDARI, MOHAMMAD, MD**

Provider ID: N/A

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#### **FARID, NIKDOKHT, MD**

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#### **FARID, NIKDOKHT, MD**

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#### **FARID, NIKDOKHT, MD**

Provider ID: N/A



## C1. 網絡內提供者清單 專科護理醫師

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6655 ALVARADO RD  
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### **FAZELI, SOUDABEH, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
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### **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

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

### **FLISZAR, EVELYNE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
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### **FLISZAR, EVELYNE, MD**

Provider ID: N/A

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### **FLISZAR, EVELYNE, MD**

Provider ID: N/A

408 DICKINSON ST  
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### **FOWLER, KATHRYN, MD**

Provider ID: N/A

408 DICKINSON ST  
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### **FOWLER, KATHRYN, MD**

Provider ID: N/A

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### **GENTILI, AMILCARE, MD**

Provider ID: N/A

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### **GENTILI, AMILCARE, MD**

Provider ID: N/A

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### **GENTILI, AMILCARE, MD**

Provider ID: N/A

6655 ALVARADO RD  
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### **HAHN, LEWIS, MD**

Provider ID: N/A

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### **HAHN, LEWIS, MD**

Provider ID: N/A

408 DICKINSON ST  
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### **HAHN, MICHAEL, MD**

Provider ID: N/A

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### **HAHN, LEWIS, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
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### **HAHN, MICHAEL, MD**

Provider ID: N/A

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Effective as of 01-APR-23

### **HANDWERKER, JASON, MD**

Provider ID: N/A

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### **HANDWERKER, JASON, MD**

Provider ID: N/A

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### **HANDWERKER, JASON, MD**

Provider ID: N/A

6655 ALVARADO RD  
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### **HAWLEY, DANIEL, MD**

Provider ID: N/A

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### **HAWLEY, DANIEL, MD**

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## C1. 網絡內提供者清單 專科護理醫師

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### **HAWLEY, DANIEL, MD**

Provider ID: N/A

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### **HOROWITZ, MICHAEL, MD**

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### **HOROWITZ, MICHAEL, MD**

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### **HOROWITZ, MICHAEL, MD**

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### **HSIAO, ALBERT, MD**

Provider ID: N/A

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### **HSIAO, ALBERT, MD**

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### **HSIAO, ALBERT, MD**

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### **HUANG, BRADY, MD**

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### **HUANG, BRADY, MD**

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### **HUANG, BRADY, MD**

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### **HUGHES, TUDOR, MD**

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### **JACOBS, KATHLEEN, MD**

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### **JACOBS, KATHLEEN, MD**

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### **JACOBS, KATHLEEN, MD**

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### **JACOBSON, JON, MD**

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### **JACOBSON, JON, MD**

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### **JACOBSON, JON, MD**

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### **JAFFRAY, PAUL, MD**

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### **JAFFRAY, PAUL, MD**

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### **JAFFRAY, PAUL, MD**

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### **KANSAGRA, AKASH, MD**

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11199 SORRENTO VALLEY  
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### **KAROW, DAVID, MD**

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## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-APR-23

### **KAROW, DAVID, MD**

Provider ID: N/A

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### **KAROW, DAVID, MD**

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6655 ALVARADO RD  
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### **KAROW, DAVID, MD†**

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### **KAROW, DAVID, MD†**

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### **KARUNAMUNI, JENNIFER, MD**

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### **KARUNAMUNI, JENNIFER, MD**

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### **KIM, ERIC, MD†**

Provider ID: N/A

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### **KIM, ERIC, MD†**

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330 LEWIS ST STE 202  
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### **KLIGERMAN, SETH, MD**

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6655 ALVARADO RD  
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### **KLIGERMAN, SETH, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
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### **KLIGERMAN, SETH, MD**

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### **KONDILI, DHIMITER, MD†**

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### **KONDILI, DHIMITER, MD†**

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### **LAKE, MENORE, MD**

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Effective as of 01-JUN-23

### **LAKE, MENORE, MD**

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### **LEE, ROLAND, MD**

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6655 ALVARADO RD  
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### **LEE, ROLAND, MD**

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408 DICKINSON ST  
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Effective as of 01-APR-23

### **LEE, ROLAND, MD**

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Effective as of 01-APR-23

### **LIM, VIVIAN, MD**

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### **LIM, VIVIAN, MD**

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### **LIM, VIVIAN, MD**

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### **MAREK BYKOWSKI, JULIE, MD**

Provider ID: N/A

6655 ALVARADO RD

## C1. 網絡內提供者清單 專科護理醫師

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### **MAREK BYKOWSKI, JULIE, MD**

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### **MAREK BYKOWSKI, JULIE, MD**

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Effective as of 01-APR-23

### **MARKS, ROBERT, MD**

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### **MARKS, ROBERT, MD**

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### **MCDONALD, MARIN, MD†**

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### **MCDONALD, MARIN, MD†**

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### **MCDONALD, MARIN, MD**

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### **MCDONALD, MARIN, MD**

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### **MCDONALD, MARIN, MD**

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### **MCNAMEE, CAIRINE, MD**

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### **MCNAMEE, CAIRINE, MD**

Provider ID: N/A

☐ 8929 UNIVERSITY CENTER  
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### **MCNAMEE, CAIRINE, MD**

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### **MCNAMEE, CAIRINE, MD†**

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☐ 200 W ARBOR DR  
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### **MCNAMEE, CAIRINE, MD†**

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☐ 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

### **NORBASH, ALEXANDER, MD**

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Effective as of 01-FEB-24

### **NORBASH, ALEXANDER, MD**

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### **NORBASH, ALEXANDER, MD**

Provider ID: N/A

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### **OBOYLE, MARY, MD**

Provider ID: N/A

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### **OBOYLE, MARY, MD†**

Provider ID: N/A

☐ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-FEB-22

### **OBOYLE, MARY, MD**

Provider ID: N/A

☐ 8929 UNIVERSITY CENTER  
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SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **OBOYLE, MARY, MD**

Provider ID: N/A

☐ 6655 ALVARADO RD  
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Effective as of 01-FEB-24

### **OBOYLE, MARY, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

### **OBOYLE, MARY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

### **OJEDA-FOURNIER, HAYDEE, MD**

Provider ID: N/A

6655 ALVARADO RD  
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Effective as of 01-FEB-24

### **OJEDA-FOURNIER, HAYDEE, MD**

Provider ID: N/A

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SAN DIEGO, CA 92122  
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### **OJEDA-FOURNIER, HAYDEE, MD**

Provider ID: N/A

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### **PATHRIA, MINI, MD**

Provider ID: N/A

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### **PATHRIA, MINI, MD**

Provider ID: N/A

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SAN DIEGO, CA 92122

Effective as of 01-APR-23

### **PATHRIA, MINI, MD**

Provider ID: N/A

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### **RAKOW-PENNER, REBECCA, MD**

Provider ID: N/A

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### **RAKOW-PENNER, REBECCA, MD**

Provider ID: N/A

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### **RAKOW-PENNER, REBECCA, MD**

Provider ID: N/A

408 DICKINSON ST  
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### **RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-SEP-20

### **RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
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Effective as of 01-SEP-22

### **RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-JAN-21

### **RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
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### **RATTNER, ZACHARY, MD†**

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### **RESNICK, DONALD, MD**

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6655 ALVARADO RD  
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### **RESNICK, DONALD, MD**

Provider ID: N/A

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### **RESNICK, DONALD, MD**

Provider ID: N/A

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SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **RITCHIE, DAVID, MD**

Provider ID: N/A

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## C1. 網絡內提供者清單 專科護理醫師

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### **RITCHIE, DAVID, MD**

Provider ID: N/A

☐ 330 LEWIS ST  
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### **SADAT, SAYED, DO**

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### **SADAT, SAYED, DO**

Provider ID: N/A

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### **SADAT, SAYED, DO**

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☐ 6655 ALVARADO RD  
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### **SAMPATH, SRIHARI, MD**

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### **SAMPATH, SRINATH, MD**

Provider ID: N/A

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### **SAMPATH, SRIHARI, MD**

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### **SAMPATH, SRINATH, MD**

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### **SANTILLAN, CYNTHIA, MD**

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### **SANTILLAN, CYNTHIA, MD**

Provider ID: N/A

☐ 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **SEARLEMAN, ADAM, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **SEARLEMAN, ADAM, MD**

Provider ID: N/A

☐ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **SLATER, JERRY, MD†**

Provider ID: N/A

☐ 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

### **SLATER, JERRY, MD†**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

### **SMITAMAN, EDWARD, MD**

Provider ID: N/A

☐ 6655 ALVARADO RD

SAN DIEGO, CA 92120

Effective as of 01-FEB-24

### **SMITAMAN, EDWARD, MD**

Provider ID: N/A

☐ 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

### **SMITAMAN, EDWARD, MD**

Provider ID: N/A

☐ 408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

### **SPENGLER, NATHAN, MD**

Provider ID: N/A

☐ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **SPENGLER, NATHAN, MD**

Provider ID: N/A

☐ 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. 網絡內提供者清單 專科護理醫師

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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

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **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

330 LEWIS ST  
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

### **UNSDORFER, KYLE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **VAHDOT, NOUSHIN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

### **VAHDOT, NOUSHIN, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-SEP-22

### **VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-SEP-22

### **WONG, FELIX, MD†**

Provider ID: N/A

3939 RUFFIN RD  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-22

### **WONG, FELIX, MD†**

Provider ID: N/A

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

### **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

9095 RIO SAN DIEGO DR  
STE 150  
SAN DIEGO, CA 92108  
Effective as of 01-OCT-23

### **ZINK BRODY, GORDON, MD†**

Provider ID: N/A

3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-21

### **ZINK BRODY, GORDON, MD†**

Provider ID: N/A

3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123

## C1. 網絡內提供者清單 專科護理醫師

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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

☐ 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JAN-24

#### **SALCEDO, CARLA, RD**

Provider ID: N/A

☐ 4910 DIRECTORS PL  
SAN DIEGO, CA 92121

Effective as of 01-JAN-24

#### **VALDEZ, KELLY, RD**

Provider ID: N/A

☐ 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **VERGARA RODRIGUEZ, DIANA, RD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

### **REGISTERED PHYSICAL THERAPIST**

#### **ALLOS, ALEXANDER, PT**

Provider ID: N/A

☐ 4445 EASTGATE MALL STE  
105

SAN DIEGO, CA 92121

Effective as of 01-NOV-23

#### **BOUTELLE, DAVID, PT**

Provider ID: N/A

☐ 9909 MIRA MESA BLVD  
STE 120

SAN DIEGO, CA 92131

Effective as of 01-JAN-24

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

☐ 9909 MIRA MESA BLVD  
STE 120

SAN DIEGO, CA 92131

Effective as of 01-JAN-24

#### **BOUTELLE, 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

## C1. 網絡內提供者清單 專科護理醫師

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RD STE D  
SAN DIEGO, CA 92129  
Effective as of 01-JAN-24

### **CORTEZ, AARON, PT†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-21

### **DANG, KAYLEE, PT†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-21

### **FARRAR, COURTNEY, PT†**

Provider ID: N/A

7525 METROPOLITAN DR  
STE 302  
SAN DIEGO, CA 92108  
Teleservice  
Effective as of 01-JAN-21

### **FARRAR, COURTNEY, PT†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-DEC-22

### **FERRER, MIRON, PT**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

### **FUREY, CINDY, PT**

Provider ID: N/A

5555 RESERVOIR DR STE  
300  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

### **FUREY, CINDY, PT**

Provider ID: N/A

5677 OBERLIN DR STE 106  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

### **GRIMES, KELLY, PT**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

### **HARRAH, WILLIAM, PT**

Provider ID: N/A

9333 GENESEE AVE STE  
350B  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

### **JOHNSON, KENNADY, PT**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAR-24

### **MONROE, MAX, PT**

Provider ID: N/A

11750 SORRENTO VALLEY  
RD STE 130  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

### **OKINAGA, PATRICK, PT**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-24

### **OKINAGA, PATRICK, PT**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

### **PAPA, AMY, PT**

Provider ID: N/A

4445 EASTGATE MALL STE

103  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

### **PAPA, AMY, PT**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

### **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**

## C1. 網絡內提供者清單 專科護理醫師

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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

📍 7510 CLAIREMONT MESA  
BLVD STE 102  
SAN DIEGO, CA 92111  
Effective as of 01-APR-22

### **CLARK, MELISSA, SP**

Provider ID: N/A

📍 7510 CLAIREMONT MESA  
BLVD STE 102  
SAN DIEGO, CA 92111  
Effective as of 01-APR-22

### **CLARK, MELISSA, SP**

Provider ID: N/A

📍 11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-APR-22



## C1. 網絡內提供者清單

### 專科護理醫師

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#### **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

#### **CLARK, MELISSA, SP**

Provider ID: N/A

📍 9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
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

📍 11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-22

#### **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

#### **KOUKEYAN, KARIN, SP**

Provider ID: N/A

📍 11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-23

#### **KOUKEYAN, KARIN, SP**

Provider ID: N/A

📍 7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111  
Teleservice  
Effective as of 01-JAN-23

#### **KOUKEYAN, KARIN, SP**

Provider ID: N/A

📍 9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

#### **NAPOLEAN, REBECCA, SP**

Provider ID: N/A

📍 7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111  
Effective as of 01-JUN-22

#### **NAPOLEAN, REBECCA, SP**

Provider ID: N/A

📍 7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111  
Effective as of 01-JUN-22

#### **SCHIEDERMAYER, BENJAMIN, SP†**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-22

#### **THOMPSON, DANIELLE, SP**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-24

#### **THOMPSON, DANIELLE, SP**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **WALSH, ERIN, SP**

Provider ID: N/A

📍 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

### ***SURGERY COLON SURGERY***

#### **EISENSTEIN, SAMUEL, MD†**

Provider ID: N/A

📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-21

#### **EISENSTEIN, SAMUEL, MD†**

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

#### **EISENSTEIN, SAMUEL, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

## C1. 網絡內提供者清單 專科護理醫師

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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-SEP-15

### **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-JAN-21

### **LOPEZ, NICOLE, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

### **LOPEZ, NICOLE, MD†**

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

### **PARRY, LISA, MD†**

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

### **PARRY, LISA, MD†**

Provider ID: N/A

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-APR-21

### **RAMAMOORTHY, SONIA, MD†**

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

### **TOMAN, JEFFREY, MD†**

Provider ID: N/A

📍 4060 4TH AVE STE 510  
SAN DIEGO, CA 92103

Effective as of 01-SEP-15

## ***SURGERY CRITICAL CARE***

### **ADAMS, LAURA, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

### **OLSON, ERIK, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

### **VENTRO, GEORGE, MD†**

Provider ID: N/A

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

## ***SURGERY GENERAL***

### **ALVORD, PAUL, MD†**

Provider ID: N/A

📍 4033 3RD AVE STE 204  
SAN DIEGO, CA 92103

Effective as of 01-JAN-19

### **ARMANI, AVA, MD†**

Provider ID: N/A

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

Effective as of 01-JUL-21

### **BARNES, RYAN, DO†**

Provider ID: N/A

📍 7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

### **BATRA, MUNISH, MD**

Provider ID: N/A

📍 12264 EL CAMINO REAL  
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

### **BATRA, MUNISH, MD**

Provider ID: N/A

📍 12264 EL CAMINO REAL  
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

### **BATRA, MUNISH, MD**

Provider ID: N/A

📍 12264 EL CAMINO REAL  
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

### **BATRA, MUNISH, MD**

Provider ID: N/A

📍 12264 EL CAMINO REAL  
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

### **BENCH, SHAWN, MD†**

Provider ID: N/A

📍 7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

### **BRODERICK, RYAN, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

---

☒ 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-JUL-22

**HALLDORSON, JEFFREY, MD†**  
Provider ID: N/A

☒ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**HALLDORSON, JEFFREY, MD†**  
Provider ID: N/A

☒ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-17

**HALLDORSON, JEFFREY, MD†**  
Provider ID: N/A

☒ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-18

**HART, MARQUIS, MD†**  
Provider ID: N/A

☒ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**HART, MARQUIS, MD†**

Provider ID: N/A

☒ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-21

**HART, MARQUIS, MD†**  
Provider ID: N/A

☒ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**HORGAN, SANTIAGO, MD**  
Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**HORGAN, SANTIAGO, MD**  
Provider ID: N/A

☒ 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**JACOBSEN, GARTH, MD†**  
Provider ID: N/A

☒ 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**JACOBSEN, GARTH, MD†**  
Provider ID: N/A

☒ 4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-21

**JACOBSEN, GARTH, MD†**  
Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**JINDAL, RISHI, MD†**  
Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

---

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. 網絡內提供者清單 專科護理醫師

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



## C1. 網絡內提供者清單


### 專科護理醫師

---

 7910 FROST ST STE 340  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-24


#### **BAWA, MANEESH, MD†**

Provider ID: N/A

 4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15


#### **BEHR, CHRISTOPHER, MD†**

Provider ID: N/A

 4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15


#### **BLAIS, MICAH, MD**

Provider ID: N/A

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23


#### **BOURLAND, BRYAN, DO**

Provider ID: N/A

 4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-23


#### **BOURLAND, BRYAN, DO**

Provider ID: N/A

 4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121\*  
Effective as of 01-SEP-23


#### **BRERETON, DANIEL, DO†**

Provider ID: N/A

 4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-22


#### **BUKATA, SUSAN, MD†**

Provider ID: N/A

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21


#### **BUKATA, SUSAN, MD**

Provider ID: N/A

 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24


#### **BURNIKEL, DAVID, MD†**

Provider ID: N/A

 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-23


#### **BURNIKEL, DAVID, MD†**

Provider ID: N/A

 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21


#### **BURNIKEL, DAVID, MD†**

Provider ID: N/A

 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-23


#### **CAGE, DORI NEILL, MD†**

Provider ID: N/A

 8008 FROST ST STE 403  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-14


#### **CHOI, JIHOON, MD†**

Provider ID: N/A

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **DAVID, TAL, MD†**

Provider ID: N/A

 4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21


#### **DOWNING, KRISTOPHER, MD**

Provider ID: N/A

 7910 FROST ST STE 340  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-24


#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

 3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24


#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

 3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-24


#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

 5395 RUFFIN RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24


#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

 5395 RUFFIN RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

#### **DUTTON, PASCUAL, MD**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

---

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

#### **FLOOD, DAVID, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-DEC-22

#### **GOEB, YANNICK, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

#### **GROTTING, JOHN, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

#### **GROTTING, JOHN, MD**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-24

#### **GROTTING, JOHN, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

#### **GROTTING, JOHN, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

#### **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

#### **HOFMEISTER, ERIC, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

#### **JAIN, RINA, MD†**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

#### **KANSARA, DEVANSHU, MD†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-MAY-22

#### **KANSARA, DEVANSHU, MD†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-JUN-22

#### **KASIR, RAFID, MD**

Provider ID: N/A

4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

#### **KIM, PAUL, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

#### **KIM, PAUL, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-14

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

#### **KIMBALL, MICHAEL, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

---

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

**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-SEP-22

**RAISZADEH, RAMIN, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-23

**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. 網絡內提供者清單 專科護理醫師

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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  
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  
350A  
SAN DIEGO, CA 92121\*  
Effective as of 01-SEP-20

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A  
9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-15

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A  
9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**SCHULTZ, JEFFREY, MD†**  
Provider ID: N/A  
7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-FEB-07

**SCHULTZ, JEFFREY, MD†**  
Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-JAN-14

**SCHULTZEL, MARK, MD†**  
Provider ID: N/A  
3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-21

**SHAH, KALPIT, MD†**  
Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**SHILLITO, MATTHEW, MD†**  
Provider ID: N/A  
6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-AUG-23

**SHILLITO, MATTHEW, MD†**  
Provider ID: N/A  
6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

**SHILLITO, MATTHEW, MD†**  
Provider ID: N/A  
6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-23

**SIROTA, MICHAEL, MD†**  
Provider ID: N/A  
6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

## C1. 網絡內提供者清單 專科護理醫師

---

### **SIROTA, MICHAEL, MD†**

Provider ID: N/A

☐ 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-AUG-23

### **SULLIVAN, THOMAS, MD**

Provider ID: N/A

☐ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **SUN, MICHAEL, MD**

Provider ID: N/A

☐ 7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-DEC-23

### **TANAKA, SCOTT, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-17

### **TASTO, JAMES, MD†**

Provider ID: N/A

☐ 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120\*  
Effective as of 01-AUG-23

### **TASTO, JAMES, MD†**

Provider ID: N/A

☐ 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

### **TASTO, JAMES, MD†**

Provider ID: N/A

☐ 6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120

Effective as of 01-SEP-23

### **TAYLOR, MARIO, MD**

Provider ID: N/A

☐ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

### **TAYLOR, MARIO, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

### **TAYYAB, NEIL, MD†**

Provider ID: N/A

☐ 9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

### **TAYYAB, NEIL, MD†**

Provider ID: N/A

☐ 9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

### **TAYYAB, NEIL, MD†**

Provider ID: N/A

☐ 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-16

### **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

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. 網絡內提供者清單 專科護理醫師

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3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-23

**YOUNGBLOOD, SCOT, MD**  
Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-23

**YOUNGBLOOD, SCOT, MD**  
Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-23

**YOUNGBLOOD, SCOT, MD**  
Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-23

### ***SURGERY PLASTIC***

**APOSTOLIDES, JOHN, MD**  
Provider ID: N/A

1322 SCOTT ST STE 102  
SAN DIEGO, CA 92106  
Effective as of 01-AUG-15

**BATRA, MUNISH, MD**  
Provider ID: N/A

12264 EL CAMINO REAL  
STE 101  
SAN DIEGO, CA 92130  
Effective as of 01-MAR-02

**CHAO, JAMES, MD†**  
Provider ID: N/A

8901 ACTIVITY RD  
SAN DIEGO, CA 92126  
Effective as of 01-JUL-15

**GOSMAN, AMANDA, MD†**  
Provider ID: N/A

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. 網絡內提供者清單 專科護理醫師

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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 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

### **COHEN, EDWARD, MD†**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-21

### **COHEN, EDWARD, MD**

Provider ID: N/A

☒ 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-JUL-22

### **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-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

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

### **DICKS, BRIAN, MD**

Provider ID: N/A

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

## C1. 網絡內提供者清單 專科護理醫師

---

### **DICKS, BRIAN, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

### **DICKS, BRIAN, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

### **DICKS, BRIAN, MD†**

Provider ID: N/A

☒ 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

### **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

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-SEP-22

### **HOLDEN, MARC, MD†**

Provider ID: N/A

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-OCT-22

### **HOLDEN, MARC, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

### **JUMA, SAAD, MD**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

### **JUMA, SAAD, MD**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

### **JUMA, SAAD, MD**

Provider ID: N/A

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

### **KATZ, JONATHAN, MD**

Provider ID: N/A

☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

### **KEILLER, DANNY, MD**

Provider ID: N/A

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

### **KEILLER, DANNY, MD**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

### **KEILLER, DANNY, MD†**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

### **KEILLER, DANNY, MD**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

### **NEUSTEIN, PAUL, MD**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

### **NGUYEN, HUNG, MD**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

**NGUYEN, HUNG, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**NGUYEN, HUNG, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**NGUYEN, HUNG, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Teleservice  
Effective as of 01-JAN-24

**NGUYEN, HUNG, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Teleservice  
Effective as of 01-SEP-21

**NGUYEN, HUNG, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Teleservice  
Effective as of 01-NOV-22

**PE, MARK-RALLY, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

**PE, MARK-RALLY, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**PE, MARK-RALLY, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**ROBERTS, JAMES, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**ROBERTS, JAMES, MD†**

Provider ID: N/A

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

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

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

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**SALEM, CAROL, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**SALEM, CAROL, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-JAN-24

### **SALEM, CAROL, MD<sup>†</sup>**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-SEP-22

### **SALEM, CAROL, MD<sup>†</sup>**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

### **SALEM, CAROL, MD<sup>†</sup>**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

### **SALMASI, AMIRALI, MD**

Provider ID: N/A

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-JAN-24

### **SALMASI, AMIRALI, MD**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-FEB-24

### **SALMASI, AMIRALI, MD**

Provider ID: N/A

☒ 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 202  
SAN DIEGO, CA 92123

Effective as of 01-FEB-24

### **SANTOMAURO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

### **SANTOMAURO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-AUG-23

### **SANTOMAURO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-JUN-21

### **SANTOMAURO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JUL-21

### **SANTOMAURO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-NOV-22

### **SANTOMAURO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-NOV-22

### **SANTOMAURO, MICHAEL, MD**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-AUG-23

### **SHEETZ, TYLER, MD**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

### **UNTERBERG, STEPHEN, MD<sup>†</sup>**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-NOV-21

### **UNTERBERG, STEPHEN, MD<sup>†</sup>**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-AUG-21

### **UNTERBERG, STEPHEN, MD<sup>†</sup>**

Provider ID: N/A

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-DEC-21

### **UNTERBERG, STEPHEN, MD<sup>†</sup>**

Provider ID: N/A

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-JAN-21

### **UNTERBERG, STEPHEN, MD<sup>†</sup>**

Provider ID: N/A

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-SEP-22



## C1. 網絡內提供者清單

### 專科護理醫師

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#### **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

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-JAN-21

#### **UNTERBERG, STEPHEN, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-SEP-22

#### **VAPNEK, EVAN, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
SAN DIEGO, CA 92118

Effective as of 01-JAN-24

#### **VAPNEK, EVAN, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

#### **VAPNEK, EVAN, MD†**

Provider ID: N/A

4033 3RD AVE STE 400  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

#### **VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

#### **VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-SEP-21

#### **VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-SEP-21

#### **VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 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 201  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

#### **VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-24

#### **VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-23

#### **WANG, LUKE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

#### **YUH, BENJAMIN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-JAN-24

#### **YUH, BENJAMIN, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-JAN-24

### ***ADDICTIVE MEDICINE***

#### **NAFICY, K, MD†**

Provider ID: N/A

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

Teleservice

Effective as of 01-MAY-21

### ***CLINICAL***

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

**NEUROPSYCHOLOGIST**

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**EMERGENCY MEDICINE**

**REZVAN, KAVEH, DO†**

Provider ID: N/A

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

**TAKHAR, JASMINE, DO**

## C1. 網絡內提供者清單 專科護理醫師

---

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<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-19

#### **KOHLI, SANJIVAN, MD<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

#### **KOHLI, SANJIVAN, MD<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

#### **KOHLI, SANJIVAN, MD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

#### **KALE, RAHUL, MD<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

#### **KALE, RAHUL, MD<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-17

#### **KOHLI, SANJIVAN, MD<sup>†</sup>**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-19

#### **REZVAN, KAVEH, DO<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

#### **LEE, BRIAN, MD<sup>†</sup>**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

☐ 31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

### **LEE, BRIAN, MD†**

Provider ID: N/A

☐ 31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

### **LEE, BRIAN, MD†**

Provider ID: N/A

☐ 31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

### **LEE, BRIAN, MD†**

Provider ID: N/A

☐ 31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

### **LEE, BRIAN, MD†**

Provider ID: N/A

☐ 31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

### **PANG, JASON, MD†**

Provider ID: N/A

☐ 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-14

### **PANG, JASON, MD†**

Provider ID: N/A

☐ 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-NOV-14

## ***OPHTHALMOLOGY***

### **KIM, ESTHER, MD**

Provider ID: N/A

☐ 31451 RANCHO VIEJO RD  
STE 101  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

### **KIM, ESTHER, MD**

Provider ID: N/A

☐ 31451 RANCHO VIEJO RD  
STE 101  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

### **WILLIAMS, MARK, MD**

Provider ID: N/A

☐ 31451 RANCHO VIEJO RD  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

### **WILLIAMS, MARK, MD**

Provider ID: N/A

☐ 31451 RANCHO VIEJO RD  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

### **WILLIAMS, MARK, MD**

Provider ID: N/A

☐ 31451 RANCHO VIEJO RD

SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

## ***PODIATRIST***

### **ANGAROLA, JEFF, DPM**

Provider ID: N/A

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

Effective as of 01-JAN-22

### **ANGAROLA, JEFF, DPM**

Provider ID: N/A

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

Effective as of 01-JAN-22

### **ANGAROLA, JEFF, DPM**

Provider ID: N/A

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

Effective as of 01-JAN-22

## ***PSYCHIATRY***

### **KURKJIAN, AZAD, MD†**

Provider ID: N/A

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

Effective as of 01-MAY-18

### **KURKJIAN, AZAD, MD†**

Provider ID: N/A

☐ 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

CA 92675  
Effective as of 01-MAY-18

***PSYCHIATRY CHILD***

**KURKJIAN, AZAD, MD<sup>†</sup>**

Provider ID: N/A

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

Effective as of 01-MAY-18

**KURKJIAN, AZAD, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☐ 30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-20

**HANSINK, RAYMOND, PhD<sup>†</sup>**

Provider ID: N/A

☐ 30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-20

**HANSINK, RAYMOND, PhD<sup>†</sup>**

Provider ID: N/A

☐ 30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-20

**HANSINK, RAYMOND, PhD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☐ 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-NOV-19

**KALE, RAHUL, MD<sup>†</sup>**

Provider ID: N/A

☐ 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-18

**KALE, RAHUL, MD<sup>†</sup>**

Provider ID: N/A

☐ 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-17

**KOHLI, SANJIVAN, MD<sup>†</sup>**

Provider ID: N/A

☐ 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-17

**KOHLI, SANJIVAN, MD<sup>†</sup>**

Provider ID: N/A

☐ 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-18

**KOHLI, SANJIVAN, MD<sup>†</sup>**

Provider ID: N/A

☐ 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675



**C1. 網絡內提供者清單**  
**專科護理醫師**

---

Effective as of 01-JAN-20

**PATEL, JAY, MD†**

Provider ID: N/A

📍 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-DEC-22

**PATEL, JAY, MD†**

Provider ID: N/A

📍 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-JUN-23

**PATEL, JAY, MD†**

Provider ID: N/A

📍 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-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-NOV-22

**PATEL, JAY, MD†**

Provider ID: N/A

📍 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-NOV-22

**PATEL, JAY, MD†**

Provider ID: N/A

📍 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-OCT-22

**REZVAN, KAVEH, DO†**

Provider ID: N/A

📍 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

**REZVAN, KAVEH, DO†**

Provider ID: N/A

📍 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-18

**REZVAN, KAVEH, DO†**

Provider ID: N/A

📍 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-18

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

📍 30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-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-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-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-MAY-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

## C1. 網絡內提供者清單 專科護理醫師

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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-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-DEC-23

### ***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-OCT-23

### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

### **GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-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  
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

## C1. 網絡內提供者清單 專科護理醫師

---

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-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-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-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

## ***CARDIAC***

## ***ELECTROPHYSIOLOGY***

### **LERNER, JONATHAN, MD**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JUL-23

### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JAN-23

## ***CARDIOLOGY***

### **DO, HULBERT, MD†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-AUG-22

### **LY, NANCY, MD†**

Provider ID: N/A

955 BOARDWALK

## C1. 網絡內提供者清單 專科護理醫師

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SAN MARCOS, CA 92078  
Effective as of 01-JUL-22

### **MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-JAN-21

### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078\*

Effective as of 01-JAN-21

### **PARIKH, MILIND, DO†**

Provider ID: N/A

☒ 150 VALPREDA RD  
SAN MARCOS, CA 92069

Effective as of 01-SEP-22

### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

☒ 150 VALPREDA RD  
SAN MARCOS, CA 92069

Effective as of 01-SEP-22

## ***CARDIOVASCULAR DISEASE***

### **CARLSON, STEVEN, MD†**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-JAN-21

### **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-SEP-22

### **DO, HULBERT, MD**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-OCT-23

### **MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-SEP-22

### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-SEP-22

### **NARAYANAN, MEENA, MD†**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-APR-21

### **PARIKH, MILIND, DO†**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-SEP-22

### **SARSAM, LUAY, MD**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JUL-23

### **SARSAM, LUAY, MD**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JUL-23

### **SHAH, KULIN, MD†**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JAN-23

### **SHAH, ABHISHEK, MD†**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-SEP-22

### **SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

☒ 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JAN-23

## ***CERTIFIED ACUPUNCTURIST***

### **GONZALEZ, ANDRES, LAC**

Provider ID: N/A

☒ 1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078

Effective as of 01-MAY-23

## ***CERTIFIED NURSE PRACTITIONER***

### **ANDREW, SHIRLEY, NP†**

Provider ID: N/A

☒ 838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-SEP-22

### **FAIQ, JAMILA, NP†**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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-MAY-21

### **MOONEY, PATRICIA, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-JUL-21

### **MWAURA, WAIRIMU, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-JUN-21

### **MWAURA, WAIRIMU, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-SEP-22

### **ONUOHA, NOJA, NP†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-SEP-22

### **PARSONS, MEKRAE, NP**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-DEC-23

### **VAHDAT, VALERIE, NP†**

Provider ID: N/A

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

Effective as of 01-NOV-22

### **VICK, ALINA, NP**

Provider ID: N/A

314 S TWIN OAKS VALLEY  
RD STE 114

SAN MARCOS, CA 92078

Teleservice

Effective as of 01-NOV-23

### **WILLEY, MARTI, NP†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-JUN-21

## ***CERTIFIED REGISTERED NURSE MIDWIFE***

### **BELANGER, TANYA, CRNM†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

### **MATEO, MARIE, CRNM†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

### **NGUYEN, DIANA, CRNM**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

## ***CHIROPRACTOR***

### **HINES, TAYTE, DC**

Provider ID: N/A

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

Effective as of 01-JAN-24

### **JEPPESEN, LANCE, DC**



## C1. 網絡內提供者清單 專科護理醫師

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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

1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-MAR-24

### **TRAINER, JASON, DC†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

## ***DERMATOLOGY***

### **ANGRA, KUNAL, MD†**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-DEC-21

### **GILBOA, RUTH, MD†**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-AUG-21

### **SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-JAN-23

### **VENKAT, ARUN, MD†**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

### **VENKAT, ARUN, MD†**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-AUG-20

### **VENKAT, ARUN, MD†**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-SEP-22

### **VENKAT, ARUN, MD†**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-MAR-17

### **WAGNER, MEREDITH, MD†**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

## ***FAMILY PRACTICE***

### **DAUGIRDAS, ANDREA, MD**

Provider ID: N/A

150 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-JAN-21

### **BESSUDO, ALBERTO, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-NOV-21

### **KOSMO, MICHAEL, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-JAN-21

### **SINCLAIR, JAMES, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Effective as of 01-JAN-21

### **SULLIVAN, JESSICA, DO†**

Provider ID: N/A

838 NORDAHL RD STE 300

## C1. 網絡內提供者清單 專科護理醫師

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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

#### **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,**

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**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-OCT-23

**MAREK, MAKSYM, 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-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 VALPREDA RD  
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

**POUNTNEY, MARLENE, MD†**

Provider ID: N/A

150 VALPREDA RD  
SAN MARCOS, CA 92069

Effective as of 01-APR-14

***ONCOLOGY MEDICAL***

**FRAKES, LAURIE, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-OCT-22

**FRAKES, LAURIE, MD†**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

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☐ 838 NORDAHL RD STE 300  
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  
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-JUL-22

#### **PRESTERA, TORY, MD†**

Provider ID: N/A

☐ 100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069  
Effective as of 01-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

### **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 100  
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  
Effective as of 01-AUG-23

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

☐ 838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice

## C1. 網絡內提供者清單 專科護理醫師

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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-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

### **PHAM, ALISE, DO**

Provider ID: N/A

☒ 838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-AUG-23

### **PHAM, ALISE, DO**

Provider ID: N/A

☒ 838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

### **PHAM, ALISE, DO**

Provider ID: N/A

☒ 838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

### **PHAM, ALISE, DO**

Provider ID: N/A

☒ 838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-AUG-23

### **WALKER, SHAYNA, MD†**

Provider ID: N/A

☒ 150 VALPREDA RD  
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

### **WALKER, SHAYNA, MD†**

Provider ID: N/A

☒ 150 VALPREDA RD  
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

## ***PSYCHOLOGIST***

### **CARLTON PENN, CORNELIA, PhD**

Provider ID: N/A

☒ 1510 E MISSION RD SPC  
RV035  
SAN MARCOS, CA 92069

Effective as of 01-NOV-22

### **CARLTON PENN, CORNELIA, PhD**

Provider ID: N/A

☒ 1510 E MISSION RD SPC  
RV035  
SAN MARCOS, CA 92069

Effective as of 01-NOV-22

### **LOVE, YVONNE, PSYD**

Provider ID: N/A

☒ 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

Effective as of 01-JUL-23

### **LOVE, YVONNE, PSYD**

Provider ID: N/A

☒ 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

Effective as of 01-JUL-23

## ***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-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

### **AL NAHLAWI, BASMA, MD†**

Provider ID: N/A



## C1. 網絡內提供者清單 專科護理醫師

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960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078  
Effective as of 01-MAY-22

**AL NAHLAWI, BASMA, MD†**  
Provider ID: N/A

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-JUL-22

**DIKRANIAN, ARA, MD**  
Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078  
Effective as of 01-MAR-24

### ***ANESTHESIOLOGY***

**FONTANA, LOUIS, MD†**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

### ***CARDIOLOGY***

**PONCE, SONIA, MD†**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

### ***CARDIOVASCULAR DISEASE***

**AIZIN, VITALI, MD†**  
Provider ID: N/A

4630 BORDER VILLAGE RD  
STE H  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**AIZIN, VITALI, MD†**  
Provider ID: N/A

4630 BORDER VILLAGE RD  
STE H  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-21

### ***CERTIFIED NURSE PRACTITIONER***

**CELIZ, ADRIANA, NP†**  
Provider ID: N/A

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**DRISCOLL, SUSAN, NP†**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**HACINAS, REYNALDO, NP†**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**KANTAS, PARIS, NP†**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-MAY-22

**LIEBER, CAROL, NP†**  
Provider ID: N/A

1601 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**VAZQUEZ-ERLBECK, MARTHA,  
NP**

Provider ID: N/A  
3364 BEYER BLVD

SAN YSIDRO, CA 92173  
Effective as of 01-DEC-21

### ***CHIROPRACTOR***

**KELCHNER, MATTHEW, DC†**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

### ***FAMILY PRACTICE***

**ALVAREZ-ESTRADA, MIGUEL,  
MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-DEC-22

**ARRIETA, NOEMI, DO**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-APR-23

**CORONADO, MYRNA, MD†**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173\*  
Teleservice  
Effective as of 01-APR-23

**CORONADO, MYRNA, MD**  
Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173\*  
Teleservice  
Effective as of 01-APR-23

**DALUGDUGAN, ESTHER, MD**  
Provider ID: N/A

4004 BEYER BLVD

## C1. 網絡內提供者清單 專科護理醫師

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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

☒ 3364 BEYER BLVD STE 101  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

#### **CHAU, DIANE, MD†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

### **LICENSED CLINICAL SOCIAL WORKER**

#### **JENNINGS, AMY, LCSW†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-SEP-22

#### **LOPEZ, MARIBEL, LCSW**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-APR-23

### **MARRIAGE FAMILY THERAPIST**

#### **ALVAREZ, IRAIDA, MFT**

Provider ID: N/A

☒ 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-DEC-22

## C1. 網絡內提供者清單 專科護理醫師

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### **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

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-OCT-22

#### **GOMEZ, DANIELA, MD**

Provider ID: N/A

4004 BEYER BLVD STE 400  
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

#### **MAJERSKI GONZALEZ, MANDY, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

#### **MAJERSKI GONZALEZ,**

## C1. 網絡內提供者清單 專科護理醫師

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### **MANDY, MD†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-JUN-21

### **MENDEZ, DIEGO, MD†**

Provider ID: N/A

☒ 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-NOV-21

### ***OCCUPATIONAL THERAPIST***

### **BROWN, JOHNNY, OT**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

### ***OPHTHALMOLOGY***

### **DE SILVA, NIHAL, MD†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

### **SKAF, AYHAM, MD†**

Provider ID: N/A

☒ 3364 BEYER BLVD STE  
102-103  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

### ***PEDIATRICS***

### **DILLON, BENEDICT, MD†**

Provider ID: N/A

☒ 4050 BEYER BLVD  
SAN YSIDRO, CA 92173\*

Effective as of 01-FEB-24

### **TAYLOR, TASHA, MD†**

Provider ID: N/A

☒ 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

### ***PHYSICIANS ASSISTANT***

### **BUCKNER, JOSEPH, PA**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-22

### **HARMIS, NATASHA, PA†**

Provider ID: N/A

☒ 3364 BEYER BLVD STE 102  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-MAY-21

### **MARTINEZ MURGUIA, IRENE, PA**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

### **PORTO MADURSKI, KRISTINE, PA†**

Provider ID: N/A

☒ 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

### **ROSENBLATT, SHERI, PA†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

### **SMITH, DOUGLAS, PA†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-MAY-21

### **SUNA SITTO, MOHEEN, PA†**

Provider ID: N/A

☒ 3364 BEYER BLVD STE 102  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-FEB-21

### **TRUJILLO, MIGUEL, PA†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

### ***PODIATRIST***

### **MANCHEL, BRUCE, DPM†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

### **MANCHEL, BRUCE, DPM†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

### ***PSYCHIATRY***

### **BERGGREN, ERICA, MD†**

Provider ID: N/A

☒ 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

### **BERGGREN, ERICA, MD†**

Provider ID: N/A

☒ 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

## C1. 網絡內提供者清單 專科護理醫師

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### **CRAWFORD-DAY, ANN, MD**

Provider ID: N/A

☐ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

### **CRAWFORD-DAY, ANN, MD**

Provider ID: N/A

☐ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

### **FONTANA, LOUIS, MD†**

Provider ID: N/A

☐ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

### **FONTANA, LOUIS, MD†**

Provider ID: N/A

☐ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

### **JAMES, CHRISTINE, DO**

Provider ID: N/A

☐ 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

### **JAMES, CHRISTINE, DO**

Provider ID: N/A

☐ 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

### **OJHA, PRITI, MD**

Provider ID: N/A

☐ 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-JUN-23

### **OJHA, PRITI, MD**

Provider ID: N/A

☐ 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-JUN-23

### **REGISTERED PHYSICAL THERAPIST**

### **DESOUSA, MICHELLE, PT†**

Provider ID: N/A

☐ 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

### **SPEECH PATHOLOGIST**

### **HILL, CARLA, SP†**

Provider ID: N/A

☐ 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-MAY-22

### **SURGERY ORTHOPEDIC**

### **ROSENFELD, ALAN, MD†**

Provider ID: N/A

☐ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

### **UROLOGY**

### **SALEM, CAROL, MD†**

Provider ID: N/A

☐ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

### **CHIROPRACTOR**

### **KELCHNER, MATTHEW, DC†**

Provider ID: N/A

☐ 120 TOWN CENTER PKWY  
SANTEE, CA 92071  
Effective as of 01-JUL-22

### **KELCHNER, MATTHEW, DC†**

Provider ID: N/A

☐ 120 TOWN CENTER PKWY  
SANTEE, CA 92071  
Effective as of 01-DEC-22

### **GASTROENTEROLOGY**

### **REDDY, ANANTHRAM, MD†**

Provider ID: N/A

☐ 9456 CUYAMACA ST STE  
102  
SANTEE, CA 92071  
Effective as of 01-JAN-21

### **REDDY, ANANTHRAM, MD†**

Provider ID: N/A

☐ 9456 CUYAMACA ST STE  
102  
SANTEE, CA 92071  
Effective as of 01-JUL-22

### **INTERNAL MEDICINE**

### **CORBIN, DAVID, MD†**

Provider ID: N/A

☐ 120 TOWN CENTER PKWY  
SANTEE, CA 92071  
Teleservice  
Effective as of 01-NOV-23

### **LICENSED CLINICAL**

### **SOCIAL WORKER**

### **MEAGHER, RAISHELLE, LCSW**

Provider ID: N/A

☐ 120 TOWN CENTER PKWY  
SANTEE, CA 92071  
Teleservice  
Effective as of 01-NOV-23

### **PEDIATRICS**

### **IKE, ERICA, DO†**



## C1. 網絡內提供者清單 專科護理醫師

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Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071  
Effective as of 01-JAN-21

### **PHYSICIANS ASSISTANT**

#### **ROSENBLATT, SHERI, PA†**

Provider ID: N/A  
120 TOWN CENTER PKWY  
SANTEE, CA 92071  
Teleservice  
Effective as of 01-OCT-21

### **PSYCHIATRY**

#### **CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A  
8770 CUYAMACA ST STE 4  
SANTEE, CA 92071  
Effective as of 01-MAY-22

#### **CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A  
8770 CUYAMACA ST STE 4  
SANTEE, CA 92071  
Effective as of 01-MAY-22

### **RADIOLOGY DIAGNOSTIC**

#### **MOORE, BRIAN, MD†**

Provider ID: N/A  
9640 MISSION GORGE RD  
STE H  
SANTEE, CA 92071  
Effective as of 01-JAN-21

#### **VENKATESH, VIJAY, MD†**

Provider ID: N/A  
9640 MISSION GORGE RD  
STE H  
SANTEE, CA 92071  
Effective as of 01-SEP-22

### **REGISTERED PHYSICAL**

### **THERAPIST**

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A  
9830 PROSPECT AVE STE A  
SANTEE, CA 92071  
Effective as of 01-JAN-24

#### **BOUTELLE, DAVID, PT**

Provider ID: N/A  
9830 PROSPECT AVE STE A  
SANTEE, CA 92071  
Effective as of 01-JAN-21

### **DERMATOLOGY**

#### **AGUIRRE, KRISTEN, MD†**

Provider ID: N/A  
530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUN-22

#### **AGUIRRE, KRISTEN, MD†**

Provider ID: N/A  
530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JAN-23

#### **GILBOA, RUTH, MD†**

Provider ID: N/A  
530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUN-22

#### **GILBOA, RUTH, MD†**

Provider ID: N/A  
530 LOMAS SANTA FE DR  
STE 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

#### **GILBOA, RUTH, MD†**

Provider ID: N/A  
530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUL-22

#### **ROSS, ANDREW, MD†**

Provider ID: N/A  
530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUL-22

#### **ROSS, ANDREW, MD†**

Provider ID: N/A  
530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-AUG-20

#### **ROSS, ANDREW, MD†**

Provider ID: N/A  
530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-SEP-22

#### **ROSS, ANDREW, MD†**

Provider ID: N/A  
530 LOMAS SANTA FE DR  
STE D

**C1. 網絡內提供者清單**  
**專科護理醫師**

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SOLANA BEACH, CA 92075  
Effective as of 01-JUN-22

**SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JAN-23

**THIELE, JENS, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUN-22

**THIELE, JENS, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-SEP-09

**TSE, YARDY, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUN-22

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-FEB-21

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUL-22

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-MAR-16

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-MAR-16

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-SEP-22

**ENDOCRINOLOGY**  
**METABOLISM DIABETES**

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-JAN-21

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-JAN-21

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-MAR-15

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075\*  
Effective as of 01-JAN-24

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-MAR-15

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-JUL-22

**PHYSICIANS ASSISTANT**

**GIBSON, JULIA, PA**

Provider ID: N/A

380 STEVENS AVE STE 310  
SOLANA BEACH, CA 92075  
Effective as of 01-MAY-23

**LEE, MYUNGHEE, PA**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Teleservice  
Effective as of 01-NOV-23

**ROBINSON, JENELLE, PA**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-NOV-23

**C1. 網絡內提供者清單  
專科護理醫師**

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***CERTIFIED NURSE  
PRACTITIONER***

**CISTRONE, MONICA, NPF**

Provider ID: N/A

☐ 9239 CAMPO RD STE A  
SPRING VALLEY, CA 91977

Teleservice

Effective as of 01-JUL-23

**GORDON, DANIELLE, NP†**

Provider ID: N/A

☐ 9239 CAMPO RD STE A  
SPRING VALLEY, CA 91977

Teleservice

Effective as of 01-MAR-22

***ALLERGY IMMUNOLOGY***

**BROWN, HOSEA, MD†**

Provider ID: N/A

☐ 26960 CHERRY HILLS  
BLVD STE D  
SUN CITY, CA 92586

Effective as of 01-FEB-22

***AUDIOLOGIST***

**ACEVEDO-FREY, SYLVIA, AuD**

Provider ID: N/A

☐ 28071 BRADLEY RD  
SUN CITY, CA 92586

Effective as of 01-JUN-23

***CARDIOVASCULAR  
DISEASE***

**AGGARWAL, SAURABH, MD†**

Provider ID: N/A

☐ 26962 CHERRY HILLS  
BLVD STE A  
SUN CITY, CA 92586

Effective as of 01-DEC-21

**SARSAM, SINAN, MD†**

Provider ID: N/A

☐ 26960 CHERRY HILLS  
BLVD STE C  
SUN CITY, CA 92586

Effective as of 01-JUN-21

***GASTROENTEROLOGY***

**RAGHUWANSHI, NAISHADH,  
MD†**

Provider ID: N/A

☐ 26960 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586

Effective as of 01-FEB-11

**RAGHUWANSHI, NAISHADH,  
MD†**

Provider ID: N/A

☐ 26960 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586

Effective as of 01-SEP-09

***MARRIAGE FAMILY  
THERAPIST***

**PORTER, TERRY, MFT†**

Provider ID: N/A

☐ 28125 BRADLEY RD STE 220  
SUN CITY, CA 92586

Effective as of 01-JAN-23

**PORTER, TERRY, MFT†**

Provider ID: N/A

☐ 28125 BRADLEY RD STE 220  
SUN CITY, CA 92586

Effective as of 01-JAN-23

***NEPHROLOGY***

**ISHAK, SALAM, MD†**

Provider ID: N/A

☐ 28125 BRADLEY RD STE 270  
SUN CITY, CA 92586  
Effective as of 01-SEP-12

**ISHAK, SALAM, MD†**

Provider ID: N/A

☐ 28125 BRADLEY RD STE 270  
SUN CITY, CA 92586

Effective as of 01-JUN-12

***OPHTHALMOLOGY***

**JACOBSON, ARTHUR, MD†**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
SUN CITY, CA 92586

Effective as of 01-JUL-23

**LEE, JOHN, MD†**

Provider ID: N/A

☐ 28125 BRADLEY RD STE 189  
SUN CITY, CA 92586

Effective as of 01-FEB-11

***OPTOMETRIST***

**LANE, KEVIN, OD†**

Provider ID: N/A

☐ 29826 HAUN RD STE 100  
SUN CITY, CA 92586

Effective as of 01-JUL-23

***RADIOLOGY DIAGNOSTIC***

**BURROUGHS, GLORIA, MD†**

Provider ID: N/A

☐ 26870 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586

Effective as of 01-OCT-17

**BURROUGHS, GLORIA, MD†**

Provider ID: N/A

☐ 26870 CHERRY HILLS  
BLVD

## C1. 網絡內提供者清單 專科護理醫師

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SUN CITY, CA 92586  
Effective as of 01-OCT-17

### **BURROUGHS, GLORIA, MD†**

Provider ID: N/A

26870 CHERRY HILLS  
BLVD

SUN CITY, CA 92586  
Effective as of 01-OCT-17

### **ALLERGY IMMUNOLOGY**

### **GUPTA, SAMEER, MD†**

Provider ID: N/A

41715 WINCHESTER RD STE  
206

TEMECULA, CA 92590  
Effective as of 01-FEB-15

### **GUPTA, SAMEER, MD†**

Provider ID: N/A

41715 WINCHESTER RD STE  
206

TEMECULA, CA 92590  
Effective as of 01-DEC-21

### **GUPTA, SAMEER, MD†**

Provider ID: N/A

41715 WINCHESTER RD STE  
206

TEMECULA, CA 92590  
Effective as of 01-JUL-23

### **GUPTA, SAMEER, MD†**

Provider ID: N/A

41715 WINCHESTER RD STE  
206

TEMECULA, CA 92590  
Effective as of 01-JAN-16

### **ANESTHESIOLOGY**

### **DORAISWAMY, ARUL, MD†**

Provider ID: N/A

28975 OLD TOWN FRONT

ST STE 200  
TEMECULA, CA 92590  
Effective as of 01-JUL-17

### **DORAISWAMY, ARUL, MD†**

Provider ID: N/A

28975 OLD TOWN FRONT  
ST STE 200

TEMECULA, CA 92590  
Effective as of 01-JUL-17

### **GUIANG, RAINIER, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591

Effective as of 01-SEP-19

### **HYUN, SUZANNE, MD**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591

Effective as of 01-MAR-24

### **JEDAMSKI, WALDTRAUT, MD**

Provider ID: N/A

28975 OLD TOWN FRONT  
ST STE 200

TEMECULA, CA 92590  
Effective as of 01-OCT-19

### **KANU, ABDUL, MD**

Provider ID: N/A

27699 JEFFERSON AVE  
TEMECULA, CA 92590

Teleservice

Effective as of 01-AUG-20

### **PANG, GARY, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591

Effective as of 01-MAR-24

### **ANESTHESIOLOGY PAIN MANAGEMENT**

### **CHEN, HAMILTON, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591

Effective as of 01-SEP-19

### **CHEN, HAMILTON, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591

Effective as of 01-SEP-19

### **CHEN, HAMILTON, MD**

Provider ID: N/A

27450 YNEZ RD STE 202  
TEMECULA, CA 92591

Effective as of 01-SEP-23

### **DADACHANJI, CYRUS, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
305

TEMECULA, CA 92590  
Effective as of 01-JUL-23

### **DORAISWAMY, ARUL, MD†**

Provider ID: N/A

28975 OLD TOWN FRONT  
ST STE 200

TEMECULA, CA 92590  
Effective as of 01-JUL-17

### **GUIANG, RAINIER, MD**

Provider ID: N/A

27450 YNEZ RD STE 202  
TEMECULA, CA 92591

Effective as of 01-SEP-23

### **GUIANG, RAINIER, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591

Effective as of 01-MAR-24

## C1. 網絡內提供者清單 專科護理醫師

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### **LEIER, TIM, MD**

Provider ID: N/A

☞ 27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-JUN-21

### **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

### **MOELLER-BERTRAM, TOBIAS, MD†**

Provider ID: N/A

☞ 27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-JUN-18

## **CARDIOLOGY**

### **MESSENGER, BRADLEY, MD**

Provider ID: N/A

☞ 31515 RANCHO PUEBLO RD STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

### **PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

☞ 31515 RANCHO PUEBLO RD STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

## **CARDIOVASCULAR DISEASE**

### **ALFAY, WISAM, MD**

Provider ID: N/A

☞ 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

☞ 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



## C1. 網絡內提供者清單 專科護理醫師

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TEMECULA, CA 92592  
Effective as of 01-FEB-22

### **SANGODKAR, SANDEEP, DO**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

### **SARSAM, SINAN, MD†**

Provider ID: N/A

27450 YNEZ RD STE 109  
TEMECULA, CA 92591  
Effective as of 01-MAR-22

### **SARSAM, SINAN, MD†**

Provider ID: N/A

27450 YNEZ RD STE 109  
TEMECULA, CA 92591  
Effective as of 01-MAR-22

### ***CERTIFIED ACUPUNCTURIST***

### **LEE, KYUNG, LAC**

Provider ID: N/A

27455 TIERRA ALTA WAY  
STE A  
TEMECULA, CA 92590  
Effective as of 01-MAR-21

### **LEE, KYUNG, LAC**

Provider ID: N/A

27455 TIERRA ALTA WAY  
STE A  
TEMECULA, CA 92590  
Effective as of 01-MAR-21

### **WACHNER, KRISTELYN, LAC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-OCT-22

### **WACHNER, KRISTELYN, LAC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-OCT-22

### ***CERTIFIED NURSE PRACTITIONER***

### **AGORRILLA, MARIA, NP**

Provider ID: N/A

44274 GEORGE CUSHMAN  
CT STE 212  
TEMECULA, CA 92592  
Effective as of 01-OCT-23

### **ALVAREZ, ARMANDA, NP**

Provider ID: N/A

27555 YNEZ RD STE 102  
TEMECULA, CA 92591  
Effective as of 01-FEB-24

### **BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

### **BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

### **BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

### **BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

### **BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

### **DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

### **DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

### **DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

### **DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

### **GEISINGER, TERESA, NP**

Provider ID: N/A

31625 DE PORTOLA RD STE  
101  
TEMECULA, CA 92592  
Effective as of 01-APR-23

### **HARTMAN, JULIE, NPF**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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31170 TEMECULA PKWY  
STE 100  
TEMECULA, CA 92592  
Effective as of 01-SEP-23

### **HASAN, BUSHRA, NP**

Provider ID: N/A

31170 TEMECULA PKWY  
STE 100  
TEMECULA, CA 92592  
Effective as of 01-OCT-22

### **HUERTA, CARMEN, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-OCT-22

### **HUERTA, CARMEN, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

### **HUERTA, CARMEN, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-22

### **LIRA, SHANNON, NPF**

Provider ID: N/A

31625 DE PORTOLA RD STE  
101  
TEMECULA, CA 92592  
Effective as of 01-FEB-24

### **LUCACI, BIANCA, NP**

Provider ID: N/A

27555 YNEZ RD STE 400  
TEMECULA, CA 92591  
Effective as of 01-SEP-22

### **ONUOHA, NOJA, NP†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591\*  
Effective as of 01-NOV-22

### **ONUOHA, NOJA, NP†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591\*  
Effective as of 01-NOV-22

### **SMITH, PAIGE, NP**

Provider ID: N/A

27555 YNEZ RD STE 400  
TEMECULA, CA 92591  
Effective as of 01-OCT-23

### **THOMAS, STEPHEN, NPF†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-AUG-22

### **THOMAS, STEPHEN, NPF†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-OCT-23

### **THOMAS, STEPHEN, NPF†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

### **ZELEDON, JAIME, NP**

Provider ID: N/A

27699 JEFFERSON AVE STE

201  
TEMECULA, CA 92590  
Effective as of 01-MAY-18

### ***CERTIFIED REGISTERED NURSE MIDWIFE***

### **ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-22

### ***CHIROPRACTOR***

### **BARTZ, PAUL, DC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-22

### **FARSHLER, ANTHONY, DC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-NOV-23

### **FARSHLER, ANTHONY, DC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-22

### **MYREN, DONALD, DC**

Provider ID: N/A

26790 YNEZ CT STE 2B  
TEMECULA, CA 92591  
Effective as of 01-JUN-23

### **MYREN, DONALD, DC**

Provider ID: N/A

26790 YNEZ CT STE 2B  
TEMECULA, CA 92591  
Effective as of 01-JUN-23

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **ROJAS, RAYMOND, DC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-22

#### **DERMATOLOGY**

#### **JACOBS, RANDOLPH, MD**

Provider ID: N/A

40971 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-DEC-18

#### **JACOBS, RANDOLPH, MD**

Provider ID: N/A

40971 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JUL-97

#### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-JAN-22

#### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

#### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

#### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202

TEMECULA, CA 92592  
Effective as of 01-DEC-21

#### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

#### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

#### **KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-FEB-22

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-JUL-21

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-JUL-21

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

#### **MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

#### **MUNYON, THOMAS, MD†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Teleservice  
Effective as of 01-MAR-24

#### **ROSS, ANDREW, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 102  
TEMECULA, CA 92592  
Effective as of 01-JUL-22

#### **SAIED, NAGI, MD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Teleservice

Effective as of 01-NOV-23

### **EMERGENCY MEDICINE**

**ELLIS, JOHN, MD†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-SEP-22

**WARD, NICHOLAS, MD†**

Provider ID: N/A

31700 TEMECULA PKWY  
TEMECULA, CA 92592

Effective as of 01-MAR-21

**WARD, NICHOLAS, MD†**

Provider ID: N/A

31700 TEMECULA PKWY  
TEMECULA, CA 92592

Effective as of 01-MAR-21

**WARD, NICHOLAS, MD†**

Provider ID: N/A

31700 TEMECULA PKWY  
TEMECULA, CA 92592

Effective as of 01-MAR-21

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

**JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591

Effective as of 01-JUL-23

**JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO

CALIFORNIA RD STE 134  
TEMECULA, CA 92591

Effective as of 01-JUN-16

**JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591

Effective as of 01-JUN-16

**JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591

Effective as of 01-JUN-16

**JOU, BILL, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 205  
TEMECULA, CA 92592

Effective as of 01-FEB-17

**JOU, BILL, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 205  
TEMECULA, CA 92592

Effective as of 01-FEB-17

### **FAMILY PRACTICE**

### **SPORTS MEDICINE**

**CHEUNG, SUNNY, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

**CHEUNG, SUNNY, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE

270

TEMECULA, CA 92590

Effective as of 01-FEB-23

**CHEUNG, SUNNY, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

**CHEUNG, SUNNY, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

### **GASTROENTEROLOGY**

**ARDIGO, GREGORY, MD**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 209  
TEMECULA, CA 92591

Effective as of 01-AUG-23

**DINH, JACK, MD**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 209  
TEMECULA, CA 92591

Effective as of 01-AUG-23

**KEMMERLY, THOMAS, MD**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 209  
TEMECULA, CA 92591

Effective as of 01-AUG-23

**SAUNDERS, ANGELA, DO†**

Provider ID: N/A

31625 DE PORTOLA RD  
SUITE 101


## C1. 網絡內提供者清單 專科護理醫師

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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  
Effective as of 01-MAY-22

## ***INTERNAL MEDICINE***

### **AL HARASH, ABDALHAMID, MD†**

Provider ID: N/A

 31565 RANCHO PUEBLO  
RD STE 205

TEMECULA, CA 92592  
Effective as of 01-OCT-22

### **AL HARASH, ABDALHAMID, MD†**

Provider ID: N/A

 31565 RANCHO PUEBLO  
RD STE 205

TEMECULA, CA 92592  
Effective as of 01-OCT-22

### **AL HARASH, ABDALHAMID, MD†**

Provider ID: N/A

 31565 RANCHO PUEBLO  
RD STE 205

TEMECULA, CA 92592  
Effective as of 01-OCT-22

### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 201

TEMECULA, CA 92592  
Effective as of 01-OCT-20

### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 201

TEMECULA, CA 92592  
Effective as of 01-OCT-20

### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 201

TEMECULA, CA 92592  
Effective as of 01-NOV-20

### **ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

 31537 RANCHO PUEBLO  
RD STE 201

TEMECULA, CA 92592



## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-NOV-20

### **ALTRIKI, MOHAMAD, MD<sup>†</sup>**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Effective as of 01-MAR-21

### **ALTRIKI, MOHAMAD, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 27699 JEFFERSON AVE STE 204  
TEMECULA, CA 92590

Effective as of 01-SEP-22

### **HADDADIN, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

☒ 27699 JEFFERSON AVE STE 204  
TEMECULA, CA 92590

Effective as of 01-SEP-22

### **HADDADIN, HASSAN, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 44605 AVENIDA DE MISSIONES STE 206  
TEMECULA, CA 92592

Effective as of 01-FEB-22

### **YU, JERRY, MD<sup>†</sup>**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Effective as of 01-DEC-23

### **YU, JERRY, MD<sup>†</sup>**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Effective as of 01-AUG-18

### **YU, JERRY, MD<sup>†</sup>**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Effective as of 01-MAR-21

### **YU, JERRY, MD<sup>†</sup>**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Effective as of 01-JUL-18

### **YU, JERRY, MD<sup>†</sup>**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592

Effective as of 01-JUL-18

## ***INTERNAL MEDICINE CRITICAL CARE MEDICINE***

### **SALEK, MUNIF, MD<sup>†</sup>**

Provider ID: N/A

☒ 27699 JEFFERSON AVE STE 204  
TEMECULA, CA 92590

Effective as of 01-FEB-22

### **SALEK, MUNIF, MD<sup>†</sup>**

Provider ID: N/A

☒ 27699 JEFFERSON AVE STE 204  
TEMECULA, CA 92590

Effective as of 01-FEB-22

### **SALEK, MUNIF, MD<sup>†</sup>**

Provider ID: N/A

☒ 27699 JEFFERSON AVE STE 204  
TEMECULA, CA 92590

Effective as of 01-FEB-22

### **VEGA, RICARDO, MD<sup>†</sup>**

Provider ID: N/A

☒ 27699 JEFFERSON AVE STE 204  
TEMECULA, CA 92590

Effective as of 01-MAR-22

### **VEGA, RICARDO, MD<sup>†</sup>**

Provider ID: N/A

☒ 27699 JEFFERSON AVE STE 204  
TEMECULA, CA 92590

Effective as of 01-JAN-22

## ***INTERVENTIONAL CARDIOLOGY***

### **SEAMAN, CHRISTOPHER, MD**

Provider ID: N/A

**C1. 網絡內提供者清單**  
**專科護理醫師**

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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-JUL-23

**CHANG, DAVID, MD†**  
Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

**CHANG, DAVID, MD†**  
Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

**CHANG, DAVID, MD†**  
Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-APR-15

**CHANG, DAVID, MD†**  
Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 201

## C1. 網絡內提供者清單 專科護理醫師

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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

### **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-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

### **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-JUN-21

### **CHOUDRY, BILAL, MD†**

Provider ID: N/A

☒ 31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

### **DELANEY, MICHAEL, MD†**

Provider ID: N/A

☒ 31515 RANCHO PUEBLO RD  
STE 104

## C1. 網絡內提供者清單 專科護理醫師

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TEMECULA, CA 92592  
Teleservice  
Effective as of 01-OCT-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

### **FARHIDVASH, FARIBA, MD†**

Provider ID: N/A  
☑ 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592  
Effective as of 01-NOV-22

### **GRATIANNE, ROBERTO, MD†**

Provider ID: N/A  
☑ 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592  
Effective as of 01-JUN-22

### **GUPTA, MONIKA, MD†**

Provider ID: N/A  
☑ 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592  
Effective as of 01-OCT-19

### **HALL, JACOB, MD†**

Provider ID: N/A  
☑ 31515 RANCHO PUEBLO RD  
STE 104

TEMECULA, CA 92592  
Effective as of 01-MAY-23

### **HALL, JACOB, MD†**

Provider ID: N/A  
☑ 31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-21

### **HALL, JACOB, MD†**

Provider ID: N/A  
☑ 31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-JAN-21

### **HOSSEIN ZADEH MALEKI, ANA, MD**

Provider ID: N/A  
☑ 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592  
Effective as of 01-FEB-24

### **HUOTT, PATRICK, MD**

Provider ID: N/A  
☑ 31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-FEB-24

### **HUOTT, PATRICK, MD**

Provider ID: N/A  
☑ 31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-FEB-24

### **MAREK, MAKSYM, MD**

Provider ID: N/A  
☑ 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A  
☑ 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

### **PHAM, ALISE, DO**

Provider ID: N/A  
☑ 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

### **SAHAGIAN, GREGORY, MD**

Provider ID: N/A  
☑ 31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

### **SILVER, BRENT, MD†**

Provider ID: N/A  
☑ 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592  
Effective as of 01-NOV-22

### **SORIA LOPEZ, JOSE, MD†**

Provider ID: N/A  
☑ 44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

### **TALANKI, VARUN, MD**

Provider ID: N/A  
☑ 31565 RANCHO PUEBLO  
RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-DEC-22

### **WU, MELANIE, DO†**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

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44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-JAN-20

#### **NEUROLOGY CHILD**

#### **OLENSKI, KLARI, DO<sup>†</sup>**

Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-MAR-22

#### **OBSTETRICS / GYNECOLOGY**

#### **ELFELT, TIMOTHY, MD<sup>†</sup>**

Provider ID: N/A

28780 SINGLE OAK DR STE 160  
TEMECULA, CA 92590  
Effective as of 01-AUG-19

#### **GOMEZ, GUILLERMO, MD<sup>†</sup>**

Provider ID: N/A

27625 JEFFERSON AVE STE 101  
TEMECULA, CA 92590  
Effective as of 01-JUL-21

#### **GOMEZ, GUILLERMO, MD<sup>†</sup>**

Provider ID: N/A

27625 JEFFERSON AVE STE 101  
TEMECULA, CA 92590  
Effective as of 01-JUL-21

#### **NEAL, JAMES, MD<sup>†</sup>**

Provider ID: N/A

31170 TEMECULA PKWY STE 201  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

#### **RIZVI, SYED, MD<sup>†</sup>**

Provider ID: N/A

31493 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAR-22

#### **OPHTHALMOLOGY**

#### **BAKHTIARY, PEJMAN, MD<sup>†</sup>**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-SEP-21

#### **BAKHTIARY, PEJMAN, MD<sup>†</sup>**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-SEP-21

#### **BEKENDAM, PETER, MD<sup>†</sup>**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

#### **BEKENDAM, PAMELA, MD<sup>†</sup>**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

#### **BEKENDAM, PETER, MD<sup>†</sup>**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

#### **BEKENDAM, PAMELA, MD<sup>†</sup>**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

#### **BEKENDAM, PETER, MD<sup>†</sup>**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-JUL-23

#### **BIRO, NICOLAS, MD**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

#### **BIRO, NICOLAS, MD**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

#### **BURNS, RICHARD, MD<sup>†</sup>**

Provider ID: N/A

41637 MARGARITA RD STE 100  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

#### **BURNS, RICHARD, MD<sup>†</sup>**

Provider ID: N/A

41637 MARGARITA RD STE 100  
TEMECULA, CA 92591  
Effective as of 01-NOV-08

#### **BURNS, RICHARD, MD<sup>†</sup>**

Provider ID: N/A

41637 MARGARITA RD STE 100



## C1. 網絡內提供者清單 專科護理醫師

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TEMECULA, CA 92591  
Effective as of 01-SEP-09

### **CHING, ANDREA SHERYL, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

### **CHOW, JASON, MD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

### **JACOBSON, ARTHUR, MD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

### **JACOBSON, ARTHUR, MD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-SEP-09

### **JOSEPH, JEFFREY, MD†**

Provider ID: N/A

31950 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-FEB-24

### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-FEB-24

### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-FEB-24

### **LAZZARINI, THOMAS, MD**

Provider ID: N/A

41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-FEB-24

### **LEE, JOHN, MD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

### **LIN, THEODORE, MD†**

Provider ID: N/A

41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590\*  
Effective as of 01-APR-24

### **LIN, THEODORE, MD†**

Provider ID: N/A

41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590\*  
Effective as of 01-APR-24

### **LIN, THEODORE, MD†**

Provider ID: N/A

41900 WINCHESTER RD  
STE 201

TEMECULA, CA 92590  
Effective as of 01-SEP-17

### **SATTERFIELD, KELLIE, MD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-DEC-23

### **SAVAR, AARON, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

### **SAVAR, LOUIS, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

### **SAVAR, AARON, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

### **SAVAR, LOUIS, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

### **SHEILS, CATHERINE, MD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-JAN-24

## C1. 網絡內提供者清單 專科護理醫師

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### **SHELTON, RAYMOND, MD**

Provider ID: N/A

41637 MARGARITA RD STE 100  
TEMECULA, CA 92591  
Effective as of 01-MAY-23

### **SMITH, WILLIAM, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

### **SONI, NISHANT, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

### **SONI, NISHANT, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

### **SONI, NISHANT, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-23

### **SORENSEN, ROBERT, MD†**

Provider ID: N/A

31950 US HWY 79 S B7  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

### **WARNER, MICHAEL, MD†**

Provider ID: N/A

41637 MARGARITA RD STE 100

TEMECULA, CA 92591

Teleservice

Effective as of 01-JUL-23

### **YUNG, EDWARD, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

### **YUNG, EDWARD, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

## ***OPHTHALMOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY***

### **ISSA, REDA, MD†**

Provider ID: N/A

41900 WINCHESTER RD STE 201  
TEMECULA, CA 92590  
Effective as of 01-DEC-21

### **ZHOU, SIWEI, MD†**

Provider ID: N/A

31950 TEMECULA PKWY STE B-7  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

## ***OPTOMETRIST***

### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

31950 TEMECULA PKWY STE B-7  
TEMECULA, CA 92592

Effective as of 01-DEC-23

### **ARCHIBALD, JOHN, OD†**

Provider ID: N/A

31950 TEMECULA PKWY STE B-7  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

### **AZIZ AWAD AWADALLA, MARINAEMAD, OD†**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-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

### **AZIZ AWAD AWADALLA, MARINAEMAD, OD†**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

### **BARR, AUSTIN, OD**

Provider ID: N/A

41637 MARGARITA RD STE 100  
TEMECULA, CA 92591  
Effective as of 01-MAR-23

### **BARR, AUSTIN, OD**

Provider ID: N/A

41637 MARGARITA RD STE 100  
TEMECULA, CA 92591

## C1. 網絡內提供者清單 專科護理醫師

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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-JUN-23

### **FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590

Effective as of 01-JUL-23

### **FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590

Effective as of 01-JUL-23

### **FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N STE 110  
TEMECULA, CA 92590

Effective as of 01-DEC-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-JUL-23

### **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-JUL-23

### **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

### **ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

41637 MARGARITA RD STE 100  
TEMECULA, CA 92591

Effective as of 01-JAN-22

## C1. 網絡內提供者清單 專科護理醫師

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### **ULIBARRI, MATTHEW, OD<sup>†</sup>**

Provider ID: N/A

☒ 41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

### **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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-MAR-24

### **PHYSICIANS ASSISTANT**

### **ASHIER, SAURABH, PA<sup>†</sup>**

Provider ID: N/A

☒ 31573 RANCHO PUEBLO  
RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-AUG-22

### **ASHIER, SAURABH, PA<sup>†</sup>**

Provider ID: N/A

☒ 31573 RANCHO PUEBLO  
RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

### **ASHIER, SAURABH, PA<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

☒ 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

### **FELIX, FRANCISCO, PA**

Provider ID: N/A

☒ 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-AUG-23

### **FELIX, FRANCISCO, PA**

Provider ID: N/A

☒ 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-AUG-23

### **KAUFMAN, BRITNEY, PA<sup>†</sup>**

Provider ID: N/A

☒ 44605 AVENIDA DE

## C1. 網絡內提供者清單

### 專科護理醫師

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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  
Effective as of 01-MAR-23

### **PODIATRIST**

#### **NEGRON, RICARDO, DPM**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-JUL-21

#### **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-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

#### **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-OCT-23

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-AUG-22

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-AUG-22

#### **KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-OCT-23

#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592  
Effective as of 01-JUL-23



## C1. 網絡內提供者清單

### 專科護理醫師

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#### **MCGEHRIN, KEVIN, MD**

Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

#### **PERSAUD, PRIA, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

#### **PERSAUD, PRIA, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

#### **PHAM, ALISE, DO**

Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

#### **PHAM, ALISE, DO**

Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-AUG-22

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-SEP-23

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-AUG-22

#### **PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-SEP-23

#### ***PSYCHIATRY CHILD***

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-DEC-20

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-DEC-20

#### ***PSYCHOLOGIST***

#### **THODE, LAURA, PSYD**

Provider ID: N/A

31720 TEMECULA PKWY STE 200  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

#### **THODE, LAURA, PSYD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

#### **THODE, LAURA, PSYD**

Provider ID: N/A

31720 TEMECULA PKWY STE 200  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

#### **THODE, LAURA, PSYD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

#### **WERNER, KRISTINE, PhD**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-MAY-18

#### **WERNER, KRISTINE, PhD**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-MAY-18

#### **WOODWORTH, JENNIFER, PSYD**

Provider ID: N/A

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

**C1. 網絡內提供者清單**  
**專科護理醫師**

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

***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

**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**

**C1. 網絡內提供者清單**  
**專科護理醫師**

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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  
 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

**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

**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  
**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  
**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  
**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

**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

**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  
 31515 RANCHO PUEBLO RD  
 STE 101  
 TEMECULA, CA 92592  
 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  
 27699 JEFFERSON AVE STE  
 202  
 TEMECULA, CA 92590  
 Effective as of 01-MAY-23

**SABIN, SCOTT, PT†**  
 Provider ID: N/A  
 31515 RANCHO PUEBLO RD

## C1. 網絡內提供者清單 專科護理醫師

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STE 101  
TEMECULA, CA 92592  
Effective as of 01-FEB-19

### **SABIN, SCOTT, PT†**

Provider ID: N/A

☑ 31515 RANCHO PUEBLO RD  
STE 101  
TEMECULA, CA 92592  
Effective as of 01-FEB-19

### **SIVA, ANDREW, PT†**

Provider ID: N/A

☑ 27699 JEFFERSON AVE STE  
202  
TEMECULA, CA 92590  
Effective as of 01-NOV-21

### **SIVA, ANDREW, PT†**

Provider ID: N/A

☑ 27699 JEFFERSON AVE STE  
202  
TEMECULA, CA 92590  
Effective as of 01-NOV-21

### **SIVA, ANDREW, PT†**

Provider ID: N/A

☑ 29645 RANCHO  
CALIFORNIA RD STE 234  
TEMECULA, CA 92591  
Effective as of 01-NOV-21

### **SIVA, ANDREW, PT†**

Provider ID: N/A

☑ 29645 RANCHO  
CALIFORNIA RD STE 234  
TEMECULA, CA 92591  
Effective as of 01-NOV-21

### **SIVA, ANDREW, PT†**

Provider ID: N/A

☑ 29645 RANCHO  
CALIFORNIA RD STE 4  
TEMECULA, CA 92591  
Effective as of 01-JUN-21

### **SIVA, ANDREW, PT†**

Provider ID: N/A

☑ 29645 RANCHO  
CALIFORNIA RD STE 4  
TEMECULA, CA 92591  
Effective as of 01-JUN-21

### **SIVA, ANDREW, PT†**

Provider ID: N/A

☑ 31515 RANCHO PUEBLO RD  
STE 101  
TEMECULA, CA 92592  
Effective as of 01-JUN-21

### **SIVA, ANDREW, PT†**

Provider ID: N/A

☑ 31515 RANCHO PUEBLO RD  
STE 101  
TEMECULA, CA 92592  
Effective as of 01-JUN-21

### **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

### **VIZCARRA, DAVID, PT†**

Provider ID: N/A

☑ 29645 RANCHO  
CALIFORNIA RD STE 234  
TEMECULA, CA 92591  
Effective as of 01-JUN-20

### **VIZCARRA, DAVID, PT†**

Provider ID: N/A

☑ 29645 RANCHO  
CALIFORNIA RD STE 234  
TEMECULA, CA 92591  
Effective as of 01-JUN-20

## ***RHEUMATOLOGY***

### **AL HARASH, ABDALHAMID, MD†**

Provider ID: N/A

☑ 31565 RANCHO PUEBLO  
RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-AUG-23

### **AL HARASH, ABDALHAMID, MD†**

Provider ID: N/A

☑ 31565 RANCHO PUEBLO  
RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-AUG-23

### **BRAVO, ARLENE, MD†**

Provider ID: N/A

☑ 31515 RANCHO PUEBLO RD  
STE 203  
TEMECULA, CA 92592  
Effective as of 01-APR-21

### **COLBURN, KEITH, MD†**

Provider ID: N/A

☑ 31515 RANCHO PUEBLO RD  
STE 203  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

### **MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

☑ 31515 RANCHO PUEBLO RD  
STE 203  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

### **MEHTA, AMAL, MD†**

## C1. 網絡內提供者清單 專科護理醫師

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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

### **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-MAY-22

### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-MAY-22

### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-APR-22

### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO



## C1. 網絡內提供者清單 專科護理醫師

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RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

### **CARRILLO, ROBERT, MD**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92591

Teleservice

Effective as of 01-JUN-23

### **CARRILLO, ROBERT, MD**

Provider ID: N/A

31537 RANCHO PUEBLO  
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-APR-15

### **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-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-MAY-22

### **ESSIEN, FRANCIS, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-APR-15

### **ESSIEN, FRANCIS, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-APR-22

### **ESSIEN, FRANCIS, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-SEP-22

### **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

### **GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-SEP-16

### **GORSKI, TITO, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-SEP-22

### **GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-SEP-22

### **GORSKI, TITO, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-AUG-16

### **GORSKI, TITO, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-APR-22

### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

## C1. 網絡內提供者清單 專科護理醫師

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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-AUG-16

### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-MAY-22

### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-MAY-22

### **JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-SEP-22

### **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-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-SEP-22

### **NAFIU, BOLAJI, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-APR-20

### **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**

Provider ID: N/A

27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590

Effective as of 01-APR-23

### **WANG, XIUJIE, MD†**

## C1. 網絡內提供者清單 專科護理醫師

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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-JUN-15

### **GORSKI, YARA, MD†**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-AUG-16

### **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

### **WANG, XIUJIE, MD†**

Provider ID: N/A

☒ 31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

**C1. 網絡內提供者清單**  
**專科護理醫師**

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**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  
Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**

Provider ID: N/A

☐ 28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

## C1. 網絡內提供者清單 專科護理醫師

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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-JUN-21

### **ELLIS, JOHN, MD†**

Provider ID: N/A

☞ 40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-SEP-22

### **ELLIS, JOHN, MD†**

Provider ID: N/A

☞ 40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUL-23

### **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-JUN-21

### **KELLEY, STEVEN, MD**

Provider ID: N/A

☞ 40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUL-23

### **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

### **LE, VU, MD**

Provider ID: N/A

☞ 28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

### **LE, VU, MD**

Provider ID: N/A

☞ 28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

### **LE, VU, MD**

Provider ID: N/A

☞ 28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

### **LE, VU, MD**

Provider ID: N/A

☞ 28780 SINGLE OAK DR STE  
270



## C1. 網絡內提供者清單

### 專科護理醫師

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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-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-JUN-21

#### **ROGHANI, REZA, MD**

Provider ID: N/A

☒ 40949 WINCHESTER RD  
TEMECULA, CA 92591\*  
Effective as of 01-JUN-23

#### **ROGHANI, REZA, MD**

Provider ID: N/A

☒ 40949 WINCHESTER RD  
TEMECULA, CA 92591\*  
Effective as of 01-JUN-23

#### **ROGHANI, REZA, MD**

Provider ID: N/A

☒ 40949 WINCHESTER RD  
TEMECULA, CA 92591\*  
Effective as of 01-JUN-23

#### **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

#### **ROSENBERG, GARY, DO**

Provider ID: N/A

☒ 28780 SINGLE OAK DR STE

## C1. 網絡內提供者清單 專科護理醫師

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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  
305  
TEMECULA, CA 92590  
Effective as of 01-OCT-23

### **URIAS, DANIEL, MD**

Provider ID: N/A  
27699 JEFFERSON AVE STE

## C1. 網絡內提供者清單 專科護理醫師

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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

📍 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*  
Effective as of 01-FEB-24

### **PATEL, RAKESH, MD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

### **SCHULTZ, JAMES, MD**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

### **PHYSICIANS ASSISTANT**

#### **AGUEY, OMAR, PA†**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

#### **AGUEY, OMAR, PA†**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Effective as of 01-DEC-20

#### **WICKWARE, TRACY, PA**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Effective as of 01-MAY-23

### **ALLERGY IMMUNOLOGY**

#### **VOLPP, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY  
VISTA, CA 92083

Effective as of 01-JAN-24

#### **VOLPP, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY  
VISTA, CA 92083

Effective as of 01-MAR-14

#### **ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083

Effective as of 01-SEP-21

#### **ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083

Effective as of 01-SEP-22

#### **ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083

Effective as of 01-JUL-01

#### **ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083

Effective as of 01-AUG-20

### **CARDIAC**

### **ELECTROPHYSIOLOGY**

#### **BUI, HANH, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

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-JAN-24

#### **MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

#### **PARIKH, MILIND, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

### **CARDIOVASCULAR**

### **DISEASE**

#### **BUI, HANH, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

Teleservice

Effective as of 01-MAY-23

#### **DO, HULBERT, MD†**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

### **DO, HULBERT, MD<sup>†</sup>**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

### **MOUSSAVIAN, MEHRAN, DO<sup>†</sup>**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21

### **MOUSSAVIAN, MEHRAN, DO<sup>†</sup>**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-OCT-21

### **PARIKH, MILIND, DO<sup>†</sup>**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

### **PARKS, MONICA, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081  
Teleservice  
Effective as of 01-JAN-24

### ***CERTIFIED ACUPUNCTURIST***

### **SCARLETT, YVONNE, LAC**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

### **SONG, CAROL, LAC**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

### ***CERTIFIED NURSE PRACTITIONER***

### **ALVAREZ, LISA, NP**

Provider ID: N/A

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

### **ALVAREZ, LISA, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-OCT-21

### **BAEK, KILHYO, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-FEB-24

### **BAEK, KILHYO, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-FEB-24

### **BAEZ, ELIZABETH, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

### **BATES, TYLER, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084  
Effective as of 01-MAR-23

### **BRAAMSE, CHLOE, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084  
Teleservice

Effective as of 01-JUN-23

### **CARDINELL, ANNA, NP<sup>†</sup>**

Provider ID: N/A

910 SYCAMORE AVE STE  
270  
VISTA, CA 92081  
Effective as of 01-AUG-22

### **CHAMBERLIN, KALIANA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

### **CHATHAM, OLIVIA, NP<sup>†</sup>**

Provider ID: N/A

950 CIVIC CENTER DR STE  
A  
VISTA, CA 92083  
Teleservice  
Effective as of 01-NOV-22

### **CHATHAM, OLIVIA, NP<sup>†</sup>**

Provider ID: N/A

950 CIVIC CENTER DR STE  
A  
VISTA, CA 92083  
Teleservice  
Effective as of 01-MAY-21

### **CHILAKA, SAMUEL, NP**



## C1. 網絡內提供者清單

### 專科護理醫師

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Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **CHILAKA, SAMUEL, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **CHRISTY, TYLER, NPF**

Provider ID: N/A

517 N HORNE ST  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **CHRISTY, TYLER, NPF**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **CHRISTY, TYLER, NPF**

Provider ID: N/A

105 DURIAN ST STE A  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **CHRISTY, TYLER, NPF**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **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

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **CORY, ALLISON, NP**

Provider ID: N/A

105 DURIAN ST STE B  
VISTA, CA 92083  
Effective as of 01-FEB-24

#### **CROTTEAU, ALEX, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084  
Effective as of 01-MAY-21

#### **DEKKERS-O'HARE, INGRID, NP†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

#### **DO, JACKIE, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **EKLUND, BONNIE, NP†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **EKLUND, BONNIE, NP†**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **HALGEDAHL, YI, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

#### **HALGEDAHL, YI, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **HOWELL, AMANDA, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **HOWELL, AMANDA, NP**

Provider ID: N/A

105 DURIAN ST STE A  
VISTA, CA 92083  
Effective as of 01-JAN-24

#### **HOWELL, AMANDA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

#### **JONES, STACY, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084  
Effective as of 01-MAY-21

#### **KAYE, ALYSON, NP**

Provider ID: N/A

105 DURIAN ST  
VISTA, CA 92083  
Effective as of 01-FEB-24

#### **KAYE, ALYSON, NP**

Provider ID: N/A

1000 VALE TERRACE DR

## C1. 網絡內提供者清單 專科護理醫師

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VISTA, CA 92084  
Effective as of 01-OCT-21

### **KELLEHER, BRIDGET, NP**

Provider ID: N/A  
📍 105 DURIAN ST STE B  
VISTA, CA 92083  
Effective as of 01-FEB-24

### **KESSLER, JENNIFER, NP**

Provider ID: N/A  
📍 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

### **WINDHAM, SUZONNE, NP**

Provider ID: N/A  
📍 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

## C1. 網絡內提供者清單 專科護理醫師

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### **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

### **GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

1934 VIA CTR STE B  
VISTA, CA 92081

Effective as of 01-JAN-24

### **GRUSHCHAK, SOLOMIYA, MD**

## C1. 網絡內提供者清單 專科護理醫師

---

Provider ID: N/A

☒ 1934 VIA CTR STE B  
VISTA, CA 92081  
Effective as of 01-JAN-24

### **HENDERSON, GREGORY, MD<sup>†</sup>**

Provider ID: N/A  
☒ 1934 VIA CTR STE B  
VISTA, CA 92081  
Effective as of 01-SEP-21

### **HENDERSON, GREGORY, MD<sup>†</sup>**

Provider ID: N/A  
☒ 2395 S MELROSE DR  
VISTA, CA 92081  
Effective as of 01-SEP-21

### **STEIN, ALEXANDER, MD**

Provider ID: N/A  
☒ 2067 W VISTA WAY  
VISTA, CA 92083  
Effective as of 01-JUL-23

### ***FAMILY PRACTICE***

#### **DONNELL, MARTI, MD**

Provider ID: N/A  
☒ 1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Effective as of 01-NOV-23

#### **DONNELL, MARTI, MD**

Provider ID: N/A  
☒ 134 GRAPEVINE RD  
VISTA, CA 92083\*  
Effective as of 01-NOV-23

#### **HIKES, RYAN, MD**

Provider ID: N/A  
☒ 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-AUG-22

#### **MARTINEZ, LESLY, MD**

Provider ID: N/A

☒ 134 GRAPEVINE RD  
VISTA, CA 92083\*  
Effective as of 01-APR-23

#### **MARTINEZ, LESLY, MD**

Provider ID: N/A  
☒ 1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Effective as of 01-APR-23

#### **PUDOL, CHRISTOPHER, DO**

Provider ID: N/A  
☒ 1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Teleservice  
Effective as of 01-MAR-24

#### **PUDOL, CHRISTOPHER, DO**

Provider ID: N/A  
☒ 134 GRAPEVINE RD  
VISTA, CA 92083\*  
Teleservice  
Effective as of 01-MAR-24

#### **TRAN, DAO, DO**

Provider ID: N/A  
☒ 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-MAY-23

#### **TRAN, DAO, DO**

Provider ID: N/A  
☒ 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-MAY-23

#### **VIDAL, MONICA, DO<sup>†</sup>**

Provider ID: N/A  
☒ 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-AUG-22

#### **VIDAL, MONICA, DO<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A  
☒ 910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
Effective as of 01-JUL-21

### ***HEMATOLOGY / ONCOLOGY***

#### **ANDREY, JEFFREY, MD<sup>†</sup>**

Provider ID: N/A  
☒ 2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-SEP-22

#### **ANDREY, JEFFREY, MD<sup>†</sup>**

Provider ID: N/A

## C1. 網絡內提供者清單

### 專科護理醫師

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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-APR-23

#### **SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-NOV-22

#### **SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-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

#### **ACOSTA, AZUCENA, LCSW**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Teleservice



## C1. 網絡內提供者清單 專科護理醫師

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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

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-24

### **NEVILLE, MARGARET, LCSW**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Teleservice

Effective as of 01-JAN-24

### **SANCHEZ, ADRIANA, LCSW**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

### **SANCHEZ, ADRIANA, LCSW**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

### **SMITH, SONYA, LCSW**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

### **SMITH, SONYA, LCSW**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

### **WILSON, CARLENE, LCSW**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

### **WILSON, CARLENE, LCSW**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUN-23

### **ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Teleservice

Effective as of 01-JAN-24

### **ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

## C1. 網絡內提供者清單 專科護理醫師

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Teleservice

Effective as of 01-JAN-24

### **MARRIAGE FAMILY THERAPIST**

#### **GROVE, VICKI, MFT**

Provider ID: N/A

📄 2385 S MELROSE DR  
VISTA, CA 92081

Effective as of 01-JAN-24

#### **MEYERHOF, GRETA, MFT†**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

#### **MEYERHOF, GRETA, MFT†**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

### **OBSTETRICS / GYNECOLOGY**

#### **ARRIETA, IRIS, MD†**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

#### **ARRIETA, IRIS, MD†**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

#### **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-JAN-24

#### **HAWKINS, MELISSA, MD†**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

#### **HAWKINS, MELISSA, MD†**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-SEP-14

#### **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-JUL-22

#### **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-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-JUL-22

#### **LEONARD, LISA, MD†**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

#### **LEONARD, LISA, MD†**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

#### **LEONARD, LISA, MD†**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

## C1. 網絡內提供者清單

### 專科護理醫師

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#### **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-MAR-23

#### **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-JUL-22

#### **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-JUL-23

#### **STEPHENS, BENJAMIN, MD**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083

Effective as of 01-JUN-23

#### **ZAVERI, MAULIK, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083

Effective as of 01-MAR-14

#### **ZAVERI, MAULIK, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083

Effective as of 01-SEP-21

### ***OPTOMETRIST***

#### **AZIMI, SHERRI, OD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083

Effective as of 01-JAN-21

#### **BLOOMBERG, DAVID, OD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083

## C1. 網絡內提供者清單 專科護理醫師

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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-JUL-22

### **GEE, JENNIFER, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-SEP-22

### **GEE, JENNIFER, OD**

Provider ID: N/A

📄 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

### **KASAI, SARAH, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-DEC-23

### **KASAI, SARAH, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

### **KASAI, SARAH, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-DEC-23

### **KIM, MICHAEL, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

### **KIM, MICHAEL, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

### **KIM, MICHAEL, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JUL-22

### **KIM, MICHAEL, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-21

### **KOUCHAK, YASMIN, OD†**

Provider ID: N/A

📄 2067 W VISTA WAY STE 120  
VISTA, CA 92083

Teleservice

Effective as of 01-JUL-23

### **MORA, WENDY, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JUL-22

### **MORA, WENDY, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

### **MORA, WENDY, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Teleservice

Effective as of 01-JAN-21

### **MORA, WENDY, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Teleservice

Effective as of 01-JUL-22

### **RICH, RYAN, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

### **RICH, RYAN, OD**

Provider ID: N/A

📄 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-21

### **RICH, RYAN, OD**

Provider ID: N/A

📄 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

### **RICH, RYAN, OD**

Provider ID: N/A

## C1. 網絡內提供者清單 專科護理醫師

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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

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JUL-22

**TAM, EMILY, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

**TAM, EMILY, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-SEP-22

**TANG, ASHLEY, OD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Teleservice  
Effective as of 01-NOV-21

**TRAN, JESSICA, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-DEC-23

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /**

**RHINOLOGY**

**BERRY, JULIE, MD†**

Provider ID: N/A

2023 W VISTA WAY STE J  
VISTA, CA 92083  
Effective as of 01-AUG-06

**KUSHNARYOV, ANTON, MD†**

Provider ID: N/A

2023 W VISTA WAY STE J  
VISTA, CA 92083  
Effective as of 01-OCT-17

**PEDIATRICS**

**KAISER, EMILY, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Effective as of 01-JAN-24

**RONAN, KEVIN, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-MAY-23

**RONAN, KEVIN, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-MAY-23

**PHYSICIANS ASSISTANT**

**GLASSER, DANIEL, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

**GLASSER, DANIEL, PA**

Provider ID: N/A

1000 VALE TERRACE DR

VISTA, CA 92084  
Effective as of 01-JAN-24

**KUPIS, ROBERT, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**KUPIS, ROBERT, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-SEP-22

**LEPARD, KRISTINA, PA**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084  
Teleservice  
Effective as of 01-MAR-23

**THEPVONGSA, MELISSA, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-SEP-22

**THEPVONGSA, MELISSA, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**WALLACE, STEPHANIE, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

**WEAVER, APRIL, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21



## C1. 網絡內提供者清單 專科護理醫師

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### **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  
☑ 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-FEB-24

### **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

### ***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  
☑ 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

### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A  
☑ 134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-AUG-21

### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A  
☑ 1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-AUG-21

### **CHRISTIANSON, WARREN, DO**

Provider ID: N/A  
☑ 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***

### ***PREVENTATIVE MEDICINE***

### **WALKER, BRADLEY, MD**

Provider ID: N/A  
☑ 1000 VALE TERRACE DR  
VISTA, CA 92084

## C1. 網絡內提供者清單 專科護理醫師

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Effective as of 01-MAY-23

### ***PULMONARY DISEASES***

#### **HSING, ANDREW, MD**

Provider ID: N/A

📄 2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-FEB-23

#### **HSING, ANDREW, MD**

Provider ID: N/A

📄 2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-JAN-24

#### **MAGANA, MARISA, MD**

Provider ID: N/A

📄 2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-FEB-24

#### **PINO, ALEJANDRO, MD**

Provider ID: N/A

📄 2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-FEB-23

#### **ZHANG, MICHELLE, MD**

Provider ID: N/A

📄 2067 W VISTA WAY STE D  
VISTA, CA 92083

Effective as of 01-SEP-23

### ***RADIOLOGY DIAGNOSTIC***

#### **PATEL, NIKHIL, MD**

Provider ID: N/A

📄 906 SYCAMORE AVE STE  
100  
VISTA, CA 92081

Effective as of 01-DEC-23

### ***REGISTERED PHYSICAL THERAPIST***

#### **AMBROSE, CHRISTOPHER, PT**

Provider ID: N/A

📄 2067 W VISTA WAY STE 185  
VISTA, CA 92083

Effective as of 01-JAN-21

#### **BARTOLAY, OLIVER, PT**

Provider ID: N/A

📄 1840 WEST DR  
VISTA, CA 92083

Effective as of 01-JUL-23

#### **BOUCHARD, REID, PT**

Provider ID: N/A

📄 1958 VIA CENTRE DR  
VISTA, CA 92081

Effective as of 01-OCT-21

#### **BOUTELLE, DAVID, PT**

Provider ID: N/A

📄 2067 W VISTA WAY STE 185  
VISTA, CA 92083

Effective as of 01-FEB-24

#### **BOUTELLE, BARBARA, PT**

Provider ID: N/A

📄 2067 W VISTA WAY STE 185  
VISTA, CA 92083

Effective as of 01-JAN-24

#### **DOULL, MATTHEW, PT**

Provider ID: N/A

📄 1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-JUN-23

#### **GARBER, MARC, PT**

Provider ID: N/A

📄 1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-21

#### **PENNINGTON, JENNIFER, PT**

Provider ID: N/A

📄 1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-21

#### **TAMAYO, SYDNIE, PT**

Provider ID: N/A

📄 1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-23

#### **WILSON, JENNIFER, PT**

Provider ID: N/A

📄 1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-21

### ***RHEUMATOLOGY***

#### **ANSARI, RASHAD, MD†**

Provider ID: N/A

📄 2023 W VISTA WAY STE J  
VISTA, CA 92083

Effective as of 01-SEP-21

#### **ANSARI, RASHAD, MD†**

Provider ID: N/A

📄 2023 W VISTA WAY STE J  
VISTA, CA 92083

Effective as of 01-JUL-22

#### **BEJKO, ETELEVA, MD†**

Provider ID: N/A

📄 2023 W VISTA WAY STE H  
VISTA, CA 92083

Teleservice


Effective as of 01-DEC-21

#### **BEJKO, ETELEVA, MD†**

Provider ID: N/A


## C1. 網絡內提供者清單 專科護理醫師

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 2023 W VISTA WAY STE H  
VISTA, CA 92083  
Teleservice  
Effective as of 01-JUL-21


### **BRION, PAUL, MD†**

Provider ID: N/A

 2023 W VISTA WAY STE H  
VISTA, CA 92083  
Effective as of 01-JUL-21

### **BRION, PAUL, MD†**


Provider ID: N/A

 2023 W VISTA WAY STE H  
VISTA, CA 92083  
Effective as of 01-SEP-21

### ***SURGERY GENERAL***


#### **ARMANI, AVA, MD†**

Provider ID: N/A

 910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
Effective as of 01-JUL-21


#### **GROVE, JAY, MD†**

Provider ID: N/A

 2385 S MELROSE DR  
VISTA, CA 92081  
Effective as of 01-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  
Effective as of 01-APR-23

#### **IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 303

## C1. 網絡內提供者清單 專科護理醫師

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WILDOMAR, CA 92595  
Effective as of 01-APR-23

### **IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595  
Effective as of 01-APR-23

### **ONUOHA, NOJA, NP†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595\*  
Effective as of 01-NOV-22

### **ONUOHA, NOJA, NP†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595\*  
Effective as of 01-NOV-22

### **THOMAS, STEPHEN, NPF†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595  
Effective as of 01-MAR-21

## **CHIROPRACTOR**

### **ADAMS, CONRAD, LAC**

Provider ID: N/A

 32475 CLINTON KEITH RD  
STE 108

WILDOMAR, CA 92595  
Effective as of 01-MAR-23

## **GASTROENTEROLOGY**

### **CHANGCHIEN, ERIC, MD†**

Provider ID: N/A

 36243 INLAND VALLEY DR

STE 280  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19

## **INTERNAL MEDICINE**

### **CHANG, DAVID, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595  
Effective as of 01-MAR-19

### **CHANG, DAVID, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595  
Effective as of 01-MAY-15

### **NANDI, SHANKHA, DO†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595  
Effective as of 01-JUN-15

### **NANDI, SHANKHA, DO†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595  
Effective as of 01-JUN-15

### **WANG, WENG-LIH, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595  
Effective as of 01-OCT-19

### **YU, JERRY, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595  
Effective as of 01-MAR-19

### **YU, JERRY, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595  
Effective as of 01-MAR-21

### **YU, JERRY, MD**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595  
Effective as of 01-DEC-23

### **YU, JERRY, MD**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595  
Effective as of 01-DEC-23

### **YU, JERRY, MD**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595  
Effective as of 01-DEC-23

### **YU, JERRY, MD**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595  
Effective as of 01-DEC-23

## **INTERNAL MEDICINE CRITICAL CARE MEDICINE**

### **JAFFE, GILAD, MD**

Provider ID: N/A

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

## C1. 網絡內提供者清單 專科護理醫師

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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 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

### **CHANG, DAVID, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-MAY-09

### **CHANG, DAVID, MD**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-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 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

### **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-MAR-21

### **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



**C1. 網絡內提供者清單**  
**專科護理醫師**

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STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**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 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 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

**WANG, WENG-LIH, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

**C1. 網絡內提供者清單**  
**專科護理醫師**

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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

**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 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

**PSYCHIATRY**

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

Effective as of 01-JUL-22

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

Effective as of 01-JUL-22

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

Effective as of 01-NOV-23

**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-OCT-23

**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-JUL-22

**KUNAM, SYAM, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

Effective as of 01-NOV-23

**KUNAM, SYAM, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

## C1. 網絡內提供者清單 專科護理醫師

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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 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

## ***PULMONARY DISEASES***

### **KUMAR, AVNEE, MD**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

Effective as of 01-JUL-23

### **SURI, RAJAT, MD†**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

Effective as of 01-AUG-21

## ***RADIATION ONCOLOGY***

### **CHUNG, ARTHUR, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595

Effective as of 01-JUN-23

### **CHUNG, ARTHUR, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207

WILDOMAR, CA 92595

Effective as of 01-JUN-23

### **CHUNG, ARTHUR, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595

Effective as of 01-SEP-23

### **KANG, JOSEPH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595

Effective as of 01-JUN-23

### **KANG, JOSEPH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595

Effective as of 01-DEC-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

### **LAWRENSON, LESLEY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

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-MAR-19

**RHA, JANICE, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 105  
WILDOMAR, CA 92595

Effective as of 01-AUG-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-JUN-23

**SUN, JASON, MD**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595

Effective as of 01-NOV-23

**REGISTERED DIETITIAN /  
NUTRITIONIST**

**ATTOBRA, TATIANA, RD**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 301  
WILDOMAR, CA 92595

Effective as of 01-DEC-22

**REGISTERED PHYSICAL**

**THERAPIST**

**ALY, DILYANA, PT†**

Provider ID: N/A

☐ 36243 INLAND VALLEY DR  
STE 110  
WILDOMAR, CA 92595

Effective as of 01-JUL-19

**ALY, DILYANA, PT†**

Provider ID: N/A

☐ 36243 INLAND VALLEY DR  
STE 110  
WILDOMAR, CA 92595

Effective as of 01-JUL-19

**CASTELLON, SHAWN, PT**

Provider ID: N/A

☐ 32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595

Effective as of 01-JUL-23

**CASTELLON, SHAWN, PT**

Provider ID: N/A

☐ 32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595

Effective as of 01-JUL-23

**TSAI, CHIAHONG, PT**

Provider ID: N/A

☐ 32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595

Effective as of 01-NOV-23

**TSAI, CHIAHONG, PT**

Provider ID: N/A

☐ 32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595

Effective as of 01-NOV-23

**SPEECH PATHOLOGIST**

## C1. 網絡內提供者清單 專科護理醫師

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### **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-MAY-23

#### **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-OCT-22

#### **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-APR-20

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-JUL-21

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-JUL-21

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAR-20

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAR-20

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595  
Effective as of 01-DEC-21

#### **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



## C1. 網絡內提供者清單

### 專科護理醫師

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31537 RANCHO PUEBLO RD  
STE 202  
WILDOMAR, CA 92595  
Effective as of 01-JUL-21

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD  
STE 202  
WILDOMAR, CA 92595  
Effective as of 01-MAR-20

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD  
STE 202  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

#### **ATCHISON, MARVIN, MD†**

Provider ID: N/A

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-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-DEC-20

#### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

#### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-APR-22

#### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

#### **BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

#### **CORDERO, RAYMUND, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR

STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19

#### **CORDERO, RAYMUND, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

#### **CORDERO, RAYMUND, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

#### **CORDERO, RAYMUND, MD†**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-FEB-21

#### **DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

#### **DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

#### **DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAR-24

**C1. 網絡內提供者清單**  
**專科護理醫師**

---

**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-MAY-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-16

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR

STE 101A

WILDOMAR, CA 92595

Effective as of 01-APR-22

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**GORSKI, TITO, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**GORSKI, YARA, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**GORSKI, YARA, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**GORSKI, TITO, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**GORSKI, TITO, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**HUSTED, JOHN, MD†**

Provider ID: N/A

☐ 36243 INLAND VALLEY DR  
STE 280  
WILDOMAR, CA 92595  
Effective as of 01-MAR-13

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

☐ 36320 INLAND VALLEY DR  
STE 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-APR-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

**C1. 網絡內提供者清單**  
**專科護理醫師**

<p>☞ 36320 INLAND VALLEY DR STE 101 WILDOMAR, CA 92595 Effective as of 01-SEP-16</p> <p><b>JOHNSEN, HEGE, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-MAY-22</p> <p><b>JOHNSEN, HEGE, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-MAY-22</p> <p><b>JOHNSEN, HEGE, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101 WILDOMAR, CA 92595 Effective as of 01-SEP-22</p> <p><b>JOHNSEN, HEGE, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101 WILDOMAR, CA 92595 Effective as of 01-DEC-17</p> <p><b>KARMUR, AMIT, DO<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101 WILDOMAR, CA 92595 Effective as of 01-DEC-23</p> <p><b>KARMUR, AMIT, DO<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101 WILDOMAR, CA 92595</p>	<p>Effective as of 01-SEP-22</p> <p><b>KARMUR, AMIT, DO<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-JAN-22</p> <p><b>LEE, JENNY, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-MAR-19</p> <p><b>MAC, OLIVIA, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-APR-23</p> <p><b>MAC, OLIVIA, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-MAR-23</p> <p><b>MAC, OLIVIA, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-MAR-23</p> <p><b>MAC, OLIVIA, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-DEC-22</p> <p><b>NAFIU, BOLAJI, MD<sup>†</sup></b></p>	<p>Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-DEC-19</p> <p><b>NAFIU, BOLAJI, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-APR-20</p> <p><b>NAFIU, BOLAJI, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-JAN-20</p> <p><b>NAFIU, BOLAJI, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101 WILDOMAR, CA 92595 Effective as of 01-SEP-22</p> <p><b>NOURI, SARVENAZ, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-NOV-22</p> <p><b>NOURI, SARVENAZ, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A WILDOMAR, CA 92595 Effective as of 01-NOV-22</p> <p><b>NOURI, SARVENAZ, MD<sup>†</sup></b> Provider ID: N/A</p> <p>☞ 36320 INLAND VALLEY DR STE 101A</p>
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**C1. 網絡內提供者清單**  
**專科護理醫師**

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WILDOMAR, CA 92595  
Effective as of 01-JAN-23

**NOURI, SARVENAZ, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A

WILDOMAR, CA 92595  
Effective as of 01-JAN-23

**NOURI, SARVENAZ, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A

WILDOMAR, CA 92595  
Effective as of 01-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 101

WILDOMAR, CA 92595  
Effective as of 01-SEP-19

**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

**SURGERY GENERAL**  
**VASCULAR**

**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

**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

**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

31537 INLAND VALLEY DR,  
STE 202

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-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

36320 INLAND VALLEY DR  
STE 101A

WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A

WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR

## C1. 網絡內提供者清單


### 專科護理醫師

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STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-DEC-21


#### **TIU, BRIAN, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-APR-22


#### **TIU, BRIAN, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAY-19


#### **TIU, BRIAN, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22


#### **TIU, BRIAN, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-APR-22


#### **TIU, BRIAN, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19


#### **TIU, BRIAN, 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-MAY-22


#### **WANG, XIUJIE, MD†**

Provider ID: N/A

 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-OCT-20

#### **WANG, XIUJIE, MD†**

Provider ID: N/A



 36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-OCT-20





### C3. 專業護理機構 ( SNF )

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#### **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. 專業護理機構 ( SNF )

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#### 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. 專業護理機構 ( 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. 專業護理機構 ( SNF )

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#### **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. 專業護理機構 ( SNF )

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 (951) 466-0200  
Effective as of 02-MAR-22


#### **LA FUENTE POST ACUTE**

 247 E BOBIER DR  
VISTA, CA 92084

 (760) 945-3033  
Effective as of 01-DEC-21


#### **LIFE CARE CENTER OF VISTA**

 304 N MELROSE DR  
VISTA, CA 92083

 (760) 724-8222  
Effective as of 01-JAN-12


#### **RANCHO VISTA**

 760 E BOBIER DR  
VISTA, CA 92084

 (760) 941-1480  
Effective as of 01-FEB-13


#### **VISTA HEALTHCARE CENTER**

 247 E BOBIER DR  
VISTA, CA 92084

 (760) 945-3033  
Effective as of 01-OCT-13

#### **VISTA KNOLL SPECIALIZED CARE FACILITY**

 2000 WESTWOOD RD  
VISTA, CA 92083

 (760) 630-2273  
Effective as of 01-NOV-11



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### ALPINE

##### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-445-6200

After Hours Phone:  
619-445-6200

License Number: 20A17296

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE

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

##### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE

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

##### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 90000681

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE

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

##### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A158569

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH ALPINE  
FAMILY MEDICINE

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

##### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A97270

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE

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

##### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: NP95005999

Accepting New Patients: YES


Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N




Accessibility: CONTACT

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


**PROVIDER**  
Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)


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

Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100




License Number: NP95006360  
Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

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


Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: PA20490  
Accepting New Patients: YES




Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

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



Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100


License Number: PA52347  
Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)


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

Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
Fax: 619-205-6305

 After Hours Phone:  
619-662-4100



License Number: C172036  
Accepting New Patients: YES


Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE


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

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

Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
Fax: 619-205-6305



 After Hours Phone:  
619-662-4100  
License Number: DC28335  
Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH ALPINE  
FAMILY MEDICINE

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

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







Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
 Phone: (619) 662-4100  
Fax: (619) 320-3347







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單







### D1. 具備聯邦資質的健康診所


 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  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)



#### CARLSBAD






**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  
 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: A93248  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: N/A

**TRUECARE**  
 Provider ID: 480120  
 1295 CARLSBAD VILLAGE DR, STE 100

CARLSBAD, CA 92008-1950  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
 License Number: G74757  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: N/A

**TRUECARE**  
 Provider ID: 480120  
 1295 CARLSBAD VILLAGE DR, STE 100  
 CARLSBAD, CA 92008-1950  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
 License Number: PA53036  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: N/A

**TRUECARE**  
 Provider ID: 480120  
 1295 CARLSBAD VILLAGE DR, STE 100  
 CARLSBAD, CA 92008-1950  
 Phone: 760-736-6767  
 Fax: 760-720-7204  
 After Hours Phone:

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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  
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 N  
🌐 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):

♿ 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: 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







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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

#### **SAN YSIDRO HEALTH CHULA VISTA**


Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA






91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 20A19485  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://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](http://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](http://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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**






Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA









## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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

#### **SAN YSIDRO HEALTH CHULA VISTA**







Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A115598  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://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](http://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](http://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](http://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](http://www.ihpsocal.org)






#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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

#### **SAN YSIDRO HEALTH CHULA VISTA**







Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A123492  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://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](http://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](http://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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A138474  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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

#### **SAN YSIDRO HEALTH CHULA VISTA**







Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A163183  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://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](http://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](http://www.ihpsocal.org)






#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


---






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






#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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

#### **SAN YSIDRO HEALTH CHULA VISTA**







Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A69264  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://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](http://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](http://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](http://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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**






Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA









## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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

#### **SAN YSIDRO HEALTH CHULA VISTA**


Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA






91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: DC31963  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHULA VISTA**







Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: DC33295  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA  
 Website: [www.ihpsocal.org](http://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](http://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](http://www.ihpsocal.org)






#### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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

#### **SAN YSIDRO HEALTH CHULA VISTA**






Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所





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](http://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](http://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](http://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](http://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: 20A11535  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
License Number: 20A14919  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH**

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### 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

#### 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

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: A118095

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR

Website: www.fhcsd.org

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: A119689

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR

Website: www.fhcsd.org

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: A148014

Accepting New Patients: YES

Site English Spoken: Yes

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

 *Site Languages(s) Spoken:* Spanish

*Cultural Competency:* No

*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER


*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR


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

#### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID:* 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone:* 619-515-2500

 *After Hours Phone:* 619-515-2500

*License Number:* 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](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID:* 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone:* 619-515-2500

 *After Hours Phone:*

619-515-2500

*License Number:* 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](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID:* 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone:* 619-515-2500

 *After Hours Phone:* 619-515-2500

*License Number:* A163464

*Accepting New Patients:* YES

*Site English Spoken:* Yes

*Site Languages(s) Spoken:* Spanish

*Cultural Competency:* No

*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER

*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR


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


#### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID:* 206355

 251 LANDIS AVE

CHULA VISTA, CA  
91910-2628

 *Phone:* 619-515-2500

 *After Hours Phone:* 619-515-2500

*License Number:* A164859

*Accepting New Patients:* YES

*Site English Spoken:* Yes


*Site Languages(s) Spoken:* Spanish

*Cultural Competency:* No

*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER


*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR


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

#### **CHULA VISTA FAMILY HLTH CTR**

*Provider ID:* 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 *Phone:* 619-515-2500

 *After Hours Phone:* 619-515-2500

*License Number:* A177698

*Accepting New Patients:* YES

*Site English Spoken:* Yes

*Site Languages(s) Spoken:* Spanish

*Cultural Competency:* No

*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER

*Medical Group/IPA:* CHULA VISTA FAMILY HLTH CTR

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




## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

#### 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: 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: 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

Site English Spoken: Yes


Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: www.fhcsd.org

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A78355

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR

 Website: www.fhcsd.org

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: C174771

Accepting New Patients: YES

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR

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

#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: 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](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: 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](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: 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](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: 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](http://www.fhcsd.org)

#### **CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: 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](http://www.fhcsd.org)


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: NP23687

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: www.fhcsd.org

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: NP95001492


Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR


 Website: www.fhcsd.org

#### 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: 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: 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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone: 619-515-2500

License Number: PT291706

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR

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

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone: 619-515-2500  
License Number: PT292823

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR

Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone: 619-515-2500

License Number: 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](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone: 619-515-2500

License Number: 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](http://www.fhcsd.org)

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone: 619-515-2500

License Number: 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](http://www.fhcsd.org)



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: PT37189

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR

Website: www.fhcsd.org

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

Fax: 619-397-1161

After Hours Phone:  
619-515-2500

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHULA  
VISTA FAMILY HLTH CTR

Website: www.fhcsd.org

#### 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

#### 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 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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

American Sign Language (ASL): Site English Spoken: Yes  
Cultural Competency: No  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-RICE FAM HC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SAN DIEGO-RICE FAM HC

Provider ID: 417641  
 352 L ST  
CHULA VISTA, CA 91911-1208  
 Phone: 619-515-2325  
Fax: 619-420-0660  
 After Hours Phone: 619-515-2325  
License Number: 550002305  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-RICE FAM HC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546  
 1637 3RD AVE STE H  
CHULA VISTA, CA 91911-5823  
 Phone: 619-205-1360  
 After Hours Phone: 619-205-1360  
License Number: A95959  
Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: OTAY FAMILY HEALTH CLINIC  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546  
 1637 3RD AVE STE H  
CHULA VISTA, CA 91911-5823  
 Phone: 619-205-1376  
 After Hours Phone: 619-205-1376  
License Number: A179598  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: OTAY FAMILY HEALTH CLINIC  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546  
 1637 3RD AVE STE H  
CHULA VISTA, CA 91911-5823  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
License Number: A123170  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: OTAY FAMILY HEALTH CLINIC  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546  
 1637 3RD AVE STE H  
CHULA VISTA, CA 91911-5823  
 Phone: 619-662-4100  
Fax: 619-336-2323  
 After Hours Phone: 619-662-4100  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: OTAY FAMILY HEALTH CLINIC  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### 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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

 *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*


#### **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

 *Phone: (619) 515-2325*

*Fax: (619) 420-0660*

 *After Hours Phone: (619)  
515-2325*

*License Number: 550002305*

*NPI: 1083959464*

*Accepting New Patients: Y*

*Min/Max Age: 0\150*

 *Site English Spoken: Y*  
*Cultural Competency: N*

 *Hours: M-F*

*8:00AM-5:00PM*

*American Sign Language (ASL): Accepting New Patients: Y*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: Family Health Centers of San Diego*


 *Website: www.fhcsd.org*

*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*

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Min/Max Age: 0\150

 Site English Spoken: Y

 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](http://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-medic](http://www.syhealth.org/clinics/chula-vista-medic)


al- 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

 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):

 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):

 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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單




### D1. 具備聯邦資質的健康診所




 Phone: 619-401-0404  
 After Hours Phone:  
619-401-0404  
License Number: NP95001710  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CENTRO  
MEDICO EL CAJON  
 Website: N/A

#### **CENTRO MEDICO EL CAJON**







Provider ID: 478971  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 After Hours Phone:  
619-873-8940  
License Number: 20A11733  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: CENTRO  
MEDICO EL CAJON  
 Website: N/A

#### **CENTRO MEDICO EL CAJON**





Provider ID: 478971  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 After Hours Phone:  
619-873-8940  
License Number: A113241



Accepting New Patients: YES N  
 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



**D. Blue Shield Promise Medi-Cal 網絡內提供者清單**

**D1. 具備聯邦資質的健康診所**


*MEDICO EL CAJON*

 Website: N/A

**CENTRO MEDICO EL CAJON**

Provider ID: 478971

 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325

 Phone: 619-873-8940

Fax: 619-401-0522

 After Hours Phone:  
619-873-8940

License Number: 550000430

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: Yes

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CENTRO  
MEDICO EL CAJON


 Website: N/A


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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: 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.or  
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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.or  
*g*

**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.or

**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.or

**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.or



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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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](http://www.lamaestra.org)  
*g*

**LA MAESTRA FAMILY CLINIC INC**  
Provider ID: 185267  
 165 S 1ST ST  
EL CAJON, CA 92019-4795  
 Phone: 619-312-0348  
 After Hours Phone:  
619-312-0348  
License Number: G45632  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

*g*

**SAN YSIDRO HEALTH EL CAJON**  
Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A

**SAN YSIDRO HEALTH EL CAJON**  
Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 20A10964  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN


**YSIDRO HEALTH EL CAJON**  
 Website: N/A

**SAN YSIDRO HEALTH EL CAJON**  
Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 550002514  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A




**SAN YSIDRO HEALTH EL CAJON**  
Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A101773  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




*PROVIDER*  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A



#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A101888  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
*PROVIDER*  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A



#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A120584  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):




N  
 Accessibility: CONTACT  
*PROVIDER*  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A



#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A127706  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
*PROVIDER*  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A



#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A131365  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog




Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
*PROVIDER*  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A

#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A134995  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
*PROVIDER*  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A

#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A40473  
Accepting New Patients: YES  
 Site English Spoken: Yes

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Site Languages(s) Spoken: Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON  
 Website: N/A

#### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A47906

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON

Website: N/A

#### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 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: 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: 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

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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所








 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: G43179  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A

#### **SAN YSIDRO HEALTH EL CAJON**








Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: NP95009329  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A

#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910








 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: NP95012943  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A

#### **SAN YSIDRO HEALTH EL CAJON**







Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: PT40025  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A

#### **SAN YSIDRO HEALTH EL**

#### **CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: PT42665  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH EL CAJON  
 Website: N/A

#### **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](http://www.lamaestra.org)



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### 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](http://www.lamaestra.org)

#### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: A123929

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA CHC EL CAJON  
BROADWAY

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: A160760

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA CHC EL CAJON  
BROADWAY

Website: [www.lamaestra.org](http://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](http://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](http://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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### PROVIDER

Medical Group/IPA: LA

MAESTRA CHC EL CAJON


BROADWAY

 Website: [www.lamaestra.org](http://www.lamaestra.org)


#### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416

 Phone: 619-795-5991

Fax: 619-795-5992

 After Hours Phone:  
619-795-5991

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA

MAESTRA CHC EL CAJON


BROADWAY

 Website: [www.lamaestra.org](http://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](http://www.lamaestra.org)

#### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 526 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A163464

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY


HLTH CTR SAN DIEGO-EL


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
EL CAJON, CA 92020-5710


 Phone: 619-515-2499

 After Hours Phone:  
619-515-2499

License Number: 20A13700

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: CHASE

AVENUE FAMILY HEALTH


CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

 1111 W CHASE AVE  
EL CAJON, CA 92020-5710

 Phone: 619-515-2499

 After Hours Phone:  
619-515-2499

License Number: 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](http://www.fhcsd.org)

#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354



 1111 W CHASE AVE  
EL CAJON, CA 92020-5710

 Phone: 619-515-2499






 After Hours Phone:

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所






619-515-2499  
License Number: A138887  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: CHASE AVENUE FAMILY HEALTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHASE AVENUE FAMILY HEALTH CTRS INC






Provider ID: 206354  
 1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
 After Hours Phone: 619-515-2499  
License Number: A170055  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: CHASE AVENUE FAMILY HEALTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### CHASE AVENUE FAMILY HEALTH CTRS INC






Provider ID: 206354

 1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
 After Hours Phone: 619-515-2499  
License Number: DC33150  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: CHASE AVENUE FAMILY HEALTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354  
 1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
 After Hours Phone: 619-515-2499  
License Number: 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](http://www.fhcsd.org)

#### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354  
 1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
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](http://www.fhcsd.org)

#### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2300  
 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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 20A11535

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 20A13745

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 20A13060

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL

#### **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

#### **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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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](http://www.fhcsd.org)


CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A114181

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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

#### **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

#### **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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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

#### **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

#### **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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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

#### **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

#### **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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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](http://www.fhcsd.org)


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: C174771

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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

#### **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

#### **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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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](http://www.fhcsd.org)


CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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

#### **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

#### **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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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

 Website: [www.fhcsd.org](http://www.fhcsd.org)


CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: 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](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 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

#### **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

#### **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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: PT295173

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: RN810863

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL


CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

Fax: 619-269-0191

 After Hours Phone:  
619-515-2498

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **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](http://www.fhcsd.org)


#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

Fax: 619-269-0191

 After Hours Phone:  
619-515-2498

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](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2499

 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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

 Website: [www.fhcsd.org](http://www.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  
FOUNDATION


 Website: N/A


Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

#### **LA MAESTRA CHC EL CAJON BROADWAY**

Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991

Fax: (619) 795-5992

 After Hours Phone: (619)  
795-5991


License Number: 550003567

NPI: 1134590086

Accepting New Patients: Y

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: La  
Maestra Family Clinic

 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### **FAMILY HLTH CTR SAN DIEGO-EL CAJON**

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

Fax: (619) 269-0191


 After Hours Phone: (619)  
515-2498


License Number: 550003553

NPI: 1932561198

Accepting New Patients: Y

Min/Max Age: 0\150


 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: Family  
Health Centers of San Diego

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

#### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 785-3356



 After Hours Phone: (619)  
662-4100

License Number: 550002514


NPI: 1568845741

Accepting New Patients: Y

Min/Max Age: 0\150

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish, Arabic, Farsi,  
Russian, Latin

Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.syhealth.org](http://www.syhealth.org)

#### **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


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


 *Site Languages(s) Spoken:* **TRUECARE**  
Spanish

*Cultural Competency:* N

*American Sign Language (ASL):*  
N

 *Accessibility:* CONTACT  
PROVIDER

*Medical Group/IPA:* Family  
Health Centers of San Diego


 *Website:* [www.fhcsd.org](http://www.fhcsd.org)

*Email:* [jaquelin@fhcsd.org](mailto:jaquelin@fhcsd.org)

#### LA MAESTRA FAMILY CLINIC INC

*Provider ID:* 185267

 165 S 1ST ST  
EL CAJON, CA 92019

 *Phone:* (619) 312-0347

*Fax:* (619) 749-5480


 *After Hours Phone:* (619)  
312-0347

*NPI:* 1336353721

*Accepting New Patients:* Y

*Min/Max Age:* 0\150


 *Site English Spoken:* Y  
*Cultural Competency:* Y

 *Hours:* M-TU  
8:00AM-5:00PM  
TH-F 8:00AM-5:00PM

*American Sign Language (ASL):*  
N

 *Accessibility:* CONTACT  
PROVIDER


*Medical Group/IPA:* La  
Maestra Family Clinic


 *Website:* [www.lamaestra.org](http://www.lamaestra.org)


*Email:*

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

*Provider ID:* 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 *Phone:* 760-753-7842


 *After Hours Phone:*  
760-753-7842

*License Number:* C54157

*Accepting New Patients:* YES

 *Site English Spoken:* Yes  
*Cultural Competency:* No

*American Sign Language (ASL):*  
N


 *Accessibility:* CONTACT  
PROVIDER


*Medical Group/IPA:* TRUECARE

 *Website:* N/A


#### TRUECARE

*Provider ID:* 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 *Phone:* 760-753-7842

*Fax:* 760-736-8740

 *After Hours Phone:*  
760-753-7842

*Accepting New Patients:* YES

 *Site English Spoken:* Yes  
*Cultural Competency:* No

*American Sign Language (ASL):*  
N


 *Accessibility:* CONTACT  
PROVIDER

*Medical Group/IPA:* TRUECARE

 *Website:* N/A

#### TRUECARE


*Provider ID:* 480243

 1130 2ND ST  
ENCINITAS, CA

92024-5008

 *Phone:* 760-753-7842

*Fax:* 760-736-8740

 *After Hours Phone:*  
760-753-7842

*License Number:* 80000638

*Accepting New Patients:* YES

 *Site English Spoken:* Yes  
*Cultural Competency:* No

*American Sign Language (ASL):*  
N


 *Accessibility:* CONTACT  
PROVIDER


*Medical Group/IPA:* TRUECARE


 *Website:* N/A

#### TRUECARE

*Provider ID:* 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 *Phone:* 760-736-6767


 *After Hours Phone:*  
760-736-6767

*License Number:* 20A17306


*Accepting New Patients:* YES

 *Site English Spoken:* Yes  
*Cultural Competency:* No

*American Sign Language (ASL):*  
N


 *Accessibility:* CONTACT  
PROVIDER


*Medical Group/IPA:* TRUECARE

 *Website:* N/A

#### TRUECARE

*Provider ID:* 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 *Phone:* 760-736-6767

 *After Hours Phone:*

**ENCINITAS**


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

760-736-6767 License Number: DC29074 Accepting New Patients: YES ☐ Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE 🌐 Website: N/A	Cultural Competency: No American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE 🌐 Website: N/A	PROVIDER Medical Group/IPA: TRUECARE 🌐 Website: N/A
<b>TRUECARE</b> Provider ID: 480243 📍 1130 2ND ST ENCINITAS, CA 92024-5008 ☎ Phone: 760-736-6767 🕒 After Hours Phone: 760-736-6767 License Number: NP21368 Accepting New Patients: YES ☐ Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE 🌐 Website: N/A	<b>TRUECARE</b> 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): N ♿ Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE 🌐 Website: N/A	<b>TRUECARE</b> 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
<b>TRUECARE</b> 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	<b>TRUECARE</b> Provider ID: 480243 📍 1130 2ND ST ENCINITAS, CA 92024-5008 ☎ Phone: 760-753-7842 🕒 After Hours Phone: 760-753-7842 License Number: A103940 Accepting New Patients: YES ☐ Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N ♿ Accessibility: CONTACT	<b>TRUECARE</b> Provider ID: 480243 📍 1130 2ND ST ENCINITAS, CA 92024 ☎ Phone: (760) 753-7842 📠 Fax: (760) 736-8740 🕒 After Hours Phone: (760) 753-7842 License Number: 080000638 NPI: 1245246917 Accepting New Patients: Y Min/Max Age: 0\150 ☐ Site English Spoken: Y Cultural Competency: N 🕒 Hours: M-TH 8:00AM-5:00PM F 8:30AM-5:30PM American Sign Language (ASL): N

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP of Southern Cal-PHP*


 *Website: N/A*

#### ESCONDIDO

#### **SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**

*Provider ID: 588941*

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*

*License Number: C171064*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE*


 *Website: N/A*

#### **SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**

*Provider ID: 588941*

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: G58033*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE*

 *Website: N/A*

#### **SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**

*Provider ID: 588941*

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: NP95005999*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE*


 *Website: N/A*


#### **SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**

*Provider ID: 588941*

 704 E GRAND AVE  
ESCONDIDO, CA

92025-4405

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*

*License Number: NP95006360*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE*

 *Website: N/A*

#### **SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**

*Provider ID: 588941*

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*

*License Number: PA20490*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE*

 *Website: N/A*

#### **SAN YSIDRO HEALTH ESCONDIDO FAMILY**



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### MEDICINE

Provider ID: 588941

704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: PA52347

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH ESCONDIDO  
FAMILY MEDICINE

Website: N/A

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

Phone: 619-662-4100

Fax: 619-662-7952

After Hours Phone:  
619-662-4100

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH ESCONDIDO  
FAMILY MEDICINE

Website: N/A

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST  
ESCONDIDO, CA  
92025-3409

Phone: 760-690-5900

After Hours Phone:  
760-690-5900

License Number: A56054

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE PEDIATRICS  
AND PRENATAL

Website: N/A

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST  
ESCONDIDO, CA  
92025-3409

Phone: 760-690-5900

After Hours Phone:  
760-690-5900

License Number: A62467

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE PEDIATRICS  
AND PRENATAL

Website: N/A

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST  
ESCONDIDO, CA  
92025-3409

Phone: 760-690-5900

After Hours Phone:  
760-690-5900

License Number: A67626

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE PEDIATRICS  
AND PRENATAL

Website: N/A

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST  
ESCONDIDO, CA  
92025-3409

Phone: 760-690-5900

After Hours Phone:  
760-690-5900



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

License Number: G83438

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PEDIATRICS

AND PRENATAL

Website: N/A

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST  
ESCONDIDO, CA  
92025-3409

Phone: 760-690-5900

After Hours Phone:  
760-690-5900

License Number: NP4799

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PEDIATRICS

AND PRENATAL

Website: N/A

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST  
ESCONDIDO, CA  
92025-3409

Phone: 760-690-5900

Fax: 360-462-2747

After Hours Phone:

760-690-5900

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PEDIATRICS

AND PRENATAL

Website: N/A

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST  
ESCONDIDO, CA  
92025-3409

Phone: 760-690-5900

Fax: 360-462-2747

After Hours Phone:

760-690-5900

License Number: 550000511

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PEDIATRICS  
AND PRENATAL

Website: N/A

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS 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 PEDIATRICS

AND PRENATAL

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD HEALTHCARE PEDIATRICS 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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE PEDS AND  
PRENATAL  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






#### NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL

Provider ID: 206266  
 425 N DATE ST  
ESCONDIDO, CA  
92025-3413  
 Phone: 760-520-8340  
Fax: 360-462-2752  
 After Hours Phone:  
760-520-8340  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE PEDS AND  
PRENATAL  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900  
 After Hours Phone:  
760-737-6900  
License Number: A120348  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY  
 Website: N/A





#### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052  
 Phone: 760-737-6900  
 After Hours Phone:  
760-737-6900  
License Number: A139490  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY  
 Website: N/A






#### NEIGHBORHOOD

#### HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052  
 Phone: 760-737-6900  
 After Hours Phone:  
760-737-6900  
License Number: A140398  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY  
 Website: N/A

#### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052  
 Phone: 760-737-6900  
 After Hours Phone:  
760-737-6900  
License Number: A145349  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA:

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY

 Website: N/A

**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A161074

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE VALLEY


PARKWAY

 Website: N/A

**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A94128

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE VALLEY


PARKWAY

 Website: N/A

**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: DPM5260

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE VALLEY

PARKWAY


 Website: N/A

**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA

92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: G61829

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE VALLEY


PARKWAY

 Website: N/A

**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: NP8169

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE VALLEY

PARKWAY

 Website: N/A

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

#### NEIGHBORHOOD

#### HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

Fax: 360-462-2748

 After Hours Phone:  
760-737-6900

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE VALLEY

PARKWAY


 Website: N/A

#### NEIGHBORHOOD

#### HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

Fax: 360-462-2748

 After Hours Phone:  
760-737-6900

License Number: 80000158

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT

#### PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE VALLEY


PARKWAY


 Website: N/A


#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: 20A14292

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE ESCONDIDO


 Website: www.ihpsocal.org


#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A107557

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD


HEALTHCARE ESCONDIDO


 Website: www.ihpsocal.org


#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A109655


Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD


HEALTHCARE ESCONDIDO


 Website: www.ihpsocal.org


#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100




License Number: A119661

Accepting New Patients: YES




## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270


 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: 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](http://www.ihpsocal.org)

#### NEIGHBORHOOD HEALTHCARE ESCONDIDO


Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: 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](http://www.ihpsocal.org)

#### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270


 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: 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](http://www.ihpsocal.org)

#### NEIGHBORHOOD HEALTHCARE ESCONDIDO


Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A159727  
Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


NEIGHBORHOOD


HEALTHCARE ESCONDIDO


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100


 After Hours Phone:  
760-520-8100

License Number: 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](http://www.ihpsocal.org)

#### NEIGHBORHOOD HEALTHCARE ESCONDIDO






Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA






## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: A61751  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD






#### HEALTHCARE ESCONDIDO

Provider ID: 206270  
 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: A78116  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD







#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: A82173  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)







#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270  
 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: A94128  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)







#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270  
 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: DC12036  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270  
 460 N ELM ST  
ESCONDIDO, CA  
92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
760-520-8100  
License Number: DC28605  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: G61829

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: YES

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD


HEALTHCARE ESCONDIDO


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD


#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

Fax: 360-466-2745

 After Hours Phone:  
760-520-8100

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: YES

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD


HEALTHCARE ESCONDIDO


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD


#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

Fax: 360-466-2745

 After Hours Phone:  
760-520-8100

License Number: 80000397

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE ESCONDIDO


 Website: [www.ihpsocal.org](http://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](http://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](http://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):

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i></p> <p><b>NEIGHBORHOOD</b></p> <p><i>HEALTHCARE GRAND AVE</i></p> <p> <i>Website: www.ihpsocal.org</i></p> <p><b>NEIGHBORHOOD</b></p> <p><b>HEALTHCARE GRAND AVE</b></p> <p><i>Provider ID: 206269</i></p> <p> 1001 E GRAND AVE ESCONDIDO, CA 92025-4604</p> <p> <i>Phone: 760-520-8200</i></p> <p> <i>After Hours Phone:</i> 760-520-8200</p> <p><i>License Number: PA51508</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):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i></p> <p><b>NEIGHBORHOOD</b></p> <p><i>HEALTHCARE GRAND AVE</i></p> <p> <i>Website: www.ihpsocal.org</i></p> <p><b>NEIGHBORHOOD</b></p> <p><b>HEALTHCARE GRAND AVE</b></p> <p><i>Provider ID: 206269</i></p> <p> 1001 E GRAND AVE ESCONDIDO, CA 92025-4604</p> <p> <i>Phone: 760-520-8200</i></p> <p><i>Fax: 360-462-2749</i></p> <p> <i>After Hours Phone:</i> 760-520-8200</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):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i></p> <p><b>NEIGHBORHOOD</b></p> <p><i>HEALTHCARE GRAND AVE</i></p> <p> <i>Website: www.ihpsocal.org</i></p> <p><b>NEIGHBORHOOD</b></p> <p><b>HEALTHCARE GRAND AVE</b></p> <p><i>Provider ID: 206269</i></p> <p> 1001 E GRAND AVE ESCONDIDO, CA 92025-4604</p> <p> <i>Phone: 760-520-8200</i></p> <p><i>Fax: 360-462-2749</i></p> <p> <i>After Hours Phone:</i> 760-520-8200</p> <p><i>License Number: 550000697</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):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i></p> <p><b>NEIGHBORHOOD</b></p> <p><i>HEALTHCARE GRAND AVE</i></p> <p> <i>Website: www.ihpsocal.org</i></p> <p><b>NEIGHBORHOOD</b></p> <p><b>HEALTHCARE GRAND AVE</b></p> <p><i>Provider ID: 206269</i></p> <p> 1001 E GRAND AVE ESCONDIDO, CA 92025-4604</p> <p> <i>Phone: 760-520-8200</i></p> <p><i>Fax: 360-462-2749</i></p> <p> <i>After Hours Phone:</i></p>	<p>760-520-8200</p> <p><i>License Number: 80000397</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):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i></p> <p><b>NEIGHBORHOOD</b></p> <p><i>HEALTHCARE GRAND AVE</i></p> <p> <i>Website: www.ihpsocal.org</i></p> <p><b>NEIGHBORHOOD</b></p> <p><b>HEALTHCARE GRAND AVE</b></p> <p><i>Provider ID: 206269</i></p> <p> 1001 E GRAND AVE ESCONDIDO, CA 92025-4604</p> <p> <i>Phone: 760-520-8200</i></p> <p><i>Fax: 360-462-2749</i></p> <p> <i>After Hours Phone:</i> 760-520-8200</p> <p><i>License Number: 80000483</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):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i></p> <p><b>NEIGHBORHOOD</b></p> <p><i>HEALTHCARE GRAND AVE</i></p> <p> <i>Website: www.ihpsocal.org</i></p> <p><b>CENTRO MEDICO ESCONDIDO</b></p> <p><i>Provider ID: 419344</i></p> <p> 1121 E WASHINGTON AVE ESCONDIDO, CA 92025</p> <p> <i>Phone: (760) 871-0606</i></p>
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## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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

☎ 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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### ESCONDIDO FAMILY HEALTH CENTER

Provider ID: 652372

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (619) 515-2474

 After Hours Phone: (619)  
515-2474

License Number: 550002865

NPI: 1417640491

Accepting New Patients: Y

Min/Max Age: 0\999

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: Family  
Health Centers of San Diego

 Website: N/A

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

Fax: (619) 662-7952

 After Hours Phone: (619)  
662-4100

NPI: 1801438239

Accepting New Patients: Y

Min/Max Age: 0\120

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP


 Website: N/A

#### FALLBROOK


#### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

 1328 S MISSION RD  
FALLBROOK, CA  
92028-4006


 Phone: 760-451-4720

Fax: 760-451-4700

 After Hours Phone:  
760-451-4720

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:  
FALLBROOK FAMILY HLTH  
CTR

 Website: N/A

#### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

 1328 S MISSION RD  
FALLBROOK, CA  
92028-4006

 Phone: 760-451-4720


Fax: 760-451-4700

 After Hours Phone:  
760-451-4720

License Number: 80000150

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


FALLBROOK FAMILY HLTH  
CTR


 Website: N/A

#### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

 1328 S MISSION RD  
FALLBROOK, CA  
92028-4006


 Phone: 760-451-4770

 After Hours Phone:  
760-451-4770

License Number: A169529

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

FALLBROOK FAMILY HLTH  
CTR

 Website: N/A

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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](http://www.vistacommunityclinic.org)

#### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910  
📄 1328 S MISSION RD  
FALLBROOK, CA 92028  
☎ Phone: (760) 451-4720  
☎ Fax: (760) 451-4700  
🕒 After Hours Phone: (760)  
451-4720  
License Number: 080000150  
NPI: 1982756086  
Accepting New Patients: Y  
Min/Max Age: 0\999  
📄 Site English Spoken: Y  
📄 Site Language(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](mailto: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: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 624122  
📄 321 E ALVARADO ST  
FALLBROOK, CA 92028  
☎ Phone: (760) 723-6200  
🕒 After Hours Phone: (760)  
723-6200  
License Number: 550003781  
NPI: 1316501562  
Accepting New Patients: N  
Min/Max Age: 0\999  
📄 Site English Spoken: Y

Cultural Competency: Y  
🕒 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP of  
Southern Cal-PHP  
🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 624122  
📄 321 E ALVARADO ST  
FALLBROOK, CA 92028  
☎ Phone: (760) 723-6200  
🕒 After Hours Phone: (760)  
723-6200  
License Number: 550004110  
NPI: 1316501562  
Accepting New Patients: N  
Min/Max Age: 0\999  
📄 Site English Spoken: Y  
Cultural Competency: Y  
🕒 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP of  
Southern Cal-PHP  
🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC




Provider ID: 624122  
📄 321 E ALVARADO ST  
FALLBROOK, CA 92028

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

 Phone: (760) 723-6200  
 After Hours Phone: (760) 723-6200  
License Number: 080000002  
NPI: 1649662719  
Accepting New Patients: N  
Min/Max Age: 0\999  
 Site English Spoken: Y  
Cultural Competency: Y  
 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760) 723-6200


License Number: 550004110

NPI: 1649662719

Accepting New Patients: N

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP of Southern Cal-PHP


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200


 After Hours Phone: (760) 723-6200


License Number: 080000002

NPI: 1851300123

Accepting New Patients: N


Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP of Southern Cal-PHP


 Website: [www.vistacommunityclinic.org](http://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: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

 After Hours Phone: (760)  
723-6200


License Number: 550004110

NPI: 1851300123

Accepting New Patients: N

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM  
W-TH 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


#### IMPERIAL BEACH

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678



 949 PALM AVE  
IMPERIAL BEACH, CA  
91932-1503

 Phone: 619-429-3733

 After Hours Phone:  
619-429-3733

License Number: A51447

Accepting New Patients: YES

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IMPERIAL


BEACH HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678



 949 PALM AVE  
IMPERIAL BEACH, CA  
91932-1503

 Phone: 619-429-3733

 After Hours Phone:  
619-429-3733

License Number: A66830

Accepting New Patients: YES

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IMPERIAL  
BEACH HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678

 949 PALM AVE  
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

Fax: (619) 628-5550



 After Hours Phone: (619)  
429-3733

License Number: 090000119


NPI: 1790718351

Accepting New Patients: Y


Min/Max Age: 0\150

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### LA MESA


#### LA MESA PEDIATRICS

Provider ID: 480827

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

 After Hours Phone:  
619-464-6434

License Number: NP95017921

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA MESA  
PEDIATRICS


 Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:  
619-464-6434

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

---

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

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

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

Fax: 619-464-5109

After Hours Phone:  
619-464-6434

License Number: A113241

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA MESA  
PEDIATRICS

Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942-3135

Phone: 619-464-6434

Fax: 619-464-5109

After Hours Phone:  
619-464-6434

License Number: C133872

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA MESA  
PEDIATRICS

Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942-3135

Phone: 619-464-6434

Fax: 619-464-5109

After Hours Phone:  
619-464-6434

License Number: 550000430

#### 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

#### 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. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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  
FOUNDATION  
 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: 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 92040-3120  
 Phone: 858-218-3000  
 After Hours Phone:  
858-218-3000  
License Number: A43914  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE LAKESIDE  
 Website: www.ihpsocal.org

#### NEIGHBORHOOD HEALTHCARE LAKESIDE

Provider ID: 353843  
 10039 VINE ST  
LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 After Hours Phone:  
858-218-3000  
License Number: A75411  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE LAKESIDE  
 Website: www.ihpsocal.org

#### NEIGHBORHOOD HEALTHCARE LAKESIDE

Provider ID: 353843  
 10039 VINE ST  
LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 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  
Fax: 360-462-2744  
 After Hours Phone:  
858-218-3000  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE LAKESIDE  
 Website: www.ihpsocal.org

#### NEIGHBORHOOD HEALTHCARE LAKESIDE



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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

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: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: G78814

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH

CENTER

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: 20A11535

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: 20A14919

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER

Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: 619-515-2550

After Hours Phone:  
619-515-2550

License Number: A102060

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

American Sign Language (ASL):  N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER  
Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
7592 BROADWAY  
LEMON GROVE, CA 91945-1604  
Phone: 619-515-2550  
After Hours Phone: 619-515-2550  
License Number: A107323

Accepting New Patients: YES  
Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER  
Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
7592 BROADWAY  
LEMON GROVE, CA 91945-1604  
Phone: 619-515-2550  
After Hours Phone: 619-515-2550  
License Number: A108228  
Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER  
Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
7592 BROADWAY  
LEMON GROVE, CA 91945-1604  
Phone: 619-515-2550  
After Hours Phone: 619-515-2550  
License Number: A113001  
Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER  
Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
7592 BROADWAY  
LEMON GROVE, CA 91945-1604  
Phone: 619-515-2550  
After Hours Phone: 619-515-2550

License Number: A114181  
Accepting New Patients: YES  
Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER  
Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER





Provider ID: 419139  
7592 BROADWAY  
LEMON GROVE, CA 91945-1604  
Phone: 619-515-2550  
After Hours Phone: 619-515-2550  
License Number: A116680  
Accepting New Patients: YES  
Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER  
Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
7592 BROADWAY  
LEMON GROVE, CA 91945-1604  
Phone: 619-515-2550


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單



### D1. 具備聯邦資質的健康診所

 *After Hours Phone:*  
619-515-2550  
*License Number:* A118095  
*Accepting New Patients:* YES  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT  
PROVIDER  
*Medical Group/IPA:* LEMON  
GROVE FAMILY HEALTH  
CENTER  
 *Website:* N/A


#### LEMON GROVE FAMILY HEALTH CENTER


*Provider ID:* 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 *Phone:* 619-515-2550  
 *After Hours Phone:*  
619-515-2550

*License Number:* A148014  
*Accepting New Patients:* YES

 *Site English Spoken:* Yes  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
N






 *Accessibility:* CONTACT  
PROVIDER  
*Medical Group/IPA:* LEMON  
GROVE FAMILY HEALTH  
CENTER

 *Website:* N/A

#### LEMON GROVE FAMILY HEALTH CENTER


*Provider ID:* 419139



 7592 BROADWAY  
LEMON GROVE, CA

91945-1604  
 *Phone:* 619-515-2550  
 *After Hours Phone:*  
619-515-2550  
*License Number:* A154298  
*Accepting New Patients:* YES  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT  
PROVIDER  
*Medical Group/IPA:* LEMON  
GROVE FAMILY HEALTH  
CENTER  
 *Website:* N/A


#### LEMON GROVE FAMILY HEALTH CENTER


*Provider ID:* 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 *Phone:* 619-515-2550  
 *After Hours Phone:*  
619-515-2550

*License Number:* A154838  
*Accepting New Patients:* YES





 *Site English Spoken:* Yes  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
N

 *Accessibility:* CONTACT  
PROVIDER  
*Medical Group/IPA:* LEMON  
GROVE FAMILY HEALTH  
CENTER

 *Website:* N/A


#### LEMON GROVE FAMILY HEALTH CENTER



*Provider ID:* 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 *Phone:* 619-515-2550  
 *After Hours Phone:*  
619-515-2550  
*License Number:* A163464  
*Accepting New Patients:* YES  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT  
PROVIDER  
*Medical Group/IPA:* LEMON  
GROVE FAMILY HEALTH  
CENTER  
 *Website:* N/A


#### LEMON GROVE FAMILY HEALTH CENTER


*Provider ID:* 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 *Phone:* 619-515-2550  
 *After Hours Phone:*  
619-515-2550

*License Number:* A164859  
*Accepting New Patients:* YES

 *Site English Spoken:* Yes  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
N

 *Accessibility:* CONTACT  
PROVIDER  
*Medical Group/IPA:* LEMON  
GROVE FAMILY HEALTH  
CENTER

 *Website:* N/A


#### LEMON GROVE FAMILY


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

#### HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A165925

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A178499

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A68463

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER

 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: A72005

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH


#### CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: C172318

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: C174771

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: NP15444

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER

 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550


 After Hours Phone:  
619-515-2550

License Number: NP95001050

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550


 After Hours Phone:  
619-515-2550

License Number: NP95008782

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: NP95009933

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER

 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550


 After Hours Phone:  
619-515-2550

License Number: NP95013978

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139


 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604


 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: PA56072

Accepting New Patients: YES


 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER


 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER


Provider ID: 419139


 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: RN428876  
Accepting New Patients: YES


 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER

 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139


 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604


 Phone: 619-515-2550

Fax: 619-825-9577

 After Hours Phone:  
619-515-2550

Accepting New Patients: YES


 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER

 Website: N/A


#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604


 Phone: 619-515-2550


Fax: 619-825-9577

 After Hours Phone:  
619-515-2550

License Number: 550001268

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: LEMON  
GROVE FAMILY HEALTH  
CENTER

 Website: N/A

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA 91945

 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](mailto:valeriade@fhcsd.org)

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### NATIONAL CITY

##### OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302

2101 GRANGER AVE  
NATIONAL CITY, CA  
91950-6208

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: NP95000203

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN  
GRANGER SCHOOL BASED

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

##### OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302

2101 GRANGER AVE  
NATIONAL CITY, CA  
91950-6208

Phone: 844-200-2426

Fax: 619-434-8999

After Hours Phone:  
844-200-2426

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

GRANGER SCHOOL BASED

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

##### OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302

2101 GRANGER AVE  
NATIONAL CITY, CA  
91950-6208

Phone: 844-200-2426

Fax: 619-434-8999

After Hours Phone:  
844-200-2426

License Number: 550002622

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN  
GRANGER SCHOOL BASED

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

##### FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

Phone: 619-515-2399

After Hours Phone:  
619-515-2399

License Number: 20A18460

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CTR SD NATIONAL  
CITY

Website: [www.fhcsd.org](http://www.fhcsd.org)

##### FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

Phone: 619-515-2399

After Hours Phone:  
619-515-2399

License Number: A163862

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CTR SD NATIONAL  
CITY

Website: [www.fhcsd.org](http://www.fhcsd.org)

##### FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

Phone: 619-515-2399

After Hours Phone:  
619-515-2399

License Number: A176878

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 Phone: 619-515-2399

After Hours Phone:  
619-515-2399

License Number: NP95010663

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 Phone: 619-515-2399

After Hours Phone:

619-515-2399

License Number: PA55660

Accepting New Patients: YES

Site English Spoken: Yes


Cultural Competency: No

American Sign Language (ASL):

N


Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 Phone: 619-515-2399

Fax: 619-269-0053

After Hours Phone:  
619-515-2399

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856

 Phone: 619-515-2399

Fax: 619-269-0053

After Hours Phone:  
619-515-2399

License Number: 550000465

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR SD NATIONAL CITY

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **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 Language(s) Spoken:

Tagalog, Lao, Spanish

Cultural Competency: No


American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - NATIONAL C

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: NP22974

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN -  
NATIONAL C

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: NP95000203

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN -  
NATIONAL C

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

Phone: 844-200-2426

Fax: 619-474-3919

After Hours Phone:  
844-200-2426

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN -  
NATIONAL C

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

Phone: 844-200-2426

Fax: 619-474-3919

After Hours Phone:

844-200-2426

License Number: 90000183

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN -  
NATIONAL C

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A118227

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH





## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A138534


Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH

##### PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A146819


Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH PARADISE  
HILLS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### SAN YSIDRO HEALTH

##### PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A157488


Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### SAN YSIDRO HEALTH

##### PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A167529

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:

Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH

##### PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G88347

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH PARADISE  
HILLS


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH

##### PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956


 Phone: 619-662-4100



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

Fax: 619-259-2807

 After Hours Phone:  
619-662-4100

Accepting New Patients: YES


Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH PARADISE


HILLS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

Fax: 619-259-2807

 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](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH PARADISE HILLS**

Provider ID: 227418

 2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

Fax: 619-259-2807

 After Hours Phone:  
619-662-4100

License Number: A71304

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH PARADISE


HILLS


 Website: [www.ihpsocal.org](http://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](http://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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

*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 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: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: A165184*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  *N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY*  
 *Website: www.ihpsocal.org*

#### **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*  
*Fax: 619-336-2323*  
 *After Hours Phone: 619-662-4100*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  *N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY*  
 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH NATIONAL CITY**








*Provider ID: 227412*  
 1136 D AVE  
NATIONAL CITY, CA 91950-3412

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單








### D1. 具備聯邦資質的健康診所

 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](http://www.ihpsocal.org)







#### **SAN YSIDRO HEALTH NATIONAL CITY**

Provider ID: 227412  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
 Fax: 619-474-3722  
 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](http://www.ihpsocal.org)







#### **SAN YSIDRO HEALTH NATIONAL CITY**

Provider ID: 227412  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
 Fax: 619-474-3722  
 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](http://www.ihpsocal.org)







#### **SAN YSIDRO HEALTH SOUTH BAY**

Provider ID: 361428  
 330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 20A12653  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SOUTH BAY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SOUTH BAY**

Provider ID: 361428  
 330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A133539  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SOUTH BAY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SOUTH BAY**

Provider ID: 361428  
 330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: G71855  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SOUTH BAY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### SAN YSIDRO HEALTH SOUTH BAY

Provider ID: 361428

330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312

Phone: 619-662-4100

Fax: 619-259-2807

After Hours Phone:  
619-662-4100

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SOUTH BAY

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

Phone: 619-280-4213

After Hours Phone:  
619-280-4213

License Number: A167184

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

Phone: 619-434-7308

After Hours Phone:  
619-434-7308

License Number: 20A6433

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

Phone: 619-434-7308

After Hours Phone:  
619-434-7308

License Number: A123929

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

Phone: 619-434-7308

After Hours Phone:  
619-434-7308

License Number: C55979

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

Phone: 619-434-7308

After Hours Phone:  
619-434-7308

License Number: G45632

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
Phone: 619-434-7308  
Fax: 619-434-7310  
After Hours Phone:  
619-434-7308  
License Number: NP95013257  
Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
Phone: 619-564-8765  
After Hours Phone:  
619-564-8765  
License Number: NP95009891  
Accepting New Patients: YES  
Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
Phone: 619-798-3977  
After Hours Phone:  
619-798-3977  
License Number: A41375  
Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC INC  
Website: [www.lamaestra.org](http://www.lamaestra.org)

#### 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:  
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](http://www.syhealth.org)  
Email:  
[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 434-7308  
Fax: (619) 434-7310  
After Hours Phone: (619)  
434-7308  
NPI: 1336353721  
Accepting New Patients: Y  
Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N  
Hours: TH 8:00AM-2:00PM  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: La  
Maestra Family Clinic  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### 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](http://syhealth.org/clinics/national-city-family-clinic-1)

#### OPERATION SAMAHAN

##### GRANGER SCHOOL BASED

Provider ID: 418302

2101 GRANGER AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 434-8999

After Hours Phone: (844)  
200-2426

License Number: 550002622

NPI: 1205134517

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y

Cultural Competency: N

Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Operation  
Samahan

Website: [www.operationsamahan.org](http://www.operationsamahan.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/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

#### 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](http://www.operationsamahan.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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


 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](http://www.fhcsd.org)  
Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP95016368

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

760-631-5000

License Number: A149340

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### OCEANSIDE

##### 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](http://www.vistacommunityclinic.org)

##### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: 20A8949

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

##### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: NP95003571

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

##### 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

##### VISTA COMMUNITY CLINIC


Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA  
92057-6043

##### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

 After Hours Phone:

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Accepting New Patients: YES

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC

🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

📍 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

☎ Phone: 760-631-5000

🕒 After Hours Phone:  
760-631-5000

License Number: NP95006826

Accepting New Patients: YES

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC HORNE STREET

🌐 Website: N/A

#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

📍 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

☎ Phone: 760-631-5000

🕒 After Hours Phone:

760-631-5000

License Number: NP95007885

Accepting New Patients: YES

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC HORNE STREET

🌐 Website: N/A

#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

📍 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

☎ Phone: 760-631-5000

Fax: 760-414-3892

🕒 After Hours Phone:

760-631-5000

Accepting New Patients: YES

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC HORNE STREET

🌐 Website: N/A

#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

📍 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

☎ Phone: 760-631-5000

Fax: 760-414-3892

🕒 After Hours Phone:

760-631-5000

License Number: 80000745

Accepting New Patients: YES

☐ Site English Spoken: Yes

Cultural Competency: Yes

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC HORNE STREET

🌐 Website: N/A

#### VISTA COMMUNITY CLINIC PIER VIEW WAY

Provider ID: 402434

📍 818 PIER VIEW WAY  
OCEANSIDE, CA  
92054-2803

☎ Phone: 760-631-5000

Fax: 760-414-3892

🕒 After Hours Phone:

760-631-5000

License Number: 80000510

Accepting New Patients: NO

☐ Site English Spoken: Yes

Cultural Competency: Yes

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC PIER VIEW WAY

🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

#### TRUECARE

Provider ID: 480315

3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: NP21368

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE  
Website: N/A

#### TRUECARE

Provider ID: 480315

3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

Phone: 760-891-4667

After Hours Phone:  
760-891-4667

License Number: A131678

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE  
Website: N/A

#### VISTA COMMUNITY CLINIC

##### HORNE STREET

Provider ID: 402436

517 N HORNE ST

OCEANSIDE, CA  
92054-2518

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: 20A17371

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC HORNE  
STREET

Website: N/A

#### 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 Language(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### TRUECARE


Provider ID: 296476




## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-757-4566

Fax: 760-736-8740

 After Hours Phone:  
760-757-4566

License Number: 80000240


Accepting New Patients: YES

Site English Spoken: Yes


Site Languages(s) Spoken:  
Spanish

Cultural Competency: No


American Sign Language (ASL): N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE

 Website: www.ihpsocal.org

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

 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):


 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):

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

 Website: www.ihpsocal.org


#### TRUECARE

Provider ID: 296476

 605 CROUCH ST BLDG C


#### 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


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





#### TRUECARE

Provider ID: 296476








## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所





OCEANSIDE, CA  
92054-4415  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NP95012681  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE






Provider ID: 296476  
 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NP95013879  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
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: 296476  
 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415  
 Phone: 760-757-4566  
 After Hours Phone:  
760-757-4566  
License Number: C152937  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### 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: 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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Fax: 760-736-8740

☎ After Hours Phone:  
760-757-4566

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](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 480315

📍 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

☎ Phone: 760-433-3155

☎ After Hours Phone:  
760-433-3155

License Number: PA19825

Accepting New Patients: YES

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

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

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: 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

#### 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

♿ Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760)  
631-5000

License Number: 080000002

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000


License Number: 550003781

NPI: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000


License Number: 080000002

NPI: 1649662719

Accepting New Patients: Y

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

License Number: 550003781

NPI: 1649662719

Accepting New Patients: Y

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F


8:00AM-5:00PM

SA 9:00AM-4:00PM

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760)  
631-5000

License Number: 550004110

NPI: 1649662719


Accepting New Patients: Y

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)



#### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436


 517 N HORNE ST  
OCEANSIDE, CA 92054

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

 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](http://www.vistacommunityclinic.org)  
Email: [credentialing@vcc.org](mailto: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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto: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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto: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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

#### VISTA COMMUNITY CLINIC Provider ID: 206341


 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

License Number: 080000002  
NPI: 1316501562

Accepting New Patients: Y  
Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F






## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


8:00AM-5:00PM  
SA 9:00AM-4:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP of  
Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
License Number: 550003781  
NPI: 1316501562

Accepting New Patients: Y  
Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

American Sign Language (ASL):



N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206341  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000

Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000


License Number: 550004110

NPI: 1316501562

Accepting New Patients: Y

Min/Max Age: 0\999

 Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### 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](http://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](http://www.ihpsocal.org)

#### NEIGHBORHOOD

#### HEALTHCARE PAUMA VALLEY

Provider ID: 206267

 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919

Fax: 858-633-4696

 After Hours Phone:  
760-742-9919

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Medical Group/IPA:  
NEIGHBORHOOD  
HEALTHCARE PAUMA VALLEY  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

Provider ID: 206267

16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

Phone: 760-742-9919

Fax: 858-633-4696

After Hours Phone:  
760-742-9919

License Number: 80000611

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PAUMA VALLEY

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

Provider ID: 206267

16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061

Phone: (760) 742-9919

Fax: (858) 633-4696

After Hours Phone: (760)  
742-9919

License Number: 080000611

NPI: 1407031693

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F  
8:00AM-4:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### POWAY

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
POWAY, CA 92064-4520

Phone: 858-218-3000

After Hours Phone:  
858-218-3000

License Number: A119661

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Website: N/A

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
POWAY, CA 92064-4520

Phone: 858-218-3000

After Hours Phone:  
858-218-3000

License Number: A120771

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Website: N/A

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
POWAY, CA 92064-4520

Phone: 858-218-3000

After Hours Phone:  
858-218-3000

License Number: PA23310

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Website: N/A

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### NEIGHBORHOOD

#### HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
POWAY, CA 92064-4520

Phone: 858-218-3000

Fax: 360-462-2742

After Hours Phone:  
858-218-3000

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

#### NEIGHBORHOOD

#### HEALTHCARE GOLD FAMILY HEALTH CENTER

Website: N/A

#### NEIGHBORHOOD

#### HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
POWAY, CA 92064-4520

Phone: 858-218-3000

Fax: 360-462-2742

After Hours Phone:  
858-218-3000

License Number: 550004321

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

#### NEIGHBORHOOD

#### HEALTHCARE GOLD FAMILY HEALTH CENTER

Website: N/A

#### NEIGHBORHOOD

#### HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

Fax: (360) 462-2742

After Hours Phone: (858)  
218-3000

License Number: 550004321

NPI: 1023518768

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: N/A

### SAN DIEGO

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126-2375

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: A161105

Accepting New Patients: YES

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - MIRA  
MESA

Website: www.operationsa  
mahan.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.operationsa  
mahan.org




#### OPERATION SAMAHAN - MIRA

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### 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](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126-2375  
 Phone: 844-200-2426  
 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](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126-2375  
 Phone: 844-200-2426  
 Fax: 858-578-4417

 After Hours Phone:  
844-200-2426

Accepting New Patients: YES

Site English Spoken: yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN - MIRA  
MESA

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126-2375  
 Phone: 844-200-2426  
 Fax: 858-578-4417

 After Hours Phone:  
844-200-2426

License Number: 80000146

Accepting New Patients: YES

Site English Spoken: yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA:

OPERATION SAMAHAN - MIRA  
MESA

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007  
 Phone: 844-200-2426  
 After Hours Phone:  
844-200-2426


License Number: A71544

Accepting New Patients: YES

Site English Spoken: yes  
Cultural Competency: No


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - MIRA  
MESA

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)






#### OPERATION SAMAHAN - MIRA MESA








Provider ID: 432308


 9855 ERMA RD STE 105






## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

SAN DIEGO, CA 92131-1007  
 Phone: 844-200-2426  
 After Hours Phone:  
844-200-2426  
License Number: NP22974  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
OPERATION SAMAHAN - MIRA  
MESA  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)








**OPERATION SAMAHAN - MIRA  
MESA**  
Provider ID: 432308  
 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007  
 Phone: 844-200-2426  
 After Hours Phone:  
844-200-2426  
License Number: NP95010585  
Accepting New Patients: YES  
 Site English Spoken: yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
OPERATION SAMAHAN - MIRA  
MESA  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

**OPERATION SAMAHAN - MIRA  
MESA**  
Provider ID: 432308  
 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007  
 Phone: 844-200-2426  
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.operationsamahan.org](http://www.operationsamahan.org)






**OPERATION SAMAHAN - MIRA  
MESA**  
Provider ID: 432308  
 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007  
 Phone: 844-200-2426  
Fax: 858-536-8034  
 After Hours Phone:  
844-200-2426  
License Number: 80000146  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
OPERATION SAMAHAN - MIRA  
MESA

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

**OPERATION SAMAHAN  
RANCHO PENASQUITOS**  
Provider ID: 418535

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129-2889  
 Phone: 844-200-2426  
 After Hours Phone:  
844-200-2426  
License Number: NP95003211  
Accepting New Patients: YES  
 Site English Spoken: yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
OPERATION SAMAHAN  
RANCHO PENASQUITOS  
 Website: [www.operationsamahan.org](http://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




## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

American Sign Language (ASL): *Fax: 858-695-9074*


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: 550002478*

*Accepting New Patients: YES*

*Site English Spoken: yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

American Sign Language (ASL):


N

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA:*


**OPERATION SAMAHAN**


**RANCHO PENASQUITOS**

 *Website: www.operationsamahan.org*


#### **OPERATION SAMAHAN RANCHO PENASQUITOS**

*Provider ID: 418535*

 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889

 *Phone: 844-200-2426*

*Fax: 858-695-9074*

 *After Hours Phone: 844-200-2426*

*License Number: 550003857*

*Accepting New Patients: YES*

*Site English Spoken: yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

American Sign Language (ASL):


N

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA:*


**OPERATION SAMAHAN**


**RANCHO PENASQUITOS**


 *Website: www.operationsamahan.org*

#### **OPERATION SAMAHAN 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*

#### **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




## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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 *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*

 *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: 20A14919*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA*

 *Website: www.fhcsd.org*

 *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*

 *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*

#### **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*

#### **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*

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

---

 *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: A116680*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA*

 *Website: www.fhcsd.org*

 *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: 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*

 *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: 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*

#### **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*

#### **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*

#### **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*

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

---

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA*


 *Website: www.fhcsd.org*

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

*Provider ID: 402851*

 *3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104*

 *Phone: 619-515-2444*


 *After Hours Phone:  
619-515-2444*

*License Number: A164859*

*Accepting 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*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA*


 *Website: www.fhcsd.org*

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

*Provider ID: 402851*

 *3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104*

 *Phone: 619-515-2444*

 *After Hours Phone:  
619-515-2444*

*License Number: A68463*

*Accepting 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*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA*


 *Website: www.fhcsd.org*

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

*Provider ID: 402851*

 *3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104*

 *Phone: 619-515-2444*


 *After Hours Phone:  
619-515-2444*

*License Number: A76785*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA*


 *Website: www.fhcsd.org*

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

*Provider ID: 402851*

 *3705 MISSION BLVD  
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*

#### **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*

#### **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*


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: C53623

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

 Website: [www.fhcsd.org](http://www.fhcsd.org)

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: DPM4819

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

 Website: [www.fhcsd.org](http://www.fhcsd.org)

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: NM1662

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
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

#### **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

#### **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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


Fax: 858-488-1394

 After Hours Phone:  
619-515-2444

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

Fax: 858-488-1394



 After Hours Phone:  
619-515-2444

License Number: 80000115

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046



 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: A119010

Accepting New Patients: YES

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LINDA VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046



 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: A144372

Accepting New Patients: YES

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian  
Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LINDA VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046



 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: C174985

Accepting New Patients: YES

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LINDA VISTA HEALTH CARE CTR

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046


 6973 LINDA VISTA RD




## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: DPM4434

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: G41532

Accepting New Patients: YES


Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: G44807

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

Fax: 858-279-0377

 After Hours Phone:  
858-279-0925

License Number: A93812

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian


Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

Fax: 858-279-0377

 After Hours Phone:  
858-279-0925

License Number: G70886

Accepting New Patients: YES


Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

Fax: 858-633-4680

 After Hours Phone:  
858-279-0925

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LINDA VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-810-8700

 After Hours Phone: 858-810-8700


License Number: 20A12402

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LINDA VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


#### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone: 858-810-8700

License Number: 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](http://www.sdfamilycare.org)

#### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone: 858-810-8700

License Number: A119010

Accepting New Patients: YES

- Site English Spoken: yes
- Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN DIEGO FAMILY CARE


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone: 858-810-8700

License Number: 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](http://www.sdfamilycare.org)

#### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone: 858-810-8700

License Number: 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


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700

License Number: 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](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700

License Number: 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](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700

License Number: 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](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700

License Number: 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](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700

License Number: 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](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700

License Number: G70886

Accepting New Patients: YES

Site English Spoken: yes

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


 *Site Languages(s) Spoken:* Lithuanian, Vietnamese, Spanish, Chinese  
*Cultural Competency:* No  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* SAN DIEGO FAMILY CARE  
 *Website:* [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

*Provider ID:* 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307


 *Phone:* 858-810-8700

 *After Hours Phone:* 858-810-8700

*License Number:* NP16433

*Accepting New Patients:* YES

 *Site English Spoken:* yes

 *Site Languages(s) Spoken:* Lithuanian, Vietnamese, Spanish, Chinese

*Cultural Competency:* No

*American Sign Language (ASL):* N


 *Accessibility:* CONTACT PROVIDER


*Medical Group/IPA:* SAN DIEGO FAMILY CARE


 *Website:* [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### **SAN DIEGO FAMILY CARE**

*Provider ID:* 482070


 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 *Phone:* 858-810-8700

 *After Hours Phone:* 858-810-8700

*License Number:* NP23847  
*Accepting New Patients:* YES

 *Site English Spoken:* yes

 *Site Languages(s) Spoken:* Lithuanian, Vietnamese, Spanish, Chinese

*Cultural Competency:* No

*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER


*Medical Group/IPA:* SAN DIEGO FAMILY CARE

 *Website:* [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### **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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID:* 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 *Phone:* 619-515-2424


 *After Hours Phone:* 619-515-2424

*License Number:* 20A14919

*Accepting New Patients:* YES

 *Site English Spoken:* Yes  
*Cultural Competency:* No

*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER


*Medical Group/IPA:* NORTH PARK FAMILY HEALTH CENTERS


 *Website:* [www.fhcsd.org](http://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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID:* 416831





 3514 30TH ST  
SAN DIEGO, CA 92104-4120







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所






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 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](http://www.fhcsd.org)






 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A114181  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A118095  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A113001  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 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](http://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](http://www.fhcsd.org)


#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120

#### **NORTH PARK FAMILY HEALTH CENTERS**





Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120








## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所






---

 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A132576  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)






 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](http://www.fhcsd.org)

 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](http://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](http://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](http://www.fhcsd.org)


#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: A178499  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120


#### **NORTH PARK FAMILY HEALTH CENTERS**


Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

---

 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](http://www.fhcsd.org)

 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](http://www.fhcsd.org)

 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](http://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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A95577

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS


 Website: [www.fhcsd.org](http://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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120


#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831







 3514 30TH ST  
SAN DIEGO, CA 92104-4120

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所






 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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**







Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: PA21042  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120







 Phone: 619-515-2424  
Fax: 619-683-7586  
 After Hours Phone:  
619-515-2424  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**







Provider ID: 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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: 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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
License Number: 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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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 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](http://www.fhcsd.org)

 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](http://www.fhcsd.org)

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: A113001  
Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**


Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: 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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: 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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: A114181  
Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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 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](http://www.fhcsd.org)

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: A140646  
Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

 Website: [www.fhcsd.org](http://www.fhcsd.org)

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: A148014  
Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**


Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: A118095  
Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: A147758  
Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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 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](http://www.fhcsd.org)

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: A68463  
Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

 Website: [www.fhcsd.org](http://www.fhcsd.org)

 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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**


Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: 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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: 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](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424

License Number: NP95002226  
Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

#### **NORTH PARK FAMILY HEALTH CENTERS**







Provider ID: 206362

#### **NORTH PARK FAMILY HEALTH CENTERS**






Provider ID: 206362

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所







 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):  
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

#### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
Fax: 619-501-0627  
 After Hours Phone:  
619-515-2424  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS  
 Website: www.fhcsd.org

#### **MID-CITY COMMUNITY CLINIC**


Provider ID: 233597  
 4290 POLK AVE

SAN DIEGO, CA 92105-1524  
 Phone: 619-563-0250  
 After Hours Phone:  
619-563-0250  
License Number: 20A7662  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: MID-CITY  
COMMUNITY CLINIC  
 Website: www.sdfamilycare  
.org

#### **MID-CITY COMMUNITY CLINIC**

Provider ID: 233597  
 4290 POLK AVE  
SAN DIEGO, CA 92105-1524  
 Phone: 619-563-0250  
 After Hours Phone:  
619-563-0250  
License Number: A112176  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

<p> After Hours Phone: 619-563-0250 License Number: A163512 Accepting New Patients: YES  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: MID-CITY COMMUNITY CLINIC  Website: www.sdfamilycare.org</p>	<p>License Number: DPM4434 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</p>	<p>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</p>
<p><b>MID-CITY COMMUNITY CLINIC</b> 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</p>	<p><b>MID-CITY COMMUNITY CLINIC</b> 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</p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058 License Number: 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</p>
<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233597  4290 POLK AVE SAN DIEGO, CA 92105-1524  Phone: 619-563-0250  After Hours Phone: 619-563-0250</p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058 License Number: A112176</p>	<p><b>MID-CITY COMMUNITY CLINIC</b> Provider ID: 233532  4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690  Phone: 619-280-2058  After Hours Phone: 619-280-2058 License Number: A163512</p>

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: MID-CITY  
COMMUNITY CLINIC

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: MID-CITY  
COMMUNITY CLINIC

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: MID-CITY  
COMMUNITY CLINIC


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### MID-CITY COMMUNITY CLINIC

Provider ID: 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](http://www.sdfamilycare.org)

#### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058

 After Hours Phone:  
619-280-2058

License Number: 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](http://www.sdfamilycare.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](http://www.operationsamahan.org)


#### OPERATION SAMAHAN RANCHO PENASQUITOS


Provider ID: 418535


 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11

#### 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

#### 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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所






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](http://www.operationsamahan.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](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987  
 4874 POLK AVE

SAN DIEGO, CA 92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: 20A19345  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HEALTH CTR IBARRA  
 Website: [www.fhcsd.org](http://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](http://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](http://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](http://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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

American Sign Language (ASL): Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR IBARRA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

 4874 POLK AVE  
SAN DIEGO, CA 92105-2026

 Phone: 619-515-2426


 After Hours Phone:  
619-515-2426

License Number: NP95004443

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR IBARRA

 Website: [www.fhcsd.org](http://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): Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
N


 Accessibility: CONTACT PROVIDER


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

 4874 POLK AVE  
SAN DIEGO, CA 92105-2026

 Phone: 619-515-2426

 After Hours Phone:  
619-515-2426

License Number: PA58098

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR IBARRA


 Website: [www.fhcsd.org](http://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): Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR IBARRA


 Website: [www.fhcsd.org](http://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): Medical Group/IPA: FAMILY HEALTH CTR IBARRA  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CTR IBARRA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9154

 After Hours Phone:  
619-255-9154

License Number: A123929

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)


#### **LA MAESTRA FAMILY CLINIC INC**


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9154


 After Hours Phone:  
619-255-9154

License Number: A163693

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)

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](http://www.lamaestra.org)

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](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155


 After Hours Phone:  
619-255-9155

License Number: A111170

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC


 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
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](http://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](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

#### LA MAESTRA FAMILY CLINIC INC


#### LA MAESTRA FAMILY CLINIC INC


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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](http://www.lamaestra.org)

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](http://www.lamaestra.org)

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](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155


 After Hours Phone:  
619-255-9155

License Number: G87837

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 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](http://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

MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

#### LA MAESTRA FAMILY CLINIC INC

#### LA MAESTRA FAMILY CLINIC


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


#### INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

Fax: 619-749-5480

 After Hours Phone:  
619-255-9155

License Number: A81682

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-564-8765

 After Hours Phone:  
619-564-8765

License Number: NP95009891

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC INC

 Website: [www.lamaestra.org](http://www.lamaestra.org)


#### 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](http://www.sdaihc.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-280-7072


 After Hours Phone:  
619-280-7072

License Number: 20A14222

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC


 Website: [www.lamaestra.org](http://www.lamaestra.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-798-3947

 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](http://www.lamaestra.org)

#### SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

 2630 1ST AVE  
SAN DIEGO, CA 92103-6599

 Phone: 619-234-2158

Fax: 619-234-0206

 After Hours Phone:  
619-234-2158

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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單





### D1. 具備聯邦資質的健康診所


Medical Group/IPA: SAN  
DIEGO AMERICAN INDIAN  
HEALTH CENTER  
 Website: [www.sdaihc.org](http://www.sdaihc.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](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SD HILLCREST**







Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: 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](http://www.fhcsd.org)







#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: 20A12504  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)







#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: 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](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: 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](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: 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](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SD**



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### 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: 20A17702

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

Website: www.fhcsd.org

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 20A17926

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

Website: www.fhcsd.org

#### 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: 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: 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:

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單



### D1. 具備聯邦資質的健康診所

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: 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: 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: A171135  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545  
License Number: A177462  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>FAMILY HLTH CTR SD HILLCREST</b></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: A180044</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>PROVIDER</p> <p>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>FAMILY HLTH CTR SD HILLCREST</b></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: A80153</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>HLTH CTR SD HILLCREST</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>FAMILY HLTH CTR SD HILLCREST</b></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: C52451</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>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>FAMILY HLTH CTR SD HILLCREST</b></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: A70175</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>PROVIDER</p> <p>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>FAMILY HLTH CTR SD HILLCREST</b></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: A80461</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>HLTH CTR SD HILLCREST</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> <p><b>FAMILY HLTH CTR SD HILLCREST</b></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: DC31024</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>N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p>PROVIDER</p> <p>Medical Group/IPA: FAMILY</p>	<p>HLTH CTR SD HILLCREST</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


#### FAMILY HLTH CTR SD

##### HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: DC33150

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST


 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### FAMILY HLTH CTR SD

##### HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545

License Number: 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](http://www.fhcsd.org)


#### FAMILY HLTH CTR SD

#### HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: 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](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD

##### HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: 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](http://www.fhcsd.org)


#### FAMILY HLTH CTR SD

##### HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: NP18098

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST


 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### FAMILY HLTH CTR SD

##### HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: NP7374

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD

##### HILLCREST






Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143









## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

 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

#### FAMILY HLTH CTR SD HILLCREST




Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:

619-515-2545  
License Number: NP95005293  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

#### 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  
 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 HLTH CTR SD HILLCREST

Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: PT25155  
Accepting New Patients: YES  
 Site English Spoken: Yes




## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Cultural Competency: No N

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):

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST


 Website: www.fhcsd.org

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: PT292613

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST


 Website: www.fhcsd.org

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: PT293536

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

 Website: www.fhcsd.org

#### **FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: PT295173

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

 Website: www.fhcsd.org

#### **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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


HLTH CTR SD HILLCREST


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: PT40975


Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

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](http://www.fhcsd.org)


#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

Fax: 619-501-9645

 After Hours Phone:  
619-515-2545

License Number: 550003099

Accepting New Patients: YES

Site English Spoken: Yes


Cultural Competency: No

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

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](http://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](http://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](http://www.fhcsd.org)

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### SAN YSIDRO HEALTH

##### COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH COMMUNITY  
HEIGHTS FAMILY MED

Website: N/A

#### SAN YSIDRO HEALTH

##### COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A7502

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH COMMUNITY  
HEIGHTS FAMILY MED

Website: N/A

##### SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 550003882

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH COMMUNITY  
HEIGHTS FAMILY MED

Website: N/A

#### SAN YSIDRO HEALTH

##### COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: NP95005999

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH COMMUNITY

#### HEIGHTS FAMILY MED

Website: N/A

##### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

After Hours Phone:  
619-515-2430

License Number: 20A7147

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
DOWNTOWN FAMILY CTR AT  
CONNECTIONS

Website: [www.fhcsd.org](http://www.fhcsd.org)

##### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

After Hours Phone:  
619-515-2430

License Number: PA58826

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
DOWNTOWN FAMILY CTR AT

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


#### CONNECTIONS

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

 Phone: 619-515-2430

Fax: 619-578-2410

 After Hours Phone:  
619-515-2430

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

DOWNTOWN FAMILY CTR AT  
CONNECTIONS

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

 Phone: 619-515-2430

Fax: 619-578-2410

 After Hours Phone:  
619-515-2430

License Number: 550002251


Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


DOWNTOWN FAMILY CTR AT  
CONNECTIONS


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### 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):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGOCITY  
COLLEGE


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: A163977

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY

HLTH CTR SAN DIEGOCITY  
COLLEGE


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: A76785

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGOCITY  
COLLEGE


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: DPM4819

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


HLTH CTR SAN DIEGOCITY  
COLLEGE


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: NP95010814

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGOCITY  
COLLEGE


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: PA22762

Accepting New Patients: YES


Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY


HLTH CTR SAN DIEGOCITY  
COLLEGE

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

Fax: 619-501-5814

 After Hours Phone:  
619-515-2525

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGOCITY  
COLLEGE

 Website: [www.fhcsd.org](http://www.fhcsd.org)


#### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

Fax: 619-501-5814

 After Hours Phone:  
619-515-2525

License Number: 550002865

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGOCITY  
COLLEGE


 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER**

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: 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: A109828

Accepting New Patients: YES

Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER





## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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Medical Group/IPA: ST  
VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER  
 Website: N/A

Medical Group/IPA: ST  
VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER  
 Website: N/A

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: 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


#### 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: A136275  
Accepting New Patients: YES

Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500

License Number: A54702  
Accepting New Patients: YES

Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500

License Number: A67762  
Accepting New Patients: YES

Site English Spoken: yes  
Cultural Competency: No


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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Medical Group/IPA: ST  
VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER  
 Website: N/A

Medical Group/IPA: ST  
VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER  
 Website: N/A

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: G29879  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: ST  
VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER  
 Website: N/A


#### 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: C53121  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500

License Number: G71080  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500

License Number: NP10769  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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

#### 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: 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


#### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
619-515-2422

License Number: NP95011254

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR OF SD SAN DIEGO  
COMMERCIAL

 Website: www.fhcsd.org


#### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
619-515-2422

License Number: PA20888


Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR OF SD SAN DIEGO  
COMMERCIAL


 Website: www.fhcsd.org


#### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
619-515-2422

License Number: PA53788

Accepting New Patients: YES

Site English Spoken: Yes

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL*  
 *Website: www.fhcsd.org*


#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

*Provider ID: 419529*

 2325 COMMERCIAL ST STE 1400  
SAN DIEGO, CA 92113-1195

 *Phone: 619-515-2422*


*Fax: 619-269-0053*

 *After Hours Phone: 619-515-2422*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL*

 *Website: www.fhcsd.org*


#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**


*Provider ID: 419529*

 2325 COMMERCIAL ST STE 1400  
SAN DIEGO, CA 92113-1195

 *Phone: 619-515-2422*

*Fax: 619-269-0053*

 *After Hours Phone: 619-515-2422*

*License Number: 550003113*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL*

 *Website: www.fhcsd.org*

#### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

*Provider ID: 356145*

 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941

 *Phone: 619-515-2435*

 *After Hours Phone: 619-515-2435*

*License Number: A80504*  
*Accepting New Patients: YES*

 *Site English Spoken: yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC*

 *Website: N/A*


#### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

*Provider ID: 356145*

 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941

 *Phone: 619-515-2435*

 *After Hours Phone: 619-515-2435*

*License Number: A97036*  
*Accepting New Patients: YES*  
 *Site English Spoken: yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC*

 *Website: N/A*

#### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

*Provider ID: 356145*

 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941

 *Phone: 619-515-2435*

 *After Hours Phone: 619-515-2435*

*License Number: NP95011254*  
*Accepting New Patients: YES*

 *Site English Spoken: yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC*


 *Website: N/A*

#### **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*

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所




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

#### SHERMAN HEIGHTS FAMILY HLTH CTRS INC





Provider ID: 356145  
 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941  
 Phone: 619-515-2435  
 After Hours Phone:  
619-515-2435  
License Number: PA53788  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SHERMAN  
HEIGHTS FAMILY HLTH CTRS  
INC  
 Website: N/A

#### 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

#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403  
 316 25TH ST  
SAN DIEGO, CA 92102-3016  
 Phone: 619-238-5551  
 After Hours Phone:  
619-238-5551  
License Number: A97270  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH 25TH ST  
FAMILY MEDICINE  
 Website: N/A

#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403  
 316 25TH ST  
SAN DIEGO, CA 92102-3016  
 Phone: 619-662-4100  
 After Hours Phone:

619-662-4100  
License Number: A156607  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH 25TH ST  
FAMILY MEDICINE  
 Website: N/A

#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403  
 316 25TH ST  
SAN DIEGO, CA 92102-3016  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: NP20849  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH 25TH ST  
FAMILY MEDICINE  
 Website: N/A

#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403  
 316 25TH ST  
SAN DIEGO, CA 92102-3016  
 Phone: 619-662-4100  
Fax: 619-238-3807



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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 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

619-515-2300  
License Number: 20A12653

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER

 Website: www.fhcsd.org

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: 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: 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: 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:

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113


 Phone: 619-515-2300

 After Hours Phone:

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113




 Phone: 619-515-2300

 After Hours Phone:







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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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](http://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](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:




619-515-2300  
License Number: A103099  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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](http://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](http://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](http://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:







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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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](http://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](http://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](http://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  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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](http://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](http://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:







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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619-515-2300  
License Number: A142703  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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](http://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](http://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](http://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):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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](http://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:







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所



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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](http://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](http://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](http://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](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:

619-515-2300  
License Number: A163978  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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:









## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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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](http://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](http://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](http://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](http://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](http://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](http://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:







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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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](http://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](http://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](http://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](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER



Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:

619-515-2300  
License Number: A71671  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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](http://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:







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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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](http://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](http://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](http://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](http://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](http://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](http://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:







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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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](http://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](http://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](http://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](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:

619-515-2300  
License Number: G81658  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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](http://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:







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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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](http://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):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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](http://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](http://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](http://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](http://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:









## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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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](http://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](http://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](http://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  
Medical Group/IPA: LOGAN  
HEIGHTS FAMILY HEALTH  
CENTER  
 Website: [www.fhcsd.org](http://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](http://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](http://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:

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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619-515-2300  
License Number: NP95022452  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:




619-515-2300  
License Number: PA15227  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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](http://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](http://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](http://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:







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所




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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](http://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](http://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](http://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](http://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](http://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](http://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:

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單




### D1. 具備聯邦資質的健康診所




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](http://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):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 Website: [www.fhcsd.org](http://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](http://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](http://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](http://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](http://www.fhcsd.org)

#### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A112379

Accepting New Patients: YES

Site English Spoken: yes

Cultural Competency: No


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH CHC - OCEAN  
VIEW

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

 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](http://www.ihpsocal.org)

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A157505

Accepting New Patients: YES

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN


YSIDRO HEALTH CHC - OCEAN  
VIEW


 Website: [www.ihpsocal.org](http://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](http://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: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A162332

Accepting New Patients: YES

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH CHC - OCEAN  
VIEW

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**





Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所





 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A78373  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW  
 Website: [www.ihpsocal.org](http://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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**


Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432





 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: C55180  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH CHC - OCEAN  
VIEW  
 Website: [www.ihpsocal.org](http://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](http://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: 619-595-0258  
 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](http://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](http://www.ihpsocal.org)




#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone:  
619-515-2454

License Number: 20A12796  
Accepting New Patients: YES




Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CTR SAN DIEGO-OAK  
PARK

 Website: [www.fhcsd.org](http://www.fhcsd.org)

 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](http://www.fhcsd.org)

 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](http://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](http://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](http://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](http://www.fhcsd.org)

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

Provider ID: 418142

#### **KING CHAVEZ HEALTH CENTER**

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-428-4463

After Hours Phone:  
619-428-4463

License Number: G71855

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER

Website: www.ihpsocal.org

#### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A7435

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER

Website: www.ihpsocal.org

#### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A8204

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER

Website: www.ihpsocal.org

#### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A101017

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER

Website: www.ihpsocal.org

#### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A125329

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER

Website: www.ihpsocal.org

#### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A134995

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: KING  
CHAVEZ HEALTH CENTER

Website: www.ihpsocal.org

#### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A45942

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: KING CHAVEZ HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A79383

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: KING CHAVEZ HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A96919

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: KING CHAVEZ HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP15657



Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No







American Sign Language (ASL): N

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單






### D1. 具備聯邦資質的健康診所

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: KING CHAVEZ HEALTH CENTER*  
 *Website: www.ihpsocal.org*

#### **KING CHAVEZ HEALTH CENTER**







*Provider ID: 451167*  
 *950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201*  
 *Phone: 619-662-4100*  
 *After Hours Phone:  
619-662-4100*  
*License Number: NP8563*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: KING CHAVEZ HEALTH CENTER*  
 *Website: www.ihpsocal.org*

#### **KING CHAVEZ HEALTH CENTER**






*Provider ID: 451167*  
 *950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201*  
 *Phone: 619-662-4100*  
*Fax: 619-662-4158*  
 *After Hours Phone:  
619-662-4100*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: KING CHAVEZ HEALTH CENTER*  
 *Website: www.ihpsocal.org*

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**



*Provider ID: 206363*  
 *4725 MARKET ST  
SAN DIEGO, CA 92102-4715*  
 *Phone: 619-263-2499*  
 *After Hours Phone:  
619-263-2499*  
*License Number: 20A7241*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**



*Provider ID: 206363*  
 *4725 MARKET ST  
SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2420*  
 *After Hours Phone:  
619-515-2420*  
*License Number: 20A11535*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND*

*NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

#### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*  
 *4725 MARKET ST  
SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2420*  
 *After Hours Phone:  
619-515-2420*  
*License Number: A113001*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

#### **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*



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://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](http://www.fhcsd.org)

NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: 20A14772

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](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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: 20A15471

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](http://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

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: 20A14919

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: A108228

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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](http://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

**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

**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


Medical Group/IPA: DIAMOND

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A126187


Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A142743

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560

License Number: A137260

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: DIAMOND

**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

**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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: A161373

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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](http://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

**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: A72005

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DIAMOND

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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: C174538

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](http://www.fhcsd.org)

NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://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](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: G78814

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](http://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

**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

**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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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: NP95001492

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](http://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

**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

**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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560

License Number: NP95007000

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](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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](http://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

**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

**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. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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  
NEIGHBORHOODS FAMILY  
HLTH CTRS INC


 Website: [www.fhcsd.org](http://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](http://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](http://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](http://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: A112781

Accepting New Patients: 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](http://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):



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所









<p>N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER  Website: <a href="http://www.ibclinic.org">www.ibclinic.org</a></p>	<p>Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER  Website: <a href="http://www.ibclinic.org">www.ibclinic.org</a></p>	<p>License Number: 550003857 NPI: 1699216622 Accepting New Patients: Y Min/Max Age: 0\150 <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> 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: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p>
<p><b>NESTOR COMMUNITY HEALTH CENTER</b> Provider ID: 214492  1016 OUTER RD SAN DIEGO, CA 92154-1351  Phone: 619-429-3733  After Hours Phone: 619-429-3733 License Number: NP22031 Accepting New Patients: YES <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER  Website: <a href="http://www.ibclinic.org">www.ibclinic.org</a></p>	<p><b>NESTOR COMMUNITY HEALTH CENTER</b> 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 <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: NESTOR COMMUNITY HEALTH CENTER  Website: <a href="http://www.ibclinic.org">www.ibclinic.org</a></p>	<p><b>OPERATION SAMAHAN RANCHO PENASQUITOS</b> 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 <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: N  Hours: M-TU 8:30AM-5:30PM W 10:00AM-7:00PM</p>
<p><b>NESTOR COMMUNITY HEALTH CENTER</b> 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 <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish</p>	<p><b>OPERATION SAMAHAN RANCHO PENASQUITOS</b> 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</p>	

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單









### D1. 具備聯邦資質的健康診所



TH-F 8:30AM-5:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: Operation Samahan  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
Fax: (858) 695-9074  
 After Hours Phone: (844) 200-2426  
License Number: 550002478  
NPI: 1699216622  
Accepting New Patients: Y  
Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: N  
 Hours: M-TU 8:30AM-5:30PM W 10:00AM-7:00PM TH-F 8:30AM-5:30PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: Operation Samahan  
 Website: [www.operationsamahan.org](http://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](http://www.operationsamahan.org)

**MID-CITY COMMUNITY CLINIC**  
Provider ID: 233597  
 4290 POLK AVE SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
Fax: (858) 633-4681  
 After Hours Phone: (619) 563-0250  
NPI: 1962483040  
Accepting New Patients: Y  
Min/Max Age: 0\150  
 Site English Spoken: Y

Cultural Competency: N  
 Hours: M-F 8:00AM-5:00PM SA 8:00AM-2:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### MID-CITY COMMUNITY CLINIC

Provider ID: 233532  
 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
Fax: (858) 633-4682  
 After Hours Phone: (619) 280-2058  
NPI: 1962483040  
Accepting New Patients: Y  
Min/Max Age: 0\22  
 Site English Spoken: Y  
Cultural Competency: Y  
 Hours: M-F 8:00AM-5:00PM SA 8:00AM-2:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 280-4213

Fax: (619) 795-9849

After Hours Phone: (619)  
280-4213

NPI: 1336353721

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: La  
Maestra Family Clinic

Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

#### 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](http://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](http://www.sdfamilycare.org)

#### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

NPI: 1780665877

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: Y

Hours: M-F  
8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (858) 578-4417

After Hours Phone: (844)  
200-2426

License Number: 080000146

NPI: 1871680397

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: Y

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

🕒 *Hours: M-F*  
*8:00AM-4:30PM*

*American Sign Language (ASL):* License Number: 550003556  
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 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):* License Number: 550003113  
N

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: Family Health Centers of San Diego*

🌐 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*

#### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

*Provider ID: 356145*

📍 2391 ISLAND AVE  
SAN DIEGO, CA 92102

☎ *Phone: (619) 515-2435*  
*Fax: (619) 515-2435*

🕒 *After Hours Phone: (619) 515-2435*

*NPI: 1174549232*

*Accepting New Patients: Y*  
*Min/Max Age: 0\150*

📄 *Site English Spoken: Y*  
*Cultural Competency: N*

*American Sign Language (ASL):* N

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: Family Health Centers of San Diego*

🌐 *Website: N/A*  
*Email: dalvarado@fhcsd.org*

#### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

*Provider ID: 419529*

📍 2325 COMMERCIAL ST STE 1400  
SAN DIEGO, CA 92113

☎ *Phone: (619) 515-2422*  
*Fax: (619) 269-0053*

🕒 *After Hours Phone: (619) 515-2422*

*License Number: 550003113*  
*NPI: 1235521782*

*Accepting New Patients: Y*  
*Min/Max Age: 0\150*

📄 *Site English Spoken: Y*  
*Cultural Competency: N*

🕒 *Hours: M-F*  
*8:00AM-5:00PM*

*American Sign Language (ASL):* N

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: Family Health Centers of San Diego*

🌐 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*

#### **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*

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

8:00AM-5:00PM  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
Website: N/A

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583  
1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
Phone: (619) 233-8500  
Fax: (619) 687-1067  
After Hours Phone: (619) 233-8500  
License Number: 090000297  
NPI: 1598122871

Accepting New Patients: N  
Min/Max Age: 0\999  
Site English Spoken: Y  
Cultural Competency: N  
Hours: M-F  
8:00AM-5:30PM

American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
Website: N/A

#### 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

#### 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

#### 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):

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

- N**  
 **Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** Family Health Centers of San Diego  
 **Website:** www.fhcsd.org  
**Email:** jinah@fhcsd.org
- FAMILY HEALTH CTR OF SD-ELM ST**  
**Provider ID:** 419167  
 140 ELM ST  
SAN DIEGO, CA 92101  
 **Phone:** (619) 515-2520  
**Fax:** (619) 231-0431  
 **After Hours Phone:** (619) 515-2520  
**License Number:** 550002061  
**NPI:** 1316419070  
**Accepting New Patients:** Y  
**Min/Max Age:** 0\150  
 **Site English Spoken:** Y  
**Cultural Competency:** N  
 **Hours:** M-F  
8:00AM-5:00PM  
**American Sign Language (ASL):** N  
 **Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** Family Health Centers of San Diego  
 **Website:** www.fhcsd.org  
**Email:** jinah@fhcsd.org
- 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
- 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
- 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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.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](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@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](http://www.ibclinic.org)  
Email: [avaldez@ibclinic.org](mailto:avaldez@ibclinic.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.syhe  
alth.org/locations](https://www.syhealth.org/locations)

#### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100  
Fax: (619) 205-1952

After Hours Phone: (619)  
662-4100

NPI: 1538262092

Accepting New Patients: Y  
Min/Max Age: 0\150

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Chinese, Spanish, Tagalog,  
Vietnamese

Cultural Competency: Y

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM

American Sign Language (ASL):  
N


Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

#### 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](http://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](http://www.fhcsd.org)

#### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300


Fax: (619) 234-2447

 After Hours Phone: (619)  
515-2300

NPI: 1447281936

Accepting New Patients: Y

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560


Fax: (619) 263-2499

 After Hours Phone: (619)  
515-2560

NPI: 1982747671


Accepting New Patients: Y

Min/Max Age: 0\150


 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

### SAN MARCOS


#### 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](http://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:

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

760-736-6767  
License Number: PA17718  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 614511  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA  
92078-2450  
 Phone: 760-736-6767  
Fax: 760-736-6744  
 After Hours Phone:  
760-736-6767  
License Number: 80000167  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 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  
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: 20A15159  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: A71311  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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: A63903

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: 20A17306

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org


 Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A116562


Accepting New Patients: YES


Site English Spoken: Yes


Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org

 Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A48980

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE


 Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: NP95003903

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: PA17101

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish






































Cultural Competency: No

American Sign Language (ASL):

 Accessibility: CONTACT

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

<p><i>PROVIDER</i> Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org  Website: www.ihpsocal.org</p>	<p>Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org</p>	<p>Website: www.ihpsocal.org</p>
<p><b>TRUECARE</b> Provider ID: 625875  1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973  Phone: 760-736-6767  After Hours Phone: 760-736-6767 License Number: PA22667 Accepting New Patients: YES <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org  Website: www.ihpsocal.org</p>	<p><b>TRUECARE</b> Provider ID: 625875  1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973  Phone: 760-736-6767  After Hours Phone: 760-736-6767 License Number: PA19825 Accepting New Patients: YES <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org  Website: www.ihpsocal.org</p>	<p><b>TRUECARE</b> Provider ID: 625875  1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973  Phone: 760-736-6767 Fax: 760-736-8740  After Hours Phone: 760-736-6767 Accepting New Patients: YES <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org  Website: www.ihpsocal.org</p>
<p><b>TRUECARE</b> Provider ID: 625875  1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973  Phone: 760-736-6767  After Hours Phone: 760-736-6767 License Number: PA21723 Accepting New Patients: YES <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER</p>	<p><b>TRUECARE</b> Provider ID: 625875  1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973  Phone: 760-736-6767  After Hours Phone: 760-736-6767 License Number: PA51867 Accepting New Patients: YES <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org  Website: www.ihpsocal.org</p>	<p><b>TRUECARE</b> 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 <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org  Website: www.ihpsocal.org</p>



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92078-2450

 Phone: 760-520-8200

Fax: 360-462-2749

 After Hours Phone:  
760-520-8200

License Number: 80000167

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92078-2450

 Phone: 760-520-8200

Fax: 360-462-2749

 After Hours Phone:  
760-520-8200


Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://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](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973


 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: 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](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973


 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: NP18874

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973


 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: NM235997

Accepting New Patients: YES


 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### TRUECARE





Provider ID: 625875

 1595 GRAND AVE STE 100








## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所





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  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE






Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: DC29074  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE


Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA





92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: C54157  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE




Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: G71182  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE



Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NP21368  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
License Number: NP20893  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單



### D1. 具備聯邦資質的健康診所






 After Hours Phone: 760-736-6767  
License Number: NP95001653  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE








Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
License Number: NP95002545  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
Cultural Competency: No  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

#### TRUECARE








Provider ID: 614511  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767  
License Number: 080000167  
NPI: 1811617939  
Accepting New Patients: Y  
Min/Max Age: 0\999  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-F  
8:00AM-5:00PM  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.ihpsocal.org

#### TRUECARE

Provider ID: 614511  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
Fax: (760) 736-6744  
 After Hours Phone: (760) 736-6767  
License Number: 080000167  
NPI: 1245246917  
Accepting New Patients: Y  
Min/Max Age: 0\999  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-F  
8:00AM-5:00PM  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.ihpsocal.org

#### TRUECARE



Provider ID: 614511  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
Fax: (760) 736-6744  
 After Hours Phone: (760) 736-6767  
License Number: 080000167  
NPI: 1598484255  
Accepting New Patients: Y  
Min/Max Age: 0\999  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-F  
8:00AM-5:00PM  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.ihpsocal.org

#### 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




## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所



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](http://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  
 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](http://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](http://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](http://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](http://www.ihpsocal.org)

**SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**  
Provider ID: 227469  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
License Number: A113624  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://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](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A153975

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A167529

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://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

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A164201

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

#### **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


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://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](http://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](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G66745

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://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

#### **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

#### **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




## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)  Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95001960

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95003721

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://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](http://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

#### **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

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: NP95019995

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: PA58672

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://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](http://www.ihpsocal.org)

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

Fax: 619-600-4870

 After Hours Phone:  
619-662-4100

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A14949



Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No





American Sign Language (ASL):

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


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: A111118


Accepting New Patients: YES  
 *Site English Spoken: Yes*  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 *Accessibility: CONTACT PROVIDER*  
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR  
 *Website: www.ihpsocal.org*






#### **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 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: A138938  
Accepting New Patients: YES  
 *Site English Spoken: Yes*  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 *Accessibility: CONTACT PROVIDER*  
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR  
 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD**

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A157505

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A169577

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A175006

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A178949

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A47906

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A74960

Accepting New Patients: YES

Site English Spoken: Yes


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR*


 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*


*License Number: A94813*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone:*

*619-662-4100*

*License Number: C149818*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*


 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: C158543*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR*


 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: C160626*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: G52183*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR*

 *Website: www.ihpsocal.org*





## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948


 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**





Provider ID: 227411








 4050 BEYER BLVD


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單



### D1. 具備聯邦資質的健康診所








SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-1948  
 After Hours Phone:  
619-662-4100  
License Number: G51462  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)




**SAN YSIDRO HEALTH  
MATERNAL AND CHILD  
HEALTH CTR**  
Provider ID: 227411  
 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-6305  
 After Hours Phone:  
619-662-4100  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH MATERNAL  
AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**  
Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-205-6341  
 After Hours Phone:  
619-205-6341  
License Number: A64487  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**  
Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-428-4463  
 After Hours Phone:  
619-428-4463  
License Number: 20A8245  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**  
Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-428-4463  
 After Hours Phone:  
619-428-4463  
License Number: A112627  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**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

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

License Number: 20A10964

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A11153

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH SAN**

#### **YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A12653

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A17643

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A7502

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A8081

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: 20A9907

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A101017

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A101827

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN


YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A104660

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A106103

Accepting New Patients: YES

- Site English Spoken: Yes



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A113482

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD

SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A114008

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A127188

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog,




## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A130348

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A131021

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A131952

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A132982


Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A138568

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese




Cultural Competency: No

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所



American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A145008  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):




N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:




619-662-4100  
License Number: 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](http://www.ihpsocal.org)



#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A159673  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

<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>License Number: A170738</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):</i></p> <p>N</p>	<p><b>YSIDRO HEALTH CENTER</b></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: A175006</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):</i></p> <p>N</p>
<p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</b></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: A169694</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):</i></p> <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><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</b></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: A173435</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):</i></p> <p>N</p>
<p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</b></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>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><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</b></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: A177337</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):</i></p> <p>N</p>


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

 *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*

#### **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: 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: A49267*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish, Tagalog, Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER*

 *Website: www.ihpsocal.org*

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*



 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: A49307*


*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish, Tagalog, Portuguese*

*Cultural Competency: No*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD

SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


#### HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A7936

Accepting New Patients: YES


Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A80832

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,

Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A84160

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C51110

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:

619-662-4100

License Number: G51462

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G59670

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G80107

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: www.ihpsocal.org

#### **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: NP95003355

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER


 Website: www.ihpsocal.org

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: PA17162

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: www.ihpsocal.org


#### **SAN YSIDRO HEALTH SAN**


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

#### **YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: PA20490

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007


 Phone: 619-662-4100

Fax: 619-205-6305

 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](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-6341

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


Fax: 619-205-6341

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)


#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


Fax: 619-205-6341

 After Hours Phone:  
619-662-4100

License Number: A164201

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:  
619-662-4100

License Number: A55469

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

Website: www.ihpsocal.org

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:  
619-662-4100

License Number: A78373

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER

Website: www.ihpsocal.org

#### SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 600-4870

After Hours Phone: (619)  
662-4100

NPI: 1801438239

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken: ,  
Spanish

Cultural Competency: Y

Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: https://www.syhe  
alth.org/locations

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

NPI: 1952364747

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: Y

Hours: M-F  
8:00AM-5:30PM

SA 8:30AM-2:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1967

After Hours Phone: (619)  
662-4100

NPI: 1558852947

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: Y



Hours: M-F  
8:00AM-5:00PM

American Sign Language (ASL):



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)


#### SPRING VALLE

##### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: 20A11535

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

##### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: 20A14919  
Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

##### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: 20A15459

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

##### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A108228  
Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

##### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555


 After Hours Phone:  
619-515-2555

License Number: A113001

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

##### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361






 8788 JAMACHA RD  
SPRING VALLE, CA

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所






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](http://www.fhcsd.org)

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**







Provider ID: 206361  
 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
619-515-2555  
License Number: 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](http://www.fhcsd.org)

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361






 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
619-515-2555  
License Number: A148014  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA:  
GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**







Provider ID: 206361  
 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
619-515-2555  
License Number: 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](http://www.fhcsd.org)

#### **GROSSMONT SPRING VALLEY**

#### **FAMILY HLTH CTRS INC**

Provider ID: 206361  
 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
619-515-2555  
License Number: 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](http://www.fhcsd.org)

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361  
 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
619-515-2555  
License Number: 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](http://www.fhcsd.org)

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

<b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> 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	<b>FAMILY HLTH CTRS INC</b> Website: www.fhcsd.org <b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> 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	Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC Website: www.fhcsd.org <b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> 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
<b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> 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	<b>FAMILY HLTH CTRS INC</b> Website: www.fhcsd.org <b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> 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	<b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b> 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


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單


### D1. 具備聯邦資質的健康診所


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA:*  
GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC  
 *Website: www.fhcsd.org*

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 *Phone: 619-515-2555*

 *After Hours Phone:*  
*619-515-2555*

*License Number: G78814*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*  
N


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*  
GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC


 *Website: www.fhcsd.org*

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 *Phone: 619-515-2555*

 *After Hours Phone:*  
*619-515-2555*

*License Number: NP10943*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*  
N


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*  
GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC


 *Website: www.fhcsd.org*

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 *Phone: 619-515-2555*

 *After Hours Phone:*  
*619-515-2555*

*License Number: NP95013978*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*  
N


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*  
GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC


 *Website: www.fhcsd.org*

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 *Phone: 619-515-2555*

 *After Hours Phone:*  
*619-515-2555*

*License Number: PA54588*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*  
N


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*  
GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC

 *Website: www.fhcsd.org*


#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 *Phone: 619-515-2555*

*Fax: 619-462-5584*

 *After Hours Phone:*  
*619-515-2555*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA:*  
GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC


 *Website: www.fhcsd.org*

### **SPRING VALLEY**

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

*Provider ID: 206361*

 8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

 *Phone: 619-515-2555*



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

☎ *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

#### **NEIGHBORHOOD**

#### **HEALTHCARE**

*Provider ID:* 519918

📍 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

☎ *Phone:* (760) 742-9919

*Fax:* (360) 462-2750

☎ *After Hours Phone:* (760)  
742-9919

*License Number:* 080000397

*NPI:* 1437335148

*Accepting New Patients:* Y

*Min/Max Age:* 0\999

☐ *Site English Spoken:* Y

*Cultural Competency:* N

🕒 *Hours:* M-F  
8:00AM-5:00PM

*American Sign Language (ASL):*

N

♿ *Accessibility:* CONTACT  
PROVIDER

*Medical Group/IPA:* IHP of  
Southern Cal-PHP

🌐 *Website:* N/A

#### **NEIGHBORHOOD**

#### **HEALTHCARE**

*Provider ID:* 519918

📍 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

☎ *Phone:* (760) 742-9919

*Fax:* (360) 462-2750

☎ *After Hours Phone:* (760)  
742-9919

*License Number:* 080000483

*NPI:* 1437335148

*Accepting New Patients:* Y

*Min/Max Age:* 0\999

☐ *Site English Spoken:* Y

*Cultural Competency:* N

🕒 *Hours:* M-F  
8:00AM-5:00PM

**VALLEY CENTER**



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

*American Sign Language (ASL):* License Number: 080000397  
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*

*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: 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*

*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*

*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: VCC DURIAN*

 *Website: N/A*

#### VISTA COMMUNITY CLINIC GRAPEVINE

*Provider ID: 400339*

 134 GRAPEVINE RD  
VISTA, CA 92083-4004




 *Phone: 760-631-5000*

 *After Hours Phone:*







## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所



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760-631-5000  
License Number: DC32054  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE  
 Website: N/A

#### VISTA COMMUNITY CLINIC GRAPEVINE






Provider ID: 400339  
 134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000  
License Number: NP7791  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE  
 Website: N/A

#### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339  
 134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:




760-631-5000  
License Number: RN410247  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE  
 Website: N/A

#### VISTA COMMUNITY CLINIC GRAPEVINE




Provider ID: 400339  
 134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
Fax: 760-414-3892  
 After Hours Phone:  
760-631-5000  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE  
 Website: N/A

#### VISTA COMMUNITY CLINIC GRAPEVINE



Provider ID: 400339  
 134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:

760-631-5000  
License Number: PA20775  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE  
 Website: N/A

#### VISTA COMMUNITY CLINIC GRAPEVINE


Provider ID: 400339  
 135 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000  
License Number: A60517  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: VISTA COMMUNITY CLINIC GRAPEVINE  
 Website: N/A

#### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339  
 136 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
Fax: 760-414-3892

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


 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: 760-414-3892

 After Hours Phone:  
760-414-3892

License Number: DC31392

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-414-3892

Fax: 760-414-3892

 After Hours Phone:  
760-414-3892

License Number: 20A9149

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000


 After Hours Phone:  
760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-414-3892


 After Hours Phone:  
760-414-3892

License Number: NP95003087

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC


## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

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

 Phone: 844-308-5003

 After Hours Phone:  
844-308-5003

License Number: PA20775


Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: www.vistacommunityclinic.org

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: 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

#### 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


nityclinic.org

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: G86902

Accepting New Patients: 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



## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所


#### COMMUNITY CLINIC

 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>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: 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.vistacommu  
nityclinic.org](http://www.vistacommu<br/>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: 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.vistacommu  
nityclinic.org](http://www.vistacommu<br/>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: NP95009284

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC


 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>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: 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.vistacommu  
nityclinic.org](http://www.vistacommu<br/>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: 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.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.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






## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000




License Number: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: A80635

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: VISTA COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:

760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: C171929

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: VISTA COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: C52564

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


#### VISTA COMMUNITY CLINIC


Provider ID: 206338

## D. Blue Shield Promise Medi-Cal 網絡內提供者清單

### D1. 具備聯邦資質的健康診所

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: DC32054


Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: DPM3999


Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: VISTA  
COMMUNITY CLINIC

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VCC DURIAN

Provider ID: 411518

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (844) 308-5003

Fax: (760) 414-3892

 After Hours Phone: (844)  
308-5003


License Number: 1851300123

NPI: 1851300123

Accepting New Patients: Y

Min/Max Age: 0\999

Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:30AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000


License Number: 080000328

NPI: 1851300123

Accepting New Patients: Y

Min/Max Age: 0\999

Site English Spoken: Y  
Cultural Competency: Y

 Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP of  
Southern Cal-PHP


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

#### VCC DURIAN

Provider ID: 411518

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (844) 308-5003

Fax: (760) 414-3892

 After Hours Phone: (844)  
308-5003


License Number: 080000328

NPI: 1851300123

Accepting New Patients: Y

Min/Max Age: 0\999

Site English Spoken: Y  
Cultural Competency: Y

 Hours: M-F  
8:30AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

## D2. 初級保健名錄

### 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](http://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](http://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](http://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](http://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](http://www.mtnhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE**



## D2. 初級保健名錄

### **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. 初級保健名錄

### **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](http://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](http://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](http://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](http://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. 初級保健名錄

☎ 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

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🌐 Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **WYLIE, BLAKE**

Provider ID: 517802

Provider Gender: Male

License Number: 20A11088

## D2. 初級保健名錄

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. 初級保健名錄

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

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

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. 初級保健名錄


 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.mtnhealth.org](http://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. 初級保健名錄

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. 初級保健名錄

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. 初級保健名錄


*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Board Certified Specialty: No*

 3257 CAMINO DE LOS  
COCHES STE 202  
CARLSBAD, CA 92009

 *Phone: (760) 633-3640*

*Fax: (760) 633-3644*


 *After Hours Phone: (760)  
633-3640*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

*Provider ID: 480120*

*Provider Gender: Male*

*License Number: PA22667*

*NPI: 1174964001*

 *Provider English Spoken: Y*

*Cultural Competency: N*


*Hospital Affiliation:*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*


 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 *Phone: (760) 736-6767*

*Fax: (760) 720-7204*

 *After Hours Phone: (760)  
736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM*

### **PHYSICIANS ASSISTANT**


#### **CHISWICK, GARY**

*Provider ID: 480120*

*Provider Gender: Male*

*License Number: PA22667*

*NPI: 1174964001*

 *Provider English Spoken: Y*

*Cultural Competency: N*


*Hospital Affiliation:*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 *Phone: (760) 736-6767*

*Fax: (760) 720-7204*

 *After Hours Phone: (760)  
736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM*

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

*Provider ID: 480120*

*Provider Gender: Female*

*License Number: PA53036*


*NPI: 1922471192*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 *Phone: (760) 736-6767*

 *After Hours Phone: (760)  
736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM*

### **PHYSICIANS ASSISTANT**


#### **RUSSO, KRISTA**

*Provider ID: 480120*

*Provider Gender: Female*

*License Number: PA53036*

*NPI: 1922471192*


 *Provider English Spoken: Y*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 *Phone: (760) 736-6767*

 *After Hours Phone: (760)  
736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

## D2. 初級保健名錄

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### CHULA VISTA

#### ALLERGY IMMUNOLOGY

##### REDDY, SUMANA

Provider ID: 427322

Provider Gender: Female

License Number: C52581

NPI: 1053300251

Provider English Spoken: Y

Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](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

#### ALLERGY IMMUNOLOGY

##### REDDY, SUMANA

Provider ID: 427322

Provider Gender: Female

License Number: C52581

NPI: 1053300251

Provider English Spoken: Y

Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](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

##### 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](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### 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](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### 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. 初級保健名錄

*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:


MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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  
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Email:


MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **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](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

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **IBARRA, MARTHA**

Provider ID: 427322

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N




Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

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al- plaza

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **LEONARD, BEVERLY**

Provider ID: 206355

Provider Gender: Female

License Number: NP10943

NPI: 1285772392

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No


 251 LANDIS AVE  
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Email:

MARTHAO@FHCS.D.ORG





## D2. 初級保健名錄

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  
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Email:  
MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**



#### **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

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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**



#### **QUILALANG, SUSAN**

Provider ID: 427322  
Provider Gender: Female  
License Number: NP5579  
NPI: 1841200482  
 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
 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

## D2. 初級保健名錄

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**

#### **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  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **QUILALANG, SUSAN**

Provider ID: 427322  
Provider Gender: Female  
License Number: RN371480  
NPI: 1841200482  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **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](http://www.syhealth.org)

[/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **ROSS, CRYSTAL**

Provider ID: 427322  
Provider Gender: Female  
License Number: NP95015413  
NPI: 1548683378  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, GROSSMONT HOSPITAL  
Board Certified Specialty: No  
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Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **SICKLES, MAGGIE**

## D2. 初級保健名錄

Provider ID: 427322

Provider Gender: Female


License Number: NP22000


NPI: 1821346826


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **SICKLES, MAGGIE**

Provider ID: 427322

Provider Gender: Female


License Number: NP22000


NPI: 1821346826


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE  
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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **VEGA, TERESA**


Provider ID: 206355

Provider Gender: Female

License Number: NP95001705

NPI: 1912304569

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@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

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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

### **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)  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

## D2. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

#### **WILLIAMS, TAKISHA**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: NP95013978*

*NPI: 1881727386*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

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*Email:*

*MARTHAO@FHCS.D.ORG*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED REGISTERED NURSE MIDWIFE**

#### **BOSTON, LAURA**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: NM792*

*NPI: 1174553259*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 *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 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*

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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 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. 初級保健名錄


Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **HASHEM, SHIVA**

Provider ID: 206355

Provider Gender: Female

License Number: DC26269

NPI: 1952950776


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

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515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

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

 251 LANDIS AVE

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Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CHIROPRACTOR**


#### **KAZEM, HARON**


Provider ID: 427322

Provider Gender: Male

License Number: DC33295


NPI: 1306221262

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910



Phone: (619) 662-4100



After Hours Phone: (619)  
662-4100




Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **KAZEM, HARON**

Provider ID: 427322

Provider Gender: Male

License Number: DC33295


NPI: 1306221262

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CHIROPRACTOR**



## D2. 初級保健名錄

### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

### **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

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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

### **REYNOSO, ALFONSO**

Provider ID: 427322


Provider Gender: Male

License Number: DC20760


NPI: 1285921627

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No


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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

### **CARRILLO, MARITZA**

Provider ID: 427322

Provider Gender: Female


License Number: A163183

NPI: 1649628587


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

### **CARRILLO, MARITZA**

## D2. 初級保健名錄

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

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Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **CRUZ, MICHAEL**

Provider ID: 427322

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **CRUZ, MICHAEL**

Provider ID: 427322

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **VINCENT, LAUREN**

Provider ID: 427322

Provider Gender: Female

License Number: A134303

NPI: 1053757997

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **VINCENT, LAUREN**

Provider ID: 427322

Provider Gender: Female

License Number: A134303

NPI: 1053757997

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No


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Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

## D2. 初級保健名錄

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  
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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**

#### **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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 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  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

## D2. 初級保健名錄

Hours: M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

### **FAMILY PRACTICE**

#### **ARCE GOMEZ, LAURA**

Provider ID: 427322

Provider Gender: Female

License Number: A123604

NPI: 1053532986

Provider English Spoken: Y

Provider Language(s)


Spoken: Spanish, Tagalog

Cultural Competency: N


Hospital Affiliation: CHULA

VISTA COMM HOSP


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **ARCE GOMEZ, LAURA**

Provider ID: 427322

Provider Gender: Female

License Number: A123604

NPI: 1053532986

Provider English Spoken: Y

Provider Language(s)


Spoken: Spanish, Tagalog

Cultural Competency: N


Hospital Affiliation: CHULA


VISTA COMM HOSP


Board Certified Specialty: No

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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**

#### **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

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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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


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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**

#### **DY, DIANE**

Provider ID: 206355

Provider Gender: Female

License Number: A153344

NPI: 1467807560

Provider English Spoken: Y



## D2. 初級保健名錄

*Cultural Competency: N*  
*Board Certified Specialty: No*


 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:  
MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **DY, DIANE**

Provider ID: 206355

Provider Gender: Female


License Number: A153344

NPI: 1467807560

 Provider English Spoken: Y  
*Cultural Competency: N*

*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **GARCIA, KARLA**


Provider ID: 427322

Provider Gender: Female

License Number: A120672

NPI: 1154647410

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*



*MERCY HOSPITAL, SCRIPPS*


*MERCY HOSPITAL CHULA*


*VISTA, SCRIPPS MEMORIAL*

*HOSPITAL*

*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](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

### **FAMILY PRACTICE**


#### **GARCIA, KARLA**

Provider ID: 427322

Provider Gender: Female

License Number: A120672

NPI: 1154647410

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA, SCRIPPS MEMORIAL*  
*HOSPITAL*

*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](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

### **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](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y



## D2. 初級保健名錄

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

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 Website: www.fhcsd.org  
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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

### **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

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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  
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## D2. 初級保健名錄

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **LAW, KAREN**

Provider ID: 427322

Provider Gender: Female

License Number: A138534

NPI: 1205253150

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **LAW, KAREN**

Provider ID: 427322

Provider Gender: Female

License Number: A138534

NPI: 1205253150

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MCKENNETT, MARIANNE**

Provider ID: 427322

Provider Gender: Female

License Number: G57243

NPI: 1376639666

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MCKENNETT, MARIANNE**

Provider ID: 427322

Provider Gender: Female

License Number: G57243

NPI: 1376639666

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

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CHULA VISTA, CA 91910

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

## D2. 初級保健名錄

### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **MENON, POOJA**

Provider ID: 427322

Provider Gender: Female


License Number: A123263

NPI: 1053600064


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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

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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **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. 初級保健名錄



 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MOYA, MARY**

Provider ID: 427322  
Provider Gender: Female  
License Number: A80185  
NPI: 1093844417  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, CARIE**



Provider ID: 427322  
Provider Gender: Female  
License Number: A106103  
NPI: 1174781132  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, LINH**



Provider ID: 417641  
Provider Gender: Female  
License Number: A144995  
NPI: 1619357993  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 352 L ST  
CHULA VISTA, CA 91911  
 Phone: (619) 515-2325  
 After Hours Phone: (619)  
515-2325  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, LINH**

Provider ID: 417641  
Provider Gender: Female  
License Number: A144995  
NPI: 1619357993  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 352 L ST  
CHULA VISTA, CA 91911  
 Phone: (619) 515-2325  
 After Hours Phone: (619)  
515-2325  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



## D2. 初級保健名錄

### **FAMILY PRACTICE**

#### **NGUYEN, CARIE**

Provider ID: 427322

Provider Gender: Female

License Number: A106103

NPI: 1174781132

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **PEDROTTY, JOHN**

Provider ID: 427322

Provider Gender: Male

License Number: G80234

NPI: 1992861629

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **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. 初級保健名錄


Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PEREZ, PERLITA**

Provider ID: 206355

Provider Gender: Female

License Number: A119689

NPI: 1174810972

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PEREZ, PERLITA**

Provider ID: 206355

Provider Gender: Female

License Number: A119689

NPI: 1174810972

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PIEROS, JANELLE**

Provider ID: 427322

Provider Gender: Female

License Number: 20A13225

NPI: 1386935914

Provider English Spoken: Y

Provider Language(s)  
Spoken: Faroese, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **PIEROS, JANELLE**

Provider ID: 427322

Provider Gender: Female

License Number: 20A13225

NPI: 1386935914

Provider English Spoken: Y

Provider Language(s)  
Spoken: Faroese, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

## D2. 初級保健名錄

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@FHCS.D.ORG*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **PINA, RAQUEL**

*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A177698*  
*NPI: 1255893368*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Email:*

*MARTHAO@FHCS.D.ORG*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **PISINGER, PATRICIA**

*Provider ID: 427322*  
*Provider Gender: Female*  
*License Number: A69264*  
*NPI: 1861428302*

*Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **PISINGER, PATRICIA**

*Provider ID: 427322*  
*Provider Gender: Female*  
*License Number: A69264*  
*NPI: 1861428302*

*Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*


*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **ROSENBLATT, EUGENE**

*Provider ID: 427322*  
*Provider Gender: Male*  
*License Number: 20A9060*  
*NPI: 1427123991*

*Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 678 3RD AVE

## D2. 初級保健名錄

CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **ROSENBLATT, EUGENE**

Provider ID: 427322  
Provider Gender: Male  
License Number: 20A9060  
NPI: 1427123991  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SERPAS, SHAILA**

Provider ID: 427322  
Provider Gender: Female

License Number: G74728  
NPI: 1124039136  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SERPAS, SHAILA**

Provider ID: 427322  
Provider Gender: Female  
License Number: G74728  
NPI: 1124039136  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SHAHTAJI, ALAN**

Provider ID: 427322  
Provider Gender: Male  
License Number: 20A11087  
NPI: 1972751089  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y

## D2. 初級保健名錄

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SWARTZ, JOHN**

Provider ID: 427322

Provider Gender: Male

License Number: G72486

NPI: 1396754131

Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, LOS ANGELES  
COUNTY HARBOR UCLA  
MEDICAL CENTER

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **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  
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662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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](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. 初級保健名錄

### **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

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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **TEE, ALEXANDRA**

Provider ID: 427322

Provider Gender: Female

License Number: A164392

NPI: 1881198406

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **TEE, ALEXANDRA**

Provider ID: 427322

Provider Gender: Female

License Number: A164392

NPI: 1881198406

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, UCSD


MEDICAL CTR, UCSD LA JOLLA


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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**

#### **TOLEDO-NADER, CAROLL**

Provider ID: 427322

Provider Gender: Male

License Number: A41486

NPI: 1427126648

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **TOLEDO-NADER, CAROLL**

Provider ID: 427322

Provider Gender: Male

License Number: A41486

NPI: 1427126648

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N



## D2. 初級保健名錄

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **TREJO, RAUL**

Provider ID: 427322

Provider Gender: Male

License Number: A77936

NPI: 1174534184

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **TREJO, RAUL**

Provider ID: 427322

Provider Gender: Male

License Number: A77936

NPI: 1174534184

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

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After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

Provider ID: 427322

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

Provider ID: 427322

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
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## D2. 初級保健名錄

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **WHITLEY, NICHOLAS**

Provider ID: 427322

Provider Gender: Male

License Number: A118250

NPI: 1629394721

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **WHITLEY, NICHOLAS**

Provider ID: 427322

Provider Gender: Male

License Number: A118250

NPI: 1629394721

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **YOON, RYAN**

Provider ID: 427322

Provider Gender: Male

License Number: A114600

NPI: 1942435144

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **YOON, RYAN**

Provider ID: 427322

Provider Gender: Male

License Number: A114600

NPI: 1942435144

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

 678 3RD AVE

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 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FQHC**

## D2. 初級保健名錄


### 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](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### 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](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### 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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 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](http://www.fhcsd.org)  
Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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](http://www.fhcsd.org)  
Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

## D2. 初級保健名錄

Medi-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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM



### **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  
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662-4100  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
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](http://www.syhealth.org)



## D2. 初級保健名錄

/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### **GENERAL PRACTICE**

#### **SAMI, REMAN**

Provider ID: 427322  
Provider Gender: Female  
License Number: 20A19457  
NPI: 1295362242  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **HEMATOLOGY / ONCOLOGY**

#### **QUIROZ, ELISA**

Provider ID: 427322  
Provider Gender: Female  
License Number: A162816  
NPI: 1932558301  
 Provider English Spoken: Y



 Provider Language(s)  
Spoken: Portuguese,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA





Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
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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

### **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  
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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

### **INTERNAL MEDICINE**


#### **CHEN, TSUH YIN**

Provider ID: 427322  
Provider Gender: Female  
License Number: C55563  
NPI: 1093803520  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



## D2. 初級保健名錄

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

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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### 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

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### **DALHOUMI, SARAH**

Provider ID: 427322

Provider Gender: Female

License Number: A121861


NPI: 1033435383

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **HAMMETT, ERIN**


Provider ID: 427322

Provider Gender: Female

License Number: 20A14025

NPI: 1467884098

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


CORONADO HOSP AND  
HEALTHCARE CTR, SANTA  
BARBARA COTTAGE HOSP,  
GOLETA VALLEY COTTAGE  
HOSP


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

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662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **HAMMETT, ERIN**

Provider ID: 427322

Provider Gender: Female

License Number: 20A14025

## D2. 初級保健名錄

NPI: 1467884098

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR, SANTA  
BARBARA COTTAGE HOSP,  
GOLETA VALLEY COTTAGE  
HOSP

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **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  
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Phone: (619) 662-4100

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662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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. 初級保健名錄

VISTA

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### 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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

**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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

**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

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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

**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](http://www.fhcsd.org)  
Email:

MARTHAO@FHCSD.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

## D2. 初級保健名錄

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206355

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

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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**

#### **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. 初級保健名錄



N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **CARTER, KHALIL**

*Provider ID: 206355*  
*Provider Gender: Male*  
*License Number: A113001*  
*NPI: 1225231582*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR*  
*Board Certified Specialty: No*


 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*  
*Email:*

*MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N



 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**


*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A118095*

*NPI: 1073701041*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*  
*Email:*

*MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*



N  
 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**



*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A118095*  
*NPI: 1073701041*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR,*

*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*  
*Email:*

*MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*



N  
 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*




### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**

*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A163464*  
*NPI: 1326531401*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*  
*Email:*

*MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*



## D2. 初級保健名錄

American Sign Language (ASL): Cultural Competency: N

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**

Provider ID: 206355

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **DE MIK, TRAVIS**

Provider ID: 206355

Provider Gender: Male


License Number: A108228


NPI: 1629277322

 Provider English Spoken: Y

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **DE MIK, TRAVIS**

Provider ID: 206355

Provider Gender: Male

License Number: A108228


NPI: 1629277322


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **DORUELO, ASHLEY**

Provider ID: 206355

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**


Provider ID: 206355

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

## D2. 初級保健名錄

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **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](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **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](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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. 初級保健名錄

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**

#### **LIPSCHITZ, LISA**

Provider ID: 206355

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND


HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**


Provider ID: 206355

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND


HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL

Board Certified Specialty: No

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MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206355

Provider Gender: Female

License Number: A116680

NPI: 1700073962

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,


SCRIPPS MERCY HOSPITAL,


SCRIPPS MERCY HOSPITAL


CHULA VISTA

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206355

Provider Gender: Female

License Number: A116680

NPI: 1700073962



 Provider English Spoken: Y

## D2. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

*Board Certified Specialty: No*

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

*Email:*

MARTHAO@FHCS.D.ORG

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **MELENDEZ BERRIOS, IARA DEL**


*Provider ID: 206355*

*Provider Gender: Female*

*License Number: A114181*

*NPI: 1740514249*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


MERCY HOSPITAL,


GROSSMONT HOSPITAL

*Board Certified Specialty: No*

 251 LANDIS AVE

CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

*Email:*

MARTHAO@FHCS.D.ORG

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**


#### **MELENDEZ BERRIOS, IARA DEL**


*Provider ID: 206355*

*Provider Gender: Female*

*License Number: A114181*

*NPI: 1740514249*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


MERCY HOSPITAL,


GROSSMONT HOSPITAL

*Board Certified Specialty: No*

 251 LANDIS AVE

CHULA VISTA, CA 91910

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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**

#### **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. 初級保健名錄

PROVIDER		
<b><u>OBSTETRICS / GYNECOLOGY</u></b>	<b>RODRIGUEZ JEREZ, ROBERTO</b>	<i>Hospital Affiliation: SCRIPPS</i>
<b>MENDEZ, DIEGO</b>	<i>Provider ID: 206355</i>	<i>MERCY HOSPITAL, SHARP</i>
<i>Provider ID: 427322</i>	<i>Provider Gender: Male</i>	<i>CORONADO HOSP AND</i>
<i>Provider Gender: Male</i>	<i>License Number: A154298</i>	<i>HEALTHCARE CTR,</i>
<i>License Number: A47906</i>	<i>NPI: 1710316450</i>	<i>GROSSMONT HOSPITAL</i>
<i>NPI: 1437181922</i>	<input type="checkbox"/> <i>Provider English Spoken: Y</i>	<i>Board Certified Specialty: No</i>
<input type="checkbox"/> <i>Provider Language(s)</i>	<input type="checkbox"/> <i>Provider Language(s)</i>	<input type="checkbox"/> <i>251 LANDIS AVE</i>
<i>Spoken: Spanish</i>	<i>Spoken: Spanish</i>	<i>CHULA VISTA, CA 91910</i>
<i>Cultural Competency: N</i>	<i>Cultural Competency: N</i>	<input type="phone"/> <i>Phone: (619) 515-2500</i>
<i>Hospital Affiliation: MERCY</i>	<i>Hospital Affiliation: SCRIPPS</i>	<input type="phone"/> <i>After Hours Phone: (619)</i>
<i>GENERAL HOSPITAL, SCRIPPS</i>	<i>MERCY HOSPITAL, SHARP</i>	<i>515-2500</i>
<i>MERCY HOSPITAL CHULA</i>	<i>CORONADO HOSP AND</i>	<input type="website"/> <i>Website: www.fhcsd.org</i>
<i>VISTA, BAKERSFIELD</i>	<i>HEALTHCARE CTR,</i>	<i>Email:</i>
<i>MEMORIAL HOSP, SHARP</i>	<i>GROSSMONT HOSPITAL</i>	<i>MARTHAO@FHCS.D.ORG</i>
<i>MEMORIAL HOSPITAL, SAN</i>	<i>Board Certified Specialty: No</i>	<i>Medi-Cal Open Panel: Y</i>
<i>JOAQUIN COMM HOSP,</i>	<input type="checkbox"/> <i>251 LANDIS AVE</i>	<i>Min/Max Age: 0\150</i>
<i>SCRIPPS MERCY HOSPITAL,</i>	<i>CHULA VISTA, CA 91910</i>	<i>American Sign Language (ASL):</i>
<i>SCRIPPS MEMORIAL</i>	<input type="phone"/> <i>Phone: (619) 515-2500</i>	<i>N</i>
<i>HOSPITAL, SCRIPPS</i>	<input type="phone"/> <i>After Hours Phone: (619)</i>	<input type="wheelchair"/> <i>Accessibility: CONTACT</i>
<i>MEMORIAL HOSPITAL, KERN</i>	<i>515-2500</i>	<i>PROVIDER</i>
<i>MEDICAL CENTER</i>	<input type="website"/> <i>Website: www.fhcsd.org</i>	<i>Hours: M-F 8:30AM-5:30PM</i>
<i>Board Certified Specialty: No</i>	<i>Email:</i>	
<input type="checkbox"/> <i>678 3RD AVE</i>	<i>MARTHAO@FHCS.D.ORG</i>	<b><u>OBSTETRICS / GYNECOLOGY</u></b>
<input type="phone"/> <i>Phone: (619) 662-4100</i>	<i>Medi-Cal Open Panel: Y</i>	<b>SAPRA, SONIA</b>
<input type="phone"/> <i>After Hours Phone: (619)</i>	<i>Min/Max Age: 0\150</i>	<i>Provider ID: 206355</i>
<i>662-4100</i>	<i>American Sign Language (ASL):</i>	<i>Provider Gender: Female</i>
<input type="website"/> <i>Website: www.syhealth.org</i>	<i>N</i>	<i>License Number: A164859</i>
<i>/clinics/chula- vista- medic</i>	<input type="wheelchair"/> <i>Accessibility: CONTACT</i>	<i>NPI: 1952751711</i>
<i>al- plaza</i>	<i>PROVIDER</i>	<input type="checkbox"/> <i>Provider English Spoken: Y</i>
<i>Medi-Cal Open Panel: Y</i>	<i>Hours: M-F 8:30AM-5:30PM</i>	<input type="checkbox"/> <i>Provider Language(s)</i>
<i>Min/Max Age: 0\150</i>	<b><u>OBSTETRICS / GYNECOLOGY</u></b>	<i>Spoken: Hindi</i>
<i>American Sign Language (ASL):</i>	<b>RODRIGUEZ JEREZ, ROBERTO</b>	<i>Cultural Competency: N</i>
<i>N</i>	<i>Provider ID: 206355</i>	<i>Hospital Affiliation: SCRIPPS</i>
<input type="wheelchair"/> <i>Accessibility: CONTACT</i>	<i>Provider Gender: Male</i>	<i>MERCY HOSPITAL</i>
<i>PROVIDER</i>	<i>License Number: A154298</i>	<i>Board Certified Specialty: No</i>
	<i>NPI: 1710316450</i>	<input type="checkbox"/> <i>251 LANDIS AVE</i>
<b><u>OBSTETRICS / GYNECOLOGY</u></b>	<input type="checkbox"/> <i>Provider English Spoken: Y</i>	<i>CHULA VISTA, CA 91910</i>
	<input type="checkbox"/> <i>Provider Language(s)</i>	<input type="phone"/> <i>Phone: (619) 515-2500</i>
	<i>Spoken: Spanish</i>	<input type="phone"/> <i>After Hours Phone: (619)</i>
	<i>Cultural Competency: N</i>	<i>515-2500</i>
		<input type="website"/> <i>Website: www.fhcsd.org</i>
		<i>Email:</i>



## D2. 初級保健名錄

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. 初級保健名錄

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **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](http://www.fhcsd.org)  
Email:




MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)  
Email:  
MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **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](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. 初級保健名錄

### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **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](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206355

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG


Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. 初級保健名錄

N

 **Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

**Provider ID:** 206355

**Provider Gender:** Male

**License Number:** G78814

**NPI:** 1699790634


 **Provider English Spoken:** Y  
**Cultural Competency:** N


**Hospital Affiliation:**

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

**Board Certified Specialty:** No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 **Phone:** (619) 515-2500

 **After Hours Phone:** (619)  
515-2500

 **Website:** [www.fhcsd.org](http://www.fhcsd.org)

**Email:**

MARTHAO@FHCS.D.ORG

**Medi-Cal Open Panel:** Y

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

**Hours:** M-F 8:00AM-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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

**Medi-Cal Open Panel:** Y

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

### **OPHTHALMOLOGY**

#### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

**Medi-Cal Open Panel:** Y

**Min/Max Age:** 0\150

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

### **OPHTHALMOLOGY**

#### **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. 初級保健名錄

662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### OPHTHALMOLOGY

#### **PAPASTERGIU, GEORGIOS**

Provider ID: 427322

Provider Gender: Male

License Number: A127706

NPI: 1790054393

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic, Farsi,  
French, Greek, Italian,  
Spanish

Cultural Competency: N

Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### OPHTHALMOLOGY

#### **PONS, MAURICIO**

Provider ID: 427322

Provider Gender: Male

License Number: A87650

NPI: 1376723759

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### OPHTHALMOLOGY

#### **PONS, MAURICIO**

Provider ID: 427322

Provider Gender: Male

License Number: A87650

NPI: 1376723759

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### OPHTHALMOLOGY

#### **SKAF, AYHAM**

Provider ID: 427322

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL



## D2. 初級保健名錄

### HOSPITAL

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### OPHTHALMOLOGY

#### SKAF, AYHAM

Provider ID: 427322

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### AKASHI, MARC

Provider ID: 163322

Provider Gender: Male

NPI: 1205002417

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350  
After Hours Phone: (619) 482-3090

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### ATIENZA, PAMELA

Provider ID: 106987

Provider Gender: Female

NPI: 1417916107

Provider English Spoken: Y

Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

890 EASTLAKE PKWY STE 200

CHULA VISTA, CA 91914

Phone: (619) 656-6817

Fax: (619) 656-6908

After Hours Phone: (619) 506-1218

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### PEDIATRICS

#### BARBADILLO, FERDINAND

Provider ID: 70456

Provider Gender: Male

NPI: 1982662193

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

890 EASTLAKE PKWY STE 200

CHULA VISTA, CA 91914

Phone: (619) 656-6817

Fax: (619) 656-6908

After Hours Phone: (619)

## D2. 初級保健名錄

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. 初級保健名錄

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **DONG, TAMMY**

Provider ID: 427322  
Provider Gender: Female  
License Number: A66903  
NPI: 1386655413  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **DORINGO, ELAINIE**

Provider ID: 267100  
Provider Gender: Female  
NPI: 1013005636  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: ALVARADO HOSPITAL LLC, RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
 865 3RD AVE STE 101  
CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
Fax: (619) 426-2337  
 After Hours Phone: (619) 426-7910  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**







#### **FLETCHER, EMILY**

Provider ID: 232312  
Provider Gender: Female  
NPI: 1780935940  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR, MERCY HOSPITAL BAKERSFIELD, RADY CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Board Certified Specialty: No  
 2440 FENTON ST STE 100  
CHULA VISTA, CA 91914  
 Phone: (619) 656-3040  
Fax: (619) 656-3045  
 After Hours Phone: (619) 656-3040  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **FLORES, ERNEST**

Provider ID: 658652  
Provider Gender: Male  
NPI: 1043848807  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 865 3RD AVE STE 101  
CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
Fax: (619) 426-2337  
 After Hours Phone: (619) 426-7910  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT

## D2. 初級保健名錄

**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. 初級保健名錄

 *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. 初級保健名錄

*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](http://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](http://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](http://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. 初級保健名錄


### PEDIATRICS

#### **MCMAHON, SHARON**

Provider ID: 648721

Provider Gender: Female

NPI: 1487279246


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 865 THIRD AVESTE 101

CHULA VISTA, CA 91911

 Phone: (619) 426-7910

Fax: (619) 426-2337

 After Hours Phone: (619)  
426-7910

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM


### PEDIATRICS

#### **MISTRY, CHETAN**

Provider ID: 86439

Provider Gender: Male

NPI: 1467505834

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN


DIEGO, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

 2440 FENTON ST STE 100

CHULA VISTA, CA 91914

 Phone: (619) 656-3040

Fax: (619) 656-3045

 After Hours Phone: (619)  
656-3040

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### PEDIATRICS

#### **MOSQUERA, DIANA**

Provider ID: 371232

Provider Gender: Female

NPI: 1144238098

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO

Board Certified Specialty: No

 769 MEDICAL CENTER CT

STE 300

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

#### **MOSQUERA, DIANA**

Provider ID: 463001

Provider Gender: Female

NPI: 1144238098

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

 865 3RD AVE STE 101

CHULA VISTA, CA 91911

 Phone: (619) 426-7910

 After Hours Phone: (619)

426-7910


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS


#### **NGUYEN, TRUC**

Provider ID: 78518

Provider Gender: Female

NPI: 1881884054

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

WASHINGTON HOSPITAL,

SCRIPPS MERCY HOSPITAL

## D2. 初級保健名錄

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **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

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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](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### 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. 初級保健名錄

CHULA VISTA, CA 91910  
Phone: (619) 515-2500  
After Hours Phone: (619) 515-2500  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **SANTIAGO, ROXANE**

Provider ID: 269279

Provider Gender: Female

NPI: 1033461801

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

865 3RD AVE STE 101  
CHULA VISTA, CA 91911

Phone: (619) 426-7910

Fax: (619) 426-2337

After Hours Phone: (619) 426-7910

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): License Number: A45942  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **SHETH, HASMUKH**

Provider ID: 427322

Provider Gender: Male

License Number: A45942

NPI: 1396812236

Provider English Spoken: Y

Provider Language(s) Spoken: Gujarati, Hindi, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **SHETH, HASMUKH**

Provider ID: 427322

Provider Gender: Male

NPI: 1396812236

Provider English Spoken: Y

Provider Language(s) Spoken: Gujarati, Hindi, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **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. 初級保健名錄

DIEGO, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

1741 EASTLAKE PKWY STE  
107

CHULA VISTA, CA 91915

Phone: (619) 482-1700

Fax: (619) 475-4578

After Hours Phone: (619)  
482-1700

Website: N/A

Email:

PEDIATRICSINPARADISE@YAHOO.COM

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

**YAO, CATHERINE**

Provider ID: 371204

Provider Gender: Female

NPI: 1801166442

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

769 MEDICAL CENTER CT  
STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)  
482-3090

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): License Number: PA61683  
NPI: 1215477765

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

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. 初級保健名錄

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **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  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

/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](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



### **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. 初級保健名錄

*Cultural Competency: N*

*Board Certified Specialty: No*

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

### **PHYSICIANS ASSISTANT**


#### **QUICK, ELISABETH**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: PA21591*

*NPI: 1790055010*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:


MARTHAO@FHCS.D.ORG

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

### **PHYSICIANS ASSISTANT**


#### **REVELES, DIANA**

*Provider ID: 417641*

*Provider Gender: Female*

*License Number: PA19306*


*NPI: 1548455405*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 352 L ST

CHULA VISTA, CA 91911

 Phone: (619) 515-2325

 After Hours Phone: (619)  
515-2325

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

### **PHYSICIANS ASSISTANT**


#### **REVELES, DIANA**

*Provider ID: 417641*

*Provider Gender: Female*

*License Number: PA19306*


*NPI: 1548455405*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Board Certified Specialty: No*

 352 L ST

CHULA VISTA, CA 91911

 Phone: (619) 515-2325

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Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

### **PODIATRIST**

#### **MANCHEL, BRUCE**

*Provider ID: 427322*

*Provider Gender: Male*

*License Number: DPM2930*

*NPI: 1790890788*

 *Provider English Spoken: Y*


*Cultural Competency: N*

*Hospital Affiliation: SHARP*


CORONADO HOSP AND


HEALTHCARE CTR


*Board Certified Specialty: No*

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/  
/clinics/chula-  
vista-  
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. 初級保健名錄


NPI: 1790890788


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**

#### **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](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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

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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

### **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](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

### **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](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

### **REGISTERED NURSE LICENSED**

#### **VOCATIONAL NURSE**

#### **QUILALANG, SUSAN**

Provider ID: 427322

Provider Gender: Female


## D2. 初級保健名錄

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](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

### **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](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

### **REGISTERED PHYSICAL THERAPIST**

#### **AMAYA, RICARDO**

Provider ID: 206355

Provider Gender: Male

License Number: PT37189


NPI: 1437445566


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

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

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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**


#### **CUMMINGS, GEORGE**

Provider ID: 206355

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**



## D2. 初級保健名錄

### **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

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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

### **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  
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515-2500



## D2. 初級保健名錄

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **MIGNEA, DAVID**

Provider ID: 206355  
Provider Gender: Male  
License Number: PT293536  
NPI: 1043736879  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
MARTHAO@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  
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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

### **REGISTERED PHYSICAL THERAPIST**

#### **RODRIGUEZ, CASSANDRA**

Provider ID: 206355  
Provider Gender: Female  
License Number: PT292823  
NPI: 1770025595  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
MARTHAO@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  
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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

### **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. 初級保健名錄

SCRIPPS MERCY HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **RHEUMATOLOGY**

#### **REDDY, DANA**

Provider ID: 427322

Provider Gender: Female

License Number: A115598

NPI: 1144538778

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **SPEECH PATHOLOGIST**

#### **CABADING, DOREEN**

Provider ID: 427322

Provider Gender: Female

License Number: SP18192

NPI: 1043507585

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **SPEECH PATHOLOGIST**

#### **CABADING, DOREEN**

Provider ID: 427322

Provider Gender: Female

License Number: SP18192

NPI: 1043507585

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

## **EL CAJON**

### **ALLERGY IMMUNOLOGY**

#### **REDDY, SUMANA**

Provider ID: 569910

Provider Gender: Female

License Number: C52581

NPI: 1053300251

Provider English Spoken: Y

Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No



875 EL CAJON BLVD

EL CAJON, CA 92020

Phone: (619) 662-4100



After Hours Phone: (619)  
662-4100

## D2. 初級保健名錄

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### ALLERGY IMMUNOLOGY


#### **REDDY, SUMANA**

Provider ID: 569910  
Provider Gender: Female  
License Number: C52581  
NPI: 1053300251  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu  
Cultural Competency: N

Hospital Affiliation:

#### **GROSSMONT HOSPITAL**

Board Certified Specialty: No


 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **BELEN, NEZER**

Provider ID: 418340  
Provider Gender: Male  
License Number: NP95009292


NPI: 1386120723  
 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### CERTIFIED NURSE


#### PRACTITIONER

#### **BELEN, NEZER**

Provider ID: 418340  
Provider Gender: Male  
License Number: NP95009292  
NPI: 1386120723

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER



Hours: M-F 8:30AM-5:30PM

### CERTIFIED NURSE




#### PRACTITIONER


#### **DRISCOLL, SUSAN**

Provider ID: 569910  
Provider Gender: Female  
License Number: NP95012943  
NPI: 1477755684

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### CERTIFIED NURSE

#### PRACTITIONER

#### **DRISCOLL, SUSAN**

Provider ID: 569910  
Provider Gender: Female  
License Number: NP95012943  
NPI: 1477755684

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD

## D2. 初級保健名錄

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  
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

##### **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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🕒 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

##### **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  
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

##### **HARPEL, SHERYL**

Provider ID: 569910  
Provider Gender: Female  
License Number: NP95009329  
NPI: 1780177147

☐ Provider English Spoken: Y





## D2. 初級保健名錄

*Cultural Competency: N*

*Board Certified Specialty: No*

 875 EL CAJON BLVD  
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 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **HARPEL, SHERYL**

*Provider ID: 569910*

*Provider Gender: Female*


*License Number: NP95009329*


*NPI: 1780177147*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 875 EL CAJON BLVD  
EL CAJON, CA 92020

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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **HETTIG, JUDITH**

*Provider ID: 418340*

*Provider Gender: Female*

*License Number: NP3439*

*NPI: 1396815866*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

*Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **HETTIG, JUDITH**

*Provider ID: 418340*

*Provider Gender: Female*

*License Number: NP3439*

*NPI: 1396815866*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

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*Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **JENSEN, ADRIENNE**

*Provider ID: 569910*

*Provider Gender: Female*

*License Number: NP95023148*

*NPI: 1184389934*


 *Provider English Spoken: Y*


*Cultural Competency: N*


*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR*

*Board Certified Specialty: No*

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **JENSEN, ADRIENNE**

*Provider ID: 569910*

*Provider Gender: Female*

*License Number: NP95023148*

*NPI: 1184389934*



## D2. 初級保健名錄


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**


### **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](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**


### **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

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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**


### **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](http://www.fhcsd.org)


Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **LU, TAMMY**

Provider ID: 206354

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License Number: NP95007253


NPI: 1457879132


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Cultural Competency: N

Board Certified Specialty: No

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Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**



### **ODA, THAGHAR**

Provider ID: 418340

Provider Gender: Female

## D2. 初級保健名錄

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

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515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **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

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER


#### **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

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **ODA, THAGHAR**


Provider ID: 418340

Provider Gender: Female

License Number: RN810863

NPI: 1063835692

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Amharic, Arabic


Cultural Competency: N

Board Certified Specialty: No

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

#### PRACTITIONER

#### **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:

[iselaocchoa@borregohealth.org](mailto:iselaocchoa@borregohealth.org)


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

## D2. 初級保健名錄



 *Accessibility: CONTACT PROVIDER*  
*Hours: SU-SA 8:00AM-8:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **OLVERA, LUISA**



*Provider ID: 478971*  
*Provider Gender: Female*  
*License Number: NP95001710*  
*NPI: 1598161309*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP CHULA VISTA MED CTR*

*Board Certified Specialty: No*

 *133 W MAIN ST STE 100 EL CAJON, CA 92020*

 *Phone: (619) 401-0404*  
 *After Hours Phone: (619) 401-0404*


 *Website: N/A*

*Email: iselaochoa@borregohealth.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: SU-SA 8:00AM-8:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**



#### **REGEV, SHANEE**

*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: NP95022460*  
*NPI: 1477218121*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *875 EL CAJON BLVD EL CAJON, CA 92020*

 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE**

#### **PRACTITIONER**



#### **REGEV, SHANEE**


*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: NP95022460*  
*NPI: 1477218121*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

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*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE**

#### **PRACTITIONER**



#### **SMITH, SHARON**


*Provider ID: 418340*  
*Provider Gender: Female*  
*License Number: NP15444*  
*NPI: 1780603597*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *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: 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*

## D2. 初級保健名錄

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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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

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 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED 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. 初級保健名錄

 After Hours Phone: (619) 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED 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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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

#### **CHIROPRACTOR**

##### **SOSA, DAVID**

Provider ID: 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](http://www.fhcsd.org)  
Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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##### **SOSA, DAVID**

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Provider Gender: Male


License Number: DC33150


NPI: 1013308675


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Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

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NPI: 1013308675


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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

#### **CHIROPRACTOR**

##### **SOSA, DAVID**

Provider ID: 418340

Provider Gender: Male


License Number: DC33150


NPI: 1013308675


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Cultural Competency: N

Board Certified Specialty: No

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N



## D2. 初級保健名錄

 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

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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

### **CHIROPRACTOR**


#### **UY, ASHLEY**

Provider ID: 418340

Provider Gender: Female

License Number: DC33869

NPI: 1174059760

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Board Certified Specialty: No

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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

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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

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**


#### **NAGELBERG, JODI**

Provider ID: 418340

Provider Gender: Female

License Number: A146838


NPI: 1720474141


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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 Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **AL ANI, NAJWAN**

Provider ID: 418340

Provider Gender: Female

License Number: A144974

NPI: 1275948473

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

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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

## D2. 初級保健名錄

 *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  
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 *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*

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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*  
*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  
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*

## D2. 初級保健名錄

### **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](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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](http://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](http://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](mailto:iselaocha@borregohealth.org)






## D2. 初級保健名錄

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: jaquelinca@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: jaquelinca@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N



## D2. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **KASAWA, JOHN**


*Provider ID: 569910*

*Provider Gender: Male*

*License Number: A79338*


*NPI: 1134230329*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Arabic, Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*


 875 EL CAJON BLVD  
EL CAJON, CA 92020

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **KASAWA, JOHN**


*Provider ID: 569910*

*Provider Gender: Male*

*License Number: A79338*


*NPI: 1134230329*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Arabic, Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

662-4100

 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **LIN, SHUANG**


*Provider ID: 206354*

*Provider Gender: Female*

*License Number: A138887*


*NPI: 1689093684*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Mandarin*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1111 W CHASE AVE  
EL CAJON, CA 92020

 *Phone: (619) 515-2499*

 *After Hours Phone: (619) 515-2499*

 *Website: www.fhcsd.org*  
*Email: jaquelininc@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **FAMILY PRACTICE**

#### **LIN, SHUANG**

*Provider ID: 206354*

*Provider Gender: Female*

*License Number: A138887*

*NPI: 1689093684*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Mandarin*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1111 W CHASE AVE  
EL CAJON, CA 92020

 *Phone: (619) 515-2499*

 *After Hours Phone: (619) 515-2499*

 *Website: www.fhcsd.org*  
*Email: jaquelininc@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **FAMILY PRACTICE**

#### **NASSIR, BASSAM**


*Provider ID: 569910*

*Provider Gender: Male*

*License Number: A101888*


*NPI: 1386848166*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*

*Board Certified Specialty: No*

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



## D2. 初級保健名錄

**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. 初級保健名錄

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](http://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](http://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](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **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](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **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](mailto:iselaocha@borregohealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: SU-SA 8:00AM-8:00PM

## D2. 初級保健名錄

### **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](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:00AM-8:00PM

### **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](http://www.fhcsd.org)

Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)  
Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

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

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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

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. 初級保健名錄

EL CAJON, CA 92021  
☎ Phone: (619) 795-5991  
Fax: (619) 795-5992  
📞 After Hours Phone: (619) 795-5991  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)  
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

### **FQHC**

#### **LA MAESTRA CHC EL CAJON BROADWAY,**

Provider ID: 418501  
NPI: 1134590086  
☑ Provider English Spoken: Y  
Cultural Competency: N  
📍 1032 BROADWAY  
EL CAJON, CA 92021  
☎ Phone: (619) 795-5991  
Fax: (619) 795-5992  
📞 After Hours Phone: (619) 795-5991  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)  
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

### **FQHC**

#### **LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185267

NPI: 1336353721  
☑ Provider English Spoken: Y  
Cultural Competency: N  
📍 165 S 1ST ST  
EL CAJON, CA 92019  
☎ Phone: (619) 312-0347  
Fax: (619) 749-5480  
📞 After Hours Phone: (619) 312-0347  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:00AM-5:00PM  
TH-F 8:00AM-5:00PM

### **FQHC**

#### **LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185267  
NPI: 1336353721  
☑ Provider English Spoken: Y  
Cultural Competency: N  
📍 165 S 1ST ST  
EL CAJON, CA 92019  
☎ Phone: (619) 312-0347  
Fax: (619) 749-5480  
📞 After Hours Phone: (619) 312-0347  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:00AM-5:00PM  
TH-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH EL CAJON,**

Provider ID: 569910  
NPI: 1568845741  
☑ Provider English Spoken: Y  
Cultural Competency: N  
📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
☎ Phone: (619) 662-4100  
Fax: (619) 785-3356  
📞 After Hours Phone: (619) 662-4100  
🌐 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH EL CAJON,**

Provider ID: 569910  
NPI: 1568845741  
☑ Provider English Spoken: Y  
Cultural Competency: N  
📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
☎ Phone: (619) 662-4100  
Fax: (619) 785-3356  
📞 After Hours Phone: (619) 662-4100  
🌐 Website: [www.syhealth.org](http://www.syhealth.org)



## D2. 初級保健名錄

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### HEPATOLOGY

#### **GISH, ROBERT**

Provider ID: 185267

Provider Gender: Male

License Number: G45632

NPI: 1548281322

Provider English Spoken: Y

Provider Language(s)  
Spoken: Dutch, French,  
Spanish, Vietnamese

Cultural Competency: N


Hospital Affiliation: LOMA


LINDA UNIVERSITY COMM

MED CTR

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

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  
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312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-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](mailto: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  
EL CAJON, CA 92020

 Phone: (619) 401-0404

 After Hours Phone: (619)  
401-0404

 Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **AWDISHO, ALAN**



## D2. 初級保健名錄

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. 初級保健名錄

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](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### 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](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### 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](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **JABRI, ZAIN**

Provider ID: 418501

Provider Gender: Male

License Number: A160760

NPI: 1891159620

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N  
Hospital Affiliation: ST AGNES  
MEDICAL CENTER, CITY OF  
HOPE NATIONAL MED CTR,  
JOHN F KENNEDY MEMORIAL  
HOSP, SUTTER MEDICAL  
CENTER SACRAMENTO,  
PIONEERS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

1032 BROADWAY  
EL CAJON, CA 92021

Phone: (619) 795-5991

After Hours Phone: (619)  
795-5991

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **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. 初級保健名錄

HOPE NATIONAL MED CTR,  
JOHN F KENNEDY MEMORIAL  
HOSP, SUTTER MEDICAL  
CENTER SACRAMENTO,  
PIONEERS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

📍 1032 BROADWAY  
EL CAJON, CA 92021  
☎ Phone: (619) 795-5991  
🕒 After Hours Phone: (619)  
795-5991  
🌐 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **MANSY, TAMARA**

Provider ID: 569910

Provider Gender: Female

License Number: A164238

NPI: 1396277737

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619)  
662-4100  
🌐 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **MANSY, TAMARA**

Provider ID: 569910

Provider Gender: Female

License Number: A164238

NPI: 1396277737

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619)  
662-4100  
🌐 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **MAY, LOUIS**

Provider ID: 569910

Provider Gender: Male

License Number: A138568

NPI: 1720497514

📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619)  
662-4100  
🌐 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **MAY, LOUIS**

Provider ID: 569910

Provider Gender: Male

License Number: A138568

NPI: 1720497514

📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619)  
662-4100  
🌐 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150




American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE




#### **MICHAEL, RAMI**


## D2. 初級保健名錄

Provider ID: 569910  
Provider Gender: Male  
License Number: A144513  
NPI: 1467871673  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **MICHAEL, RAMI**

Provider ID: 569910  
Provider Gender: Male  
License Number: A144513  
NPI: 1467871673  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100  
 Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **NADI, FAHIMA**

Provider ID: 418340  
Provider Gender: Female  
License Number: A175325  
NPI: 1770072290  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Pushto  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE





#### **NADI, FAHIMA**

Provider ID: 418340  
Provider Gender: Female  
License Number: A175325

NPI: 1770072290  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Pushto  
Cultural Competency: N  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE


#### **NARAYAN, ARCHANA**

Provider ID: 569910  
Provider Gender: Female  
License Number: A101773  
NPI: 1003053950  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Kannada  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



## D2. 初級保健名錄

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](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### 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](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### 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](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### 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](mailto: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. 初級保健名錄

NPI: 1497992432


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 401-0404

 After Hours Phone: (619)  
401-0404

 Website: N/A

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **ROUEL, WADI**


Provider ID: 418501

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL

HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619)

795-5983

 Website: www.lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE


#### **ROUEL, WADI**


Provider ID: 418501

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL


HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619)  
795-5983

 Website: www.lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **ROUEL, WADI**


Provider ID: 185267

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL


HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 269-1262

 After Hours Phone: (619)  
269-1262

 Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM

TH-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **ROUEL, WADI**

Provider ID: 185267

Provider Gender: Male

License Number: C55979

## D2. 初級保健名錄

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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM

TH-F 8:00AM-5:00PM

### 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](http://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](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **SIHOTA, GURPREET**

Provider ID: 206354

Provider Gender: Female

License Number: 20A13700

NPI: 1659715852

Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

1111 W CHASE AVE  
EL CAJON, CA 92020


Phone: (619) 515-2499

After Hours Phone: (619)  
515-2499

## D2. 初級保健名錄

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM


### INTERNAL MEDICINE


#### **SIHOTA, GURPREET**

Provider ID: 206354  
Provider Gender: Female  
License Number: 20A13700  
NPI: 1659715852

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1111 W CHASE AVE  
EL CAJON, CA 92020  
 Phone: (619) 515-2499  
 After Hours Phone: (619) 515-2499


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE



#### **TCHAKMAKJIAN, LEVON**


Provider ID: 569910  
Provider Gender: Male  
License Number: C144411  
NPI: 1790744795

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Armenian, Hebrew  
Cultural Competency: N

Hospital Affiliation: NORTH  
BAY VACAVALLEY HOSPITAL  
Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER




### INTERNAL MEDICINE


#### **TCHAKMAKJIAN, LEVON**

Provider ID: 569910  
Provider Gender: Male  
License Number: C144411  
NPI: 1790744795


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Armenian, Hebrew  
Cultural Competency: N

Hospital Affiliation: NORTH  
BAY VACAVALLEY HOSPITAL  
Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER



### INTERNAL MEDICINE


#### **ZAYED, AHMAD**

Provider ID: 478971  
Provider Gender: Male  
License Number: A169713  
NPI: 1720500929


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Chinese,  
Mandarin, Persian, Tagalog  
Cultural Competency: N

Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP  
Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 401-0404  
 After Hours Phone: (619) 401-0404

 Website: N/A  
Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Hours: SU-SA 8:00AM-8:00PM

### INTERNAL MEDICINE

#### **ZAYED, AHMAD**

Provider ID: 478971  
Provider Gender: Male  
License Number: A169713  
NPI: 1720500929

 Provider English Spoken: Y  
 Provider Language(s)

## D2. 初級保健名錄

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

Accessibility: CONTACT



## D2. 初級保健名錄

### 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

Medi-Cal Open Panel: Y



## D2. 初級保健名錄

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **OBSTETRICS / GYNECOLOGY** **BUECHNER, CHARLENE**

Provider ID: 418340

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN


AND NEWBORNS

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498


 Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **OBSTETRICS / GYNECOLOGY** **BULLOCH, EDGAR**

Provider ID: 478971

Provider Gender: Male

License Number: A113241

NPI: 1508046376

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,


Sharp Grossmont Hospital

Board Certified Specialty: No

 133 W MAIN ST STE 100

EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)  
873-8940

 Website: N/A

Email:

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  
PROVIDER

## D2. 初級保健名錄

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

Accessibility: CONTACT

## D2. 初級保健名錄

### 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  
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## D2. 初級保健名錄

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **HANLEY, LAUREN**

Provider ID: 418340

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **HANLEY, LAUREN**

Provider ID: 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](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HO, MYLIEN**

Provider ID: 478971

Provider Gender: Female

License Number: A48215

NPI: 1851464606

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL

Board Certified Specialty: No

 133 W MAIN ST STE 100

EL CAJON, CA 92020

 Phone: (619) 873-8940

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 Website: N/A

Email:


[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**



## D2. 初級保健名錄

### **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](http://www.lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-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](http://www.lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-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  
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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)  
Spoken: Spanish



## D2. 初級保健名錄


*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**

#### **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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*Min/Max Age: 0\150*

*American Sign Language (ASL):*

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 *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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 Website: www.fhcsd.org

Email: janellek@fhcsd.org

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT*

PROVIDER

*Hours: M-F 8:30AM-5:30PM*

*SA 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA**

**DEL**

*Provider ID: 418340*

*Provider Gender: Female*

*License Number: A114181*

*NPI: 1740514249*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,*

GROSSMONT HOSPITAL

*Board Certified Specialty: No*

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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**

#### **MENDEZ, DIEGO**

*Provider ID: 569910*

*Provider Gender: Male*

*License Number: A47906*

*NPI: 1437181922*

## D2. 初級保健名錄

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: MERCY  
GENERAL HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, BAKERSFIELD  
MEMORIAL HOSP, SHARP  
MEMORIAL HOSPITAL, SAN  
JOAQUIN COMM HOSP,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, KERN  
MEDICAL CENTER  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **MENDEZ, DIEGO**

Provider ID: 569910  
Provider Gender: Male  
License Number: A47906  
NPI: 1437181922  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: MERCY  
GENERAL HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, BAKERSFIELD  
MEMORIAL HOSP, SHARP  
MEMORIAL HOSPITAL, SAN  
JOAQUIN COMM HOSP,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, KERN  
MEDICAL CENTER  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
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 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **PAPA, RHETT**

Provider ID: 478971  
Provider Gender: Male  
License Number: 20A11733  
NPI: 1063642312  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 873-8940

After Hours Phone: (619)  
873-8940  
 Website: N/A  
Email:  
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  
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NPI: 1063642312  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
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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**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 418340

## D2. 初級保健名錄

Provider Gender: Male  
License Number: A154298  
NPI: 1710316450  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 525 E MAIN ST  
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 After Hours Phone: (619)  
515-2498  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY** **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 418340  
Provider Gender: Male  
License Number: A154298  
NPI: 1710316450  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND

HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 525 E MAIN ST  
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515-2498  
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Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY** **SAPRA, SONIA**

Provider ID: 418340  
Provider Gender: Female  
License Number: A164859  
NPI: 1952751711  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

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  
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American Sign Language (ASL):  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY** **STABEN, REBECCA**

Provider ID: 418340  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp

## D2. 初級保健名錄

Grossmont Hospital

Board Certified Specialty: No

525 E MAIN ST

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515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
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

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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8:30AM-5:30PM  
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

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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

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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  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 418340

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SHARP CORONADO HOSP




## D2. 初級保健名錄


AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **ZIEG, ALAN**

Provider ID: 418340

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OPHTHALMOLOGY**


#### **ALBORZIAN, SHERVIN**


Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OPHTHALMOLOGY**

#### **ALBORZIAN, SHERVIN**

Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OPHTHALMOLOGY**

#### **JARDON, JAVIER**

Provider ID: 569910

Provider Gender: Male

License Number: A131365

NPI: 1609171982

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:  
CALIFORNIA HOSP MED CTR  
LOS ANGELES, EL CENTRO  
REGIONAL MEDICAL CENTER  
Board Certified Specialty: No




## D2. 初級保健名錄

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OPHTHALMOLOGY**

#### **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](http://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](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **OPHTHALMOLOGY**

#### **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](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **OPHTHALMOLOGY**



#### **PAPASTERGIU, GEORGIOS**

Provider ID: 569910  
Provider Gender: Male  
License Number: A127706  
NPI: 1790054393  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Farsi,  
French, Greek, Italian,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No



 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100

## D2. 初級保健名錄




 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### OPHTHALMOLOGY

#### **PAPASTERGIU, GEORGIOS**


Provider ID: 569910  
Provider Gender: Male  
License Number: A127706  
NPI: 1790054393  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Farsi,  
French, Greek, Italian,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### OPHTHALMOLOGY




#### **PONS, MAURICIO**


Provider ID: 569910  
Provider Gender: Male  
License Number: A87650  
NPI: 1376723759

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL  
CENTER, SHARP MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY



#### **PONS, MAURICIO**

Provider ID: 569910  
Provider Gender: Male  
License Number: A87650  
NPI: 1376723759

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL  
CENTER, SHARP MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100



 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY




#### **SKAF, AYHAM**

Provider ID: 569910  
Provider Gender: Male  
License Number: A120584  
NPI: 1285888628



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N

Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No



 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

## D2. 初級保健名錄

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OPHTHALMOLOGY**

#### **SKAF, AYHAM**

Provider ID: 569910  
Provider Gender: Male  
License Number: A120584  
NPI: 1285888628  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N  
Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No





 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ADJAN, ROULA**







Provider ID: 185267  
Provider Gender: Female


License Number: A81682  
NPI: 1992847263  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**



#### **ADJAN, ROULA**






Provider ID: 185267  
Provider Gender: Female  
License Number: A81682  
NPI: 1992847263  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CONE, STEPHANIE**

Provider ID: 185267  
Provider Gender: Female  
License Number: A123929  
NPI: 1437444858  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Board Certified Specialty: No

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

## D2. 初級保健名錄

### **CONE, STEPHANIE**

Provider ID: 185267

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

165 S 1ST ST

EL CAJON, CA 92019

Phone: (619) 312-0347

After Hours Phone: (619)  
312-0347

Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CONE, STEPHANIE**

Provider ID: 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](http://www.lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **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](http://www.lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **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](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **FIGUEROA RODRIGUEZ, BRENDA**

Provider ID: 478971

Provider Gender: Female




## D2. 初級保健名錄

License Number: A114674  
NPI: 1134205214  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619)  
873-8940  
 Website: N/A  
Email:  
iselaochoa@borregohealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**






#### **FLEMING, TARA**

Provider ID: 418340  
Provider Gender: Female  
License Number: A152462  
NPI: 1972965242  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM


### **PEDIATRICS**


#### **FLEMING, TARA**

Provider ID: 418340  
Provider Gender: Female  
License Number: A152462  
NPI: 1972965242  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
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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):

### **PEDIATRICS**


#### **HOANG, VY**


Provider ID: 546310  
Provider Gender: Female  
NPI: 1649575135  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP

N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **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  
American Sign Language (ASL):  
N



## D2. 初級保健名錄

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**



#### **JACKSON, DANA**

Provider ID: 418340

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N

Hospital Affiliation:

MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**



#### **JACKSON, DANA**

Provider ID: 418340

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N

Hospital Affiliation:

MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST  
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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

### **PEDIATRICS**


#### **KODSI, ALICIA**

Provider ID: 418340

Provider Gender: Female

License Number: A147976

NPI: 1932514353

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **KODSI, ALICIA**

Provider ID: 418340



Provider Gender: Female

License Number: A147976

NPI: 1932514353


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**



#### **NAGNUR, PRITI**

Provider ID: 206354

Provider Gender: Female

License Number: A170055

NPI: 1316289929

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Kannada  
Cultural Competency: N

## D2. 初級保健名錄

Board Certified Specialty: No

1111 W CHASE AVE  
EL CAJON, CA 92020

Phone: (619) 515-2499

After Hours Phone: (619)  
515-2499

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### 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](http://www.fhcsd.org)

Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **NAIK, SHILPA**

Provider ID: 546498

Provider Gender: Female

NPI: 1902156904

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, Sharp Grossmont  
Hospital

Board Certified Specialty: No

844 JACKMAN ST  
EL CAJON, CA 92020

Phone: (619) 442-2560

Fax: (619) 442-7836

After Hours Phone: (619)  
442-2560

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **NGUYEN, VI**

Provider ID: 546509

Provider Gender: Female

NPI: 1053540534

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

844 JACKMAN ST

EL CAJON, CA 92020

Phone: (619) 442-2560

Fax: (619) 442-7836

After Hours Phone: (619)  
442-2560

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **PINTO, ANITA**

Provider ID: 546215

Provider Gender: Female

NPI: 1477663722

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

844 JACKMAN ST  
EL CAJON, CA 92020

Phone: (619) 442-2560

Fax: (619) 442-7836

After Hours Phone: (619)  
442-2560

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

## D2. 初級保健名錄

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: 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

#### **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

#### **ALYAS, ALISIA**

*Provider ID: 185267*  
*Provider Gender: Female*  
*License Number: PA58466*  
*NPI: 1437768017*

☐ *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

📍 *165 S 1ST ST EL CAJON, CA 92019*  
☎ *Phone: (619) 312-0347*  
🕒 *After Hours Phone: (619) 312-0347*  
🌐 *Website: www.lamaestra.org*

*g*

## D2. 初級保健名錄

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**


#### **MERCER, KELLY**


Provider ID: 418501

Provider Gender: Female

License Number: PA21625

NPI: 1154609790

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

 1032 BROADWAY

EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619) 795-5991

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**


#### **MERCER, KELLY**

Provider ID: 418501

Provider Gender: Female

License Number: PA21625

NPI: 1154609790

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

 1032 BROADWAY

EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619) 795-5991

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **ROSENBLATT, SHERI**

Provider ID: 569910

Provider Gender: Female

License Number: PA22872

NPI: 1114041621

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD

EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **ROSENBLATT, SHERI**

Provider ID: 569910

Provider Gender: Female

License Number: PA22872

NPI: 1114041621

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD

EL CAJON, CA 92020





## D2. 初級保健名錄

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM



### **PHYSICIANS ASSISTANT**

#### **TURNER, SHEREENA**

Provider ID: 418340  
Provider Gender: Female  
License Number: PA20396  
NPI: 1992934988  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No



 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**


#### **TURNER, SHEREENA**


Provider ID: 418340  
Provider Gender: Female

License Number: PA20396  
NPI: 1992934988  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No


 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **ZAMBRANA, GEORGE**

Provider ID: 478971  
Provider Gender: Male  
License Number: PA16673  
NPI: 1104836659  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619) 873-8940


 Website: N/A  
Email: [iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
Hours: SU-SA 8:00AM-8:00PM


### **PHYSICIANS ASSISTANT**


#### **ZAMBRANA, GEORGE**

Provider ID: 478971  
Provider Gender: Male  
License Number: PA16673  
NPI: 1104836659

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619) 873-8940



 Website: N/A  
Email: [iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Hours: SU-SA 8:00AM-8:00PM

### **PODIATRIST**




#### **CHARP, KENNETH**

Provider ID: 478971  
Provider Gender: Male  
License Number: DPM1536  
NPI: 1841384203

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No










## D2. 初級保健名錄

 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619)  
873-8940  
 Website: N/A  
Email:  
iselaocha@borregohealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**

#### **CHARP, KENNETH**



Provider ID: 478971  
Provider Gender: Male  
License Number: DPM1536  
NPI: 1841384203  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No






 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619)  
873-8940  
 Website: N/A  
Email:  
iselaocha@borregohealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**

#### **JUAREZ, LETICIA**

Provider ID: 418340  
Provider Gender: Female  
License Number: DPM5661  
NPI: 1508393778



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2400  
 After Hours Phone: (619)  
515-2400  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM


### **PODIATRIST**

#### **JUAREZ, LETICIA**

Provider ID: 418340  
Provider Gender: Female  
License Number: DPM5661  
NPI: 1508393778



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No





 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2400  
 After Hours Phone: (619)  
515-2400  
 Website: www.fhcsd.org

Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **PODIATRIST**

#### **LE, DIANA**

Provider ID: 418340  
Provider Gender: Female  
License Number: DPM5734  
NPI: 1184112864  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: ANAHEIM  
REGIONAL MEDICAL CTR  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **PODIATRIST**

#### **LE, DIANA**

Provider ID: 418340

## D2. 初級保健名錄

Provider Gender: Female  
License Number: DPM5734  
NPI: 1184112864  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: ANAHEIM  
REGIONAL MEDICAL CTR  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**

**CUMMINGS, GEORGE**  
Provider ID: 418340  
Provider Gender: Male  
License Number: PT295173  
NPI: 1497236384  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)

515-2498  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

**CUMMINGS, GEORGE**  
Provider ID: 418340  
Provider Gender: Male  
License Number: PT295173  
NPI: 1497236384  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 525 E MAIN ST  
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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

### **REGISTERED PHYSICAL THERAPIST**

**DASCENZO, EMILY**  
Provider ID: 569910  
Provider Gender: Female

License Number: PT40025  
NPI: 1952982761  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

**DASCENZO, EMILY**  
Provider ID: 569910  
Provider Gender: Female  
License Number: PT40025  
NPI: 1952982761  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

## D2. 初級保健名錄

### **REGISTERED PHYSICAL THERAPIST**

#### **GUTIERREZ, JUSTINE**

Provider ID: 418340

Provider Gender: Female


License Number: PT292482


NPI: 1851834873


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**

#### **GUTIERREZ, JUSTINE**

Provider ID: 418340

Provider Gender: Female


License Number: PT292482


NPI: 1851834873


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**

#### **KUIOKA, TROY**

Provider ID: 569910

Provider Gender: Male


License Number: PT42665


NPI: 1912640053


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **KUIOKA, TROY**

Provider ID: 569910

Provider Gender: Male


License Number: PT42665


NPI: 1912640053


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **MIGNEA, DAVID**

Provider ID: 418340

Provider Gender: Male


License Number: PT293536


NPI: 1043736879


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

## D2. 初級保健名錄

### **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 PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM



## D2. 初級保健名錄

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 480243

Provider Gender: Male

License Number: C54157


NPI: 1275630618

Provider English Spoken: Y


Provider Language(s)  
Spoken: Bengali


Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST

ENCINITAS, CA 92024

 Phone: (760) 753-7842

 After Hours Phone: (760)  
753-7842

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 480243

Provider Gender: Male

License Number: C54157


NPI: 1275630618

Provider English Spoken: Y


Provider Language(s)  
Spoken: Bengali


Cultural Competency: N


Board Certified Specialty: No

 1130 2ND ST

ENCINITAS, CA 92024

 Phone: (760) 753-7842

 After Hours Phone: (760)  
753-7842

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**

Provider ID: 480243

Provider Gender: Female

License Number: A116562


NPI: 1659563641

Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi


Cultural Competency: N


Board Certified Specialty: No

 1130 2ND ST

ENCINITAS, CA 92024

 Phone: (760) 753-7842

 After Hours Phone: (760)  
753-7842

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**

Provider ID: 480243

Provider Gender: Female

License Number: A116562


NPI: 1659563641

Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi


Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST

ENCINITAS, CA 92024

 Phone: (760) 753-7842


 After Hours Phone: (760)  
753-7842

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **WILLIE, KADEN**

Provider ID: 480243

Provider Gender: Male

License Number: 20A17306


NPI: 1790133767

Provider English Spoken: Y


Provider Language(s)  
Spoken: Portuguese


Cultural Competency: N

Board Certified Specialty: No

 1130 2ND ST

ENCINITAS, CA 92024

 Phone: (707) 736-6767

 After Hours Phone: (707)  
736-6767

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM






### **FAMILY PRACTICE**

#### **WILLIE, KADEN**



## D2. 初級保健名錄

Provider ID: 480243  
Provider Gender: Male  
License Number: 20A17306  
NPI: 1790133767

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese  
Cultural Competency: N  
Board Certified Specialty: No  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (707) 736-6767  
 After Hours Phone: (707)  
736-6767  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

### **FQHC**






#### **TRUECARE,**

Provider ID: 480243  
NPI: 1245246917  
 Provider English Spoken: Y  
Cultural Competency: N  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 753-7842  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
753-7842  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER  
Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM


### **FQHC**





#### **TRUECARE,**

Provider ID: 480243  
NPI: 1245246917  
 Provider English Spoken: Y  
Cultural Competency: N  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 753-7842  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
753-7842  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**






#### **MOSTOFIAN, EIMANEH**

Provider ID: 480243  
Provider Gender: Female  
License Number: A97181  
NPI: 1154477628  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No  
 1130 2ND ST

ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MOSTOFIAN, EIMANEH**

Provider ID: 480243  
Provider Gender: Female  
License Number: A97181  
NPI: 1154477628  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No  
 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-5:00PM  
F 8:30AM-5:30PM

## D2. 初級保健名錄


### **PEDIATRICS**

#### **BRION, SONJA**

Provider ID: 386639

Provider Gender: Female

NPI: 1306817317

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO,


SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

 499 N EL CAMINO REAL  
STE B100

ENCINITAS, CA 92024

 Phone: (760) 436-4511

Fax: (760) 436-5106

 After Hours Phone: (760)  
436-4511

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **PEDIATRICS**

#### **CLEMENTINO, NANCY**

Provider ID: 386643

Provider Gender: Female

NPI: 1619948619

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN


DIEGO, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

Board Certified Specialty: No

 499 N EL CAMINO REAL  
STE B100

ENCINITAS, CA 92024

 Phone: (760) 436-4511

Fax: (760) 436-5106

 After Hours Phone: (760)  
436-4511

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **PEDIATRICS**


#### **MENDENHALL, ANNA**

Provider ID: 386635

Provider Gender: Female

NPI: 1639140650

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,


SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

 499 N EL CAMINO REAL  
STE B100

ENCINITAS, CA 92024

 Phone: (760) 436-4511

Fax: (760) 436-5106

 After Hours Phone: (760)  
436-4511

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **MURPHY, CARMEL**


Provider ID: 480243

Provider Gender: Female

License Number: A103940

NPI: 1790824787

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 753-7842

 After Hours Phone: (760)  
753-7842


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

## D2. 初級保健名錄

### **MURPHY, CARMEL**

Provider ID: 480243

Provider Gender: Female

License Number: A103940

NPI: 1790824787

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 753-7842

 After Hours Phone: (760)  
753-7842


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **TERRY, AMANDA**

Provider ID: 386739

Provider Gender: Female


NPI: 1861770885


Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, UCSF  
BENIOFF CHILDREN'S

### **HOSPITAL OAKLAND**

Board Certified Specialty: No

 499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024

 Phone: (760) 436-4511

Fax: (760) 436-5106

 After Hours Phone: (760)  
436-4511

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **TOLBA, KAMEI**

Provider ID: 386624

Provider Gender: Male


NPI: 1144221763


Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO,

SCRIPPS MEMORIAL


HOSPITAL


Board Certified Specialty: No

 499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024

 Phone: (760) 436-4511

Fax: (760) 436-5106


 After Hours Phone: (760)  
436-4511

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 480243

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

Provider ID: 480243

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

## D2. 初級保健名錄

1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760)  
736-6767  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **FORSMAN, SHANA**

Provider ID: 480243  
Provider Gender: Female  
License Number: PA19437  
NPI: 1306026737

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760)  
736-6767  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **FORSMAN, SHANA**

Provider ID: 480243  
Provider Gender: Female  
License Number: PA19437

NPI: 1306026737  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760)  
736-6767  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

## **ESCONDIDO**

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CARNEY, AMY**

Provider ID: 206271  
Provider Gender: Female  
License Number: NP8169  
NPI: 1164445227

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Phone: (760) 737-6900  
After Hours Phone: (760)  
737-6900  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TU 8:00AM-5:00PM  
W 9:00AM-5:00PM  
TH-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CARNEY, AMY**

Provider ID: 206271  
Provider Gender: Female  
License Number: NP8169  
NPI: 1164445227

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Phone: (760) 737-6900  
After Hours Phone: (760)  
737-6900

Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TU 8:00AM-5:00PM  
W 9:00AM-5:00PM  
TH-F 8:00AM-5:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HACINAS, REYNALDO**

Provider ID: 419344  
Provider Gender: Male  
License Number: NP95003024




## D2. 初級保健名錄


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](mailto: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](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### **KAHL, NICHOLAS**

Provider ID: 588941

Provider Gender: Male


License Number: NP95006360


NPI: 1821306598

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### **KAHL, NICHOLAS**

Provider ID: 588941

Provider Gender: Male


License Number: NP95006360


NPI: 1821306598


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

### **MITCHELL, CATHY**

Provider ID: 424775

Provider Gender: Female


License Number: NP4799


NPI: 1356365365

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 After Hours Phone: (760)  
690-5900

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### CERTIFIED NURSE

### PRACTITIONER

### **MITCHELL, CATHY**

Provider ID: 424775

Provider Gender: Female

License Number: NP4799






NPI: 1356365365

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No



## D2. 初級保健名錄

 426 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 690-5900  
 After Hours Phone: (760)  
690-5900  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\21  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM






### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **TODD, MIKAYLA**

Provider ID: 588941  
Provider Gender: Female  
License Number: NP95005999  
NPI: 1316478092

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No






 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **TODD, MIKAYLA**

Provider ID: 588941  
Provider Gender: Female  
License Number: NP95005999  
NPI: 1316478092  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **ROBINSON, DEAN**






Provider ID: 206270  
Provider Gender: Male  
License Number: DC12036  
NPI: 1851320337  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER





### **CHIROPRACTOR**

#### **ROBINSON, DEAN**

Provider ID: 206270  
Provider Gender: Male  
License Number: DC12036  
NPI: 1851320337  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**


#### **ZECHA, RONALD**

Provider ID: 206270  
Provider Gender: Male  
License Number: DC28605  
NPI: 1427252121  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

## D2. 初級保健名錄

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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **FAMILY PRACTICE**

#### **AVILA, MICHAEL**

Provider ID: 206270

Provider Gender: Male

License Number: A159727


NPI: 1962936450


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

## D2. 初級保健名錄

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No  
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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No  
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): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

Hours: M-W 8:00AM-8:00PM  
TH-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **CASTANER, ZALYA**

Provider ID: 206271

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900


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737-6900

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No  
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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

### **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

## D2. 初級保健名錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-W 8:00AM-8:00PM  
TH-F 8:00AM-5:00PM




### **FAMILY PRACTICE**


#### **COBIAN, VANESSA**

Provider ID: 206271  
Provider Gender: Female  
License Number: A145349  
NPI: 1134513039

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760)  
737-6900


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-W 8:00AM-8:00PM  
TH-F 8:00AM-5:00PM


### **FAMILY PRACTICE**

#### **COX, VICTORIA**

Provider ID: 588941  
Provider Gender: Female  
License Number: C171064  
NPI: 1093087819

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **COX, VICTORIA**

Provider ID: 588941  
Provider Gender: Female  
License Number: C171064  
NPI: 1093087819

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


### **FAMILY PRACTICE**

#### **FERRAILOLO, NATALIE**

Provider ID: 206270  
Provider Gender: Female  
License Number: A152372  
NPI: 1306290143

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM




### **FAMILY PRACTICE**

#### **FERRAILOLO, NATALIE**

Provider ID: 206270  
Provider Gender: Female  
License Number: A152372  
NPI: 1306290143

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM



## D2. 初級保健名錄

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

Provider ID: 652372

Provider Gender: Female

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

128 N BROADWAY  
ESCONDIDO, CA 92025

Phone: (760) 546-2858

After Hours Phone: (760)  
546-2858

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

Provider ID: 652372

Provider Gender: Female

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

128 N BROADWAY  
ESCONDIDO, CA 92025

Phone: (760) 546-2858

After Hours Phone: (760)  
546-2858

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **KAUR, JATINDER**

Provider ID: 206270

Provider Gender: Female

License Number: A120771

NPI: 1912141391

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **FAMILY PRACTICE**

#### **KAUR, JATINDER**

Provider ID: 206270

Provider Gender: Female

License Number: A120771

NPI: 1912141391

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **FAMILY PRACTICE**

#### **LAI, AMARA**

Provider ID: 206271

Provider Gender: Female

License Number: A120348

NPI: 1790912855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (760) 737-6900

After Hours Phone: (760)  
737-6900

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM

W 9:00AM-5:00PM

TH-F 8:00AM-5:00PM



## D2. 初級保健名錄

### **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): Board Certified Specialty: No

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): Cultural Competency: N

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **MCHENRY, KATHRYN**

Provider ID: 206270

Provider Gender: Female

License Number: 20A14292

NPI: 1326458373


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **FAMILY PRACTICE**

#### **MCHENRY, KATHRYN**

Provider ID: 206270

Provider Gender: Female

License Number: 20A14292

NPI: 1326458373


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **FAMILY PRACTICE**

#### **NAKAMURA, MELANIE**

Provider ID: 206270

Provider Gender: Female

License Number: A107557


NPI: 1104022672


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

## D2. 初級保健名錄

### 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

NPI: 1184019911

 Provider English Spoken: Y  
 Provider Language(s)


## D2. 初級保健名錄


*Spoken: Hindi, Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: N/A

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\120*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**


#### **RAO, USHA**


*Provider ID: 588941*

*Provider Gender: Female*

*License Number: A148750*

*NPI: 1184019911*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Hindi, Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\120*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*

*PROVIDER*

### **FAMILY PRACTICE**


#### **RASHCOVSKY SCHIFF, KARIN**


*Provider ID: 206270*

*Provider Gender: Female*

*License Number: A82173*

*NPI: 1699706333*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: French*


*Cultural Competency: N*

*Hospital Affiliation: PALOMAR  
MEDICAL CENTER*

*Board Certified Specialty: No*

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **RASHCOVSKY SCHIFF, KARIN**


*Provider ID: 206270*

*Provider Gender: Female*

*License Number: A82173*

*NPI: 1699706333*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: French*


*Cultural Competency: N*

*Hospital Affiliation: PALOMAR  
MEDICAL CENTER*

*Board Certified Specialty: No*

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100


 Website: www.ihpsocal.org

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **SANDHU, BASANT**


*Provider ID: 206271*

*Provider Gender: Male*

*License Number: A140398*

*NPI: 1265795744*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: German, Hindi,  
Punjabi, Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*






*Hours: M-W 8:00AM-8:00PM*

*TH-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **SANDHU, BASANT**






## D2. 初級保健名錄

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 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**






#### **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):

 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









## D2. 初級保健名錄

 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](http://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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM



## D2. 初級保健名錄

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](mailto: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](mailto: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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **FQHC**

#### **NEIGHBORHOOD**

#### **HEALTHCARE ESCONDIDO,**

Provider ID: 206270

NPI: 1598703647

 Provider English Spoken: Y  
Cultural Competency: N

 460 N ELM ST

## D2. 初級保健名錄

ESCONDIDO, CA 92025  
☎ Phone: (760) 520-8100  
Fax: (360) 466-2745  
📞 After Hours Phone: (760) 520-8100  
🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-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](http://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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\21  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**FQHC**  
**NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY,**  
Provider ID: 206271  
NPI: 1720264641  
☐ Provider English Spoken: Y  
Cultural Competency: N  
📍 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
☎ Phone: (760) 737-6900  
Fax: (360) 462-2748  
📞 After Hours Phone: (760) 737-6900  
🌐 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

## D2. 初級保健名錄

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. 初級保健名錄

### 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: 235296

Provider Gender: Female

NPI: 1659305084

Provider English Spoken: Y

Provider Language(s)  
Spoken: Greek, Spanish

Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

Fax: (360) 462-2745

After Hours Phone: (760)  
520-8100

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### INTERNAL MEDICINE

#### **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



## D2. 初級保健名錄

Medi-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

### 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: 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):



## D2. 初級保健名錄

N

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **AGUILAR, EDITA**

*Provider ID: 424775*

*Provider Gender: Female*

*License Number: A56054*

*NPI: 1467407411*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 426 N DATE ST  
ESCONDIDO, CA 92025

 *Phone: (760) 690-5900*

 *After Hours Phone: (760) 690-5900*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\21*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **ALDANA, NANCY**

*Provider ID: 424775*

*Provider Gender: Female*

*License Number: A62467*

*NPI: 1558371963*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: TRI CITY MEDICAL CTR, RADY*


*CHILDRENS HOSPITAL SAN*

*DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS*

*Board Certified Specialty: No*

 426 N DATE ST  
ESCONDIDO, CA 92025

 *Phone: (760) 520-8340*

 *After Hours Phone: (760) 520-8340*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\21*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **ALDANA, NANCY**

*Provider ID: 424775*

*Provider Gender: Female*

*License Number: A62467*

*NPI: 1558371963*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: TRI CITY MEDICAL CTR, RADY*


*CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL*


*HOSPITAL ENCINITAS*

*Board Certified Specialty: No*

 426 N DATE ST  
ESCONDIDO, CA 92025

 *Phone: (760) 520-8340*

 *After Hours Phone: (760) 520-8340*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\21*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **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*






*NPI: 1619907607*

## D2. 初級保健名錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER*  
*Board Certified Specialty: No*  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
 *After Hours Phone: (760) 520-8100*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **CHOW, BYRON**



*Provider ID: 206270*  
*Provider Gender: Male*  
*License Number: A78116*  
*NPI: 1619907607*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER*  
*Board Certified Specialty: No*  
 460 N ELM ST  
ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
 *After Hours Phone: (760) 520-8100*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*



*American Sign Language (ASL): N*  
*NPI: 1750579108*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **COHEN, CARA**

*Provider ID: 661879*  
*Provider Gender: Female*  
*NPI: 1215021274*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR HEALTH, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND*  
*Board Certified Specialty: No*


 625 CITRACADO PKWY STE 100  
ESCONDIDO, CA 92025  
 *Phone: (760) 746-2641*  
*Fax: (760) 740-2178*






 *After Hours Phone: (760) 746-2641*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **COULLAHAN, JESSICA**




*Provider ID: 661887*  
*Provider Gender: Female*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER*  
*Board Certified Specialty: No*





 625 CITRACADO PKWY STE 100  
ESCONDIDO, CA 92025  
 *Phone: (760) 746-2641*  
*Fax: (760) 740-2178*  
 *After Hours Phone: (760) 746-2641*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM SA 8:30AM-0:00PM*

### **PEDIATRICS**

#### **CURET, ZULMA**



*Provider ID: 206270*  
*Provider Gender: Female*  
*License Number: A119661*  
*NPI: 1841561107*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
 460 N ELM ST  
ESCONDIDO, CA 92025

## D2. 初級保健名錄




 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER






### **PEDIATRICS**

#### **DOSHI, NEELIMA**

Provider ID: 640252  
Provider Gender: Female



NPI: 1417921578  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No




 426 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (833) 867-4642  
Fax: (360) 462-2752  
 After Hours Phone: (833) 867-4642  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\18  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



### **PEDIATRICS**

#### **DOSHI, NEELIMA**

Provider ID: 424775  
Provider Gender: Female  
License Number: A67626  
NPI: 1417921578  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO



Board Certified Specialty: No

 426 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 690-5900  
 After Hours Phone: (760) 690-5900






 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\21  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **DOSHI, NEELIMA**

Provider ID: 424775  
Provider Gender: Female  
License Number: A67626  
NPI: 1417921578  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

 426 N DATE ST  
ESCONDIDO, CA 92025  
 Phone: (760) 690-5900  
 After Hours Phone: (760) 690-5900  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\21  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **IBRAHIM, MAGED**

Provider ID: 419344  
Provider Gender: Male  
License Number: C141296  
NPI: 1306852934

## D2. 初級保健名錄

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

Provider English Spoken: Y




## D2. 初級保健名錄

*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*

*Hours: M-F 8:00AM-5:00PM*


### **PEDIATRICS**

#### **SONG, JOYCE**

*Provider ID: 661892*

*Provider Gender: Female*

*NPI: 1417510694*


 *Provider English Spoken: Y*

*Cultural Competency: N*


*Board Certified Specialty: No*

 625 CITRACADO PKWY STE 100

ESCONDIDO, CA 92025

 *Phone: (760) 746-2641*

*Fax: (760) 740-2178*

 *After Hours Phone: (760) 746-2641*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*


### **PEDIATRICS**

#### **STERNFELD, SHARON**

*Provider ID: 56437*

*Provider Gender: Female*

*NPI: 1184695108*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: PALOMAR*

*HEALTH, RADY CHILDRENS*


*HOSPITAL SAN DIEGO,*

*PALOMAR MEDICAL CENTER*


*Board Certified Specialty: No*

 625 CITRACADO PKWY STE 200

ESCONDIDO, CA 92025

 *Phone: (760) 746-2641*

*Fax: (760) 740-2178*


 *After Hours Phone: (760) 746-2641*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*SA 8:00AM-0:00PM*

### **PEDIATRICS**

#### **STERNFELD, SHARON**

*Provider ID: 661929*

*Provider Gender: Female*

*NPI: 1184695108*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: PALOMAR*

*HEALTH, RADY CHILDRENS*


*HOSPITAL SAN DIEGO,*

*PALOMAR MEDICAL CENTER*


*Board Certified Specialty: No*


 625 CITRACADO PKWY STE 100

ESCONDIDO, CA 92025

 *Phone: (760) 746-2641*

*Fax: (760) 740-2178*

 *After Hours Phone: (760) 746-2641*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT*



## D2. 初級保健名錄

*PROVIDER*  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **STRAZICICH, KARLA**

Provider ID: 206270

Provider Gender: Female

License Number: A45413

NPI: 1134154958

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **STRAZICICH, KARLA**

Provider ID: 206270

Provider Gender: Female

License Number: A45413

NPI: 1134154958

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **TELLECHEA-SANCHEZ,**

#### **SELMIRA**

Provider ID: 424775

Provider Gender: Female

License Number: G83438

NPI: 1730288747

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

426 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 690-5900

After Hours Phone: (760)  
690-5900

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\21

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **TELLECHEA-SANCHEZ,**

#### **SELMIRA**

Provider ID: 424775

Provider Gender: Female

License Number: G83438

NPI: 1730288747

Provider English Spoken: Y

Cultural Competency: N  
Board Certified Specialty: No

426 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 690-5900

After Hours Phone: (760)  
690-5900

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\21

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **THIRUNAGARI, HARRSHA**

Provider ID: 419344

Provider Gender: Female

License Number: A64928

NPI: 1447472212

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N

Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,

RIVERSIDE COMMUNITY

HOSP, Parkview Community

Hospital Medical Center

Board Certified Specialty: No

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

Phone: (760) 871-0606

After Hours Phone: (760)  
871-0606

Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

## D2. 初級保健名錄

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](mailto: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


### **PEDIATRICS**

#### **TYGART, MELISSA**

Provider ID: 661907

Provider Gender: Female

NPI: 1336602507

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

 625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025

 Phone: (760) 746-2641

Fax: (760) 740-2178

 After Hours Phone: (760)  
746-2641

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM


### **PEDIATRICS**


#### **ZANDKARIMI, FARIBA**

Provider ID: 87737

Provider Gender: Female

NPI: 1356373674

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Hospital Affiliation: MERCY

GENERAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY


HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA, UCSD

MEDICAL CTR

Board Certified Specialty: No

 240 W MISSION AVE STE A  
ESCONDIDO, CA 92025

 Phone: (760) 747-5400

Fax: (760) 747-2286

 After Hours Phone: (760)  
747-5400

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **BAISLEY, SHAWN**

Provider ID: 588941

Provider Gender: Male

License Number: PA52347


NPI: 1376936120


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT

## D2. 初級保健名錄

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**

#### **KELLEHER, BRIDGET**

## D2. 初級保健名錄

Provider ID: 624122  
Provider Gender: Female  
License Number: NP95003447  
NPI: 1245695006  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No



 321 E ALVARADO ST  
FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760)  
723-6200  
 Website: www.vistacommunityclinic.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### **CERTIFIED NURSE PRACTITIONER**

#### **KELLEHER, BRIDGET**

Provider ID: 624122  
Provider Gender: Female  
License Number: NP95003447  
NPI: 1245695006  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028  
 Phone: (760) 723-6200



 After Hours Phone: (760)  
723-6200  
 Website: www.vistacommunityclinic.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **KELLEHER, BRIDGET**

Provider ID: 624122  
Provider Gender: Female  
License Number: NP95003447  
NPI: 1245695006  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No






 321 E ALVARADO ST  
FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760)  
723-6200  
 Website: www.vistacommunityclinic.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **KELLEHER, BRIDGET**

Provider ID: 624122  
Provider Gender: Female  
License Number: NP95003447  
NPI: 1245695006  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No



 321 E ALVARADO ST  
FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760)  
723-6200  
 Website: www.vistacommunityclinic.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **KELLEHER, BRIDGET**



Provider ID: 624122  
Provider Gender: Female  
License Number: NP95003447  
NPI: 1245695006  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028  
 Phone: (760) 723-6200





## D2. 初級保健名錄

 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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 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

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Hours: M 8:00AM-4:00PM

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### **CERTIFIED NURSE**

#### **PRACTITIONER**


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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



## D2. 初級保健名錄

License Number: NP95015717


NPI: 1801497284


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
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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

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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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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](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**

Provider ID: 624122

## D2. 初級保健名錄

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200


 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**


#### **FALLBROOK FAMILY HLTH CTR,**

Provider ID: 183910


NPI: 1982756086

 Provider English Spoken: Y  
Cultural Competency: N

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 451-4700

 After Hours Phone: (760)  
451-4720


 Website: N/A

Email: [a.escobeclo@chsica.org](mailto:a.escobeclo@chsica.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

### **FQHC**


#### **FALLBROOK FAMILY HLTH CTR,**

Provider ID: 183910

NPI: 1982756086

 Provider English Spoken: Y  
Cultural Competency: N

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 451-4700

 After Hours Phone: (760)




## D2. 初級保健名錄

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):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-4:00PM  
TU 8:00AM-0:30PM

## D2. 初級保健名錄

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](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM

### **PEDIATRICS**

#### **DEL RE, AMANDA**

Provider ID: 238960

Provider Gender: Female


NPI: 1548499957

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No


 1107 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-0070

Fax: (760) 451-1499

 After Hours Phone: (760)

451-0070

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **PAIK, JULIANA**

Provider ID: 504522


Provider Gender: Female

NPI: 1528167087

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1107 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-0070

Fax: (760) 451-1499

 After Hours Phone: (760)  
451-0070

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM



### **PEDIATRICS**

#### **ROBINSON, DAISY**

Provider ID: 230579

Provider Gender: Female

NPI: 1659389740

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-4:00PM

### **PEDIATRICS**

#### **VU, WENDY**

Provider ID: 183910

Provider Gender: Female


License Number: A169529


NPI: 1508148370

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4770

 After Hours Phone: (760)  
451-4770

 Website: N/A

Email: [a.escobeclo@chsica.org](mailto:a.escobeclo@chsica.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT



## D2. 初級保健名錄

*PROVIDER*  
Hours: M-F 8:00AM-7:30PM  
SA 8:00AM-5:00PM

### **PEDIATRICS**



#### **VU, WENDY**

Provider ID: 183910  
Provider Gender: Female  
License Number: A169529  
NPI: 1508148370  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1328 S MISSION RD  
FALLBROOK, CA 92028  
 Phone: (760) 451-4770  
 After Hours Phone: (760)  
451-4770  
 Website: N/A  
Email: a.escobedo@chsica.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-7:30PM  
SA 8:00AM-5:00PM

### **IMPERIAL BEACH**

### **FAMILY PRACTICE**

#### **JOHNSON, DANIEL**






Provider ID: 179678  
Provider Gender: Male  
License Number: 20A9393  
NPI: 1245311216  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N



Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 After Hours Phone: (619)  
429-3733  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:30AM-9:00PM  
F 8:30AM-5:00PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**



#### **JOHNSON, DANIEL**

Provider ID: 179678  
Provider Gender: Male  
License Number: 20A9393  
NPI: 1245311216  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Board Certified Specialty: No  
 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 After Hours Phone: (619)  
429-3733

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:30AM-9:00PM  
F 8:30AM-5:00PM  
SA 8:30AM-2:00PM



### **FQHC**

#### **IMPERIAL BEACH HEALTH CENTER,**

Provider ID: 179678  
NPI: 1790718351  
 Provider English Spoken: Y  
Cultural Competency: N  
 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
Fax: (619) 628-5550  
 After Hours Phone: (619)  
429-3733  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **IMPERIAL BEACH HEALTH CENTER,**

Provider ID: 179678  
NPI: 1790718351  
 Provider English Spoken: Y  
Cultural Competency: N  
 949 PALM AVE



## D2. 初級保健名錄

IMPERIAL BEACH, CA 91932 NPI: 1780609990  
☎ Phone: (619) 429-3733  
☎ Fax: (619) 628-5550  
🕒 After Hours Phone: (619) 429-3733  
🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **RYAN, DANA**

Provider ID: 179678  
Provider Gender: Female  
License Number: A66830  
NPI: 1780609990  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
☎ Phone: (619) 429-3733  
🕒 After Hours Phone: (619) 429-3733  
🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **RYAN, DANA**

Provider ID: 179678  
Provider Gender: Female  
License Number: A66830

☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
☎ Phone: (619) 429-3733  
🕒 After Hours Phone: (619) 429-3733  
🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **DOKICH, SRETENKA**

Provider ID: 179678  
Provider Gender: Female  
License Number: A51447  
NPI: 1154409035  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Board Certified Specialty: No  
📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
☎ Phone: (619) 429-3733  
🕒 After Hours Phone: (619) 429-3733  
🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **DOKICH, SRETENKA**

Provider ID: 179678  
Provider Gender: Female  
License Number: A51447  
NPI: 1154409035  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Board Certified Specialty: No  
📍 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
☎ Phone: (619) 429-3733  
🕒 After Hours Phone: (619) 429-3733  
🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER



## LA JOLLA

### PEDIATRICS

#### **GAINOR, GRETCHEN**


Provider ID: 537752  
Provider Gender: Female  
NPI: 1174504757  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037  
☎ Phone: (858) 459-4351  
☎ Fax: (858) 459-4399  
🕒 After Hours Phone: (858) 459-4351

## D2. 初級保健名錄


 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **PEDIATRICS**


#### **GANDHI, SHEETAL**


Provider ID: 282029  
Provider Gender: Female  
NPI: 1700858859  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No  
 4150 REGENTS PARK ROW  
STE 355

LA JOLLA, CA 92037  
 Phone: (858) 457-2043  
Fax: (858) 457-2092

 After Hours Phone: (858)  
457-2043


 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **PEDIATRICS**

#### **HUNTER, WENDY**


Provider ID: 377597


Provider Gender: Female  
NPI: 1053515551  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
 7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037

 Phone: (858) 459-4351  
Fax: (858) 459-4399

 After Hours Phone: (858)  
459-4351



 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **PEDIATRICS**

#### **PARSONS, GENEVIEVE**


Provider ID: 24122  
Provider Gender: Female  
NPI: 1699700914


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No  
 7300 GIRARD AVE STE 106  
LA JOLLA, CA 92037

 Phone: (858) 459-4351  
Fax: (858) 459-4399

 After Hours Phone: (858)  
459-4351


 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **PEDIATRICS**

#### **PASTORE, SIMONE**


Provider ID: 600881  
Provider Gender: Female  
NPI: 1528588134


 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4150 REGENTS PARK ROW  
STE 355  
LA JOLLA, CA 92037

 Phone: (858) 457-2043  
Fax: (858) 457-2092

 After Hours Phone: (858)  
457-2043

 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **ROBERTS, KENDALL**

## D2. 初級保健名錄

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

Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

## D2. 初級保健名錄

 Phone: (616) 464-6434  
 After Hours Phone: (616) 464-6434

 Website: N/A

Email:


[iselaocha@borregohealth.org](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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



## D2. 初級保健名錄

*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](mailto: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*  
 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](mailto: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: 451191*  
*Provider Gender: Female*  
*NPI: 1487746855*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 8881 FLETCHER PKWY STE  
205  
LA MESA, CA 91942  
 *Phone: (619) 464-6434*  
*Fax: (619) 464-5109*

*After Hours Phone: (619)*  
*464-6434*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT*  
**PROVIDER**

*Hours: M-TU 7:30AM-6:00PM*  
*W-F 7:30AM-6:30PM*  
*SA 8:30AM-5:00PM*

### **PEDIATRICS**

#### **ALSHEIKH, HUDA**

*Provider ID: 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](mailto: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](mailto:iselaocha@borregohealth.org)  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\21*



## D2. 初級保健名錄

American Sign Language (ASL): CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **ALSHEIKH, HUDA**

Provider ID: 435468

Provider Gender: Female

NPI: 1487746855

Provider English Spoken: Y


Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619)  
464-6434


 Website: N/A

Medi-Cal Open Panel: 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

HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619)  
464-6434

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 11:30AM-3:30PM

### PEDIATRICS

#### **EMPIE, KRISTEN**

Provider ID: 648986

Provider Gender: Female

NPI: 1093343105


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No


 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619)  
464-6434

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 11:30AM-3:30PM

### PEDIATRICS

#### **EMPIE, KRISTEN**

Provider ID: 648987

Provider Gender: Female

NPI: 1093343105


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

 Phone: (619) 464-6434

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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

NPI: 1912193301

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

## D2. 初級保健名錄

CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **GIANFORTUNE, RACHEL**

Provider ID: 450501

Provider Gender: Female

NPI: 1912193301

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **IMUS, PAUL**

Provider ID: 239590

Provider Gender: Male

NPI: 1104116680

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MARY BIRCH  
HOSP FOR WOMEN AND  
NEWBORNS, GROSSMONT  
HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619)  
401-0404

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **MOFFATT, KYRRA**

Provider ID: 275099

Provider Gender: Female

NPI: 1194922419

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619)  
401-0404

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **MOLINOS, NICOLE**

Provider ID: 538098

Provider Gender: Female

NPI: 1538685524

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

6942 UNIVERSITY AVE STE  
A

LA MESA, CA 91942

## D2. 初級保健名錄

☎ 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

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♿ 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

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200

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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

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464-6434

🌐 Website: N/A


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

## D2. 初級保健名錄

 *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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*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): 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*

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*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

#### **FQHC**

##### **NEIGHBORHOOD**


##### **HEALTHCARE LAKESIDE,**

*Provider ID: 353843*


*NPI: 1932384120*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


 10039 VINE ST  
LAKESIDE, CA 92040

 *Phone: (858) 218-3000*  
*Fax: (360) 462-2744*

 *After Hours Phone: (858) 218-3000*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

#### **FQHC**

##### **NEIGHBORHOOD**

##### **HEALTHCARE LAKESIDE,**





## D2. 初級保健名錄

Provider ID: 353843


NPI: 1932384120

 Provider English Spoken: Y  
Cultural Competency: N

 10039 VINE ST  
LAKESIDE, CA 92040


 Phone: (858) 218-3000  
Fax: (360) 462-2744

 After Hours Phone: (858)  
218-3000

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **INTERNAL MEDICINE**


#### **MCFARLAND, NATHAN**


Provider ID: 353843

Provider Gender: Male

License Number: A75411



NPI: 1265462196


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N

Board Certified Specialty: No


 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (858) 218-3000  
 After Hours Phone: (858)  
218-3000

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **INTERNAL MEDICINE**


#### **MCFARLAND, NATHAN**


Provider ID: 353843

Provider Gender: Male

License Number: A75411



NPI: 1265462196


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N

Board Certified Specialty: No

 10039 VINE ST  
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 Phone: (858) 218-3000  
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218-3000

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PREVENTATIVE MEDICINE**

#### **GENERAL**

#### **MANNINO, ELIZABETH**


Provider ID: 353843

Provider Gender: Female

License Number: A43914


NPI: 1548290463


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040


 Phone: (858) 218-3000

 After Hours Phone: (858)  
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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

### **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  
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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

## **LEMON GROVE**

### **CERTIFIED NURSE**

### **PRACTITIONER**



## D2. 初級保健名錄

### ALLEN, KATHERINE

Provider ID: 419139

Provider Gender: Female


License Number: NP95009933


NPI: 1831557024

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### CERTIFIED NURSE

### PRACTITIONER

### ALLEN, KATHERINE

Provider ID: 419139

Provider Gender: Female


License Number: NP95009933


NPI: 1831557024


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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LEMON GROVE, CA 91945

 Phone: (619) 515-2550

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 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### CERTIFIED NURSE

### PRACTITIONER

### ARVIZU, PALOMA

Provider ID: 419139

Provider Gender: Female

License Number: NP95008782

NPI: 1689139396


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### CERTIFIED NURSE

### PRACTITIONER

### ARVIZU, PALOMA

Provider ID: 419139

Provider Gender: Female

License Number: NP95008782

NPI: 1689139396


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### CERTIFIED NURSE

### PRACTITIONER

### SMITH, SHARON

Provider ID: 419139

Provider Gender: Female

License Number: 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](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. 初級保健名錄

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*


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 *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):*

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 *Accessibility: CONTACT PROVIDER*

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#### 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*

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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*

### 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*

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 *Website: N/A*

*Email: valeriade@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### CERTIFIED NURSE

#### PRACTITIONER

**TOTH, JESSICA**

*Provider ID: 419139*

*Provider Gender: Female*

*License Number: NP95001050*


*NPI: 1578993788*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

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LEMON GROVE, CA 91945

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 *Website: N/A*

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*Medi-Cal Open Panel: Y*

## D2. 初級保健名錄

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **WILLIAMS, TAKISHA**


Provider ID: 419139

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **WILLIAMS, TAKISHA**


Provider ID: 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

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **DORN, TIA**

Provider ID: 419139

Provider Gender: Female

License Number: C172318


NPI: 1285074740


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550


 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **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)  
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 Website: N/A

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **FAMILY PRACTICE**

#### **KIM, YUHEE**

Provider ID: 419139

Provider Gender: Female

License Number: A107323

NPI: 1629289400


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A


Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

## D2. 初級保健名錄

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **KIM, YUHEE**


Provider ID: 419139

Provider Gender: Female

License Number: A107323

NPI: 1629289400


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FQHC**

#### **LEMON GROVE FAMILY**


#### **HEALTH CENTER,**

Provider ID: 419139

NPI: 1427282466


 Provider English Spoken: Y  
Cultural Competency: N

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

Fax: (619) 825-9577

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### **FQHC**

#### **LEMON GROVE FAMILY**


#### **HEALTH CENTER,**

Provider ID: 419139

NPI: 1427282466

 Provider English Spoken: Y  
Cultural Competency: N

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

Fax: (619) 825-9577

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515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### **INTERNAL MEDICINE**

#### **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](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **GALLARES, DANIEL**

Provider ID: 419139

Provider Gender: Male


License Number: A165925


NPI: 1245689488

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
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 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **MAHDAI, SUZAN**



## D2. 初級保健名錄

Provider ID: 419139  
Provider Gender: Female  
License Number: A154838  
NPI: 1598015679  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM

### INTERNAL MEDICINE

#### **MAHDAI, SUZAN**

Provider ID: 419139  
Provider Gender: Female  
License Number: A154838  
NPI: 1598015679  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 7592 BROADWAY  
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 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM

### OBSTETRICS / GYNECOLOGY

#### **ALIMONOS, LYSISTRATI**

Provider ID: 419139  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

#### **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  
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 Phone: (619) 515-2500  
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515-2500  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

#### **BUECHNER, CHARLENE**

Provider ID: 419139  
Provider Gender: Female  
License Number: A68463  
NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No  
 7592 BROADWAY



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Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **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  
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Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **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  
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After Hours Phone: (619) 515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 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

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 419139

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND





HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No



7592 BROADWAY  
LEMON GROVE, CA 91945




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Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **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](mailto: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](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**







#### **CHAKRABARTI, PRIYA**

Provider ID: 419139  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp

Grossmont Hospital  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 419139  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

## D2. 初級保健名錄

Provider ID: 419139  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 419139  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 419139  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
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515-2550  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 419139  
Provider Gender: Female  
License Number: A148014

NPI: 1457794752  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
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 After Hours Phone: (619)  
515-2550  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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,

## D2. 初級保健名錄

SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 419139

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **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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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  
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Website: N/A

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 419139

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL


Board Certified Specialty: No


7592 BROADWAY



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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **LOEFFLER, ALLISON**

Provider ID: 419139

Provider Gender: Female

License Number: A116680

NPI: 1700073962

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550


 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **LOEFFLER, ALLISON**

Provider ID: 419139

Provider Gender: Female

License Number: A116680

NPI: 1700073962

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

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515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**

Provider ID: 419139

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**

Provider ID: 419139

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y



## D2. 初級保健名錄

Min/Max Age: 0\150

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 419139

Provider Gender: Male

License Number: A154298

NPI: 1710316450

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP


CORONADO HOSP AND


HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: N/A


Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

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  
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 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **SAPRA, SONIA**

Provider ID: 419139

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s) Spoken: Hindi

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550


 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 419139

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s) Spoken: Hindi


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

## D2. 初級保健名錄

### **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](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 419139

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 419139

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

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

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Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 419139

Provider Gender: Male

License Number: G78814


NPI: 1699790634


Provider English Spoken: Y

## D2. 初級保健名錄

*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  
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515-2500


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Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **ZIEG, ALAN**

Provider ID: 419139

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y


*Cultural Competency: N*


*Hospital Affiliation:*

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

*Board Certified Specialty: No*

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 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**


#### **JACKSON, DANA**

Provider ID: 419139

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Portuguese,  
Spanish


*Cultural Competency: N*


*Hospital Affiliation:*


MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

*Board Certified Specialty: No*

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **JACKSON, DANA**

Provider ID: 419139

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Portuguese,  
Spanish


*Cultural Competency: N*


*Hospital Affiliation:*

MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

*Board Certified Specialty: No*

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550


 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SLEIMAN, JOSEPH**



Provider ID: 419139

Provider Gender: Male

License Number: A102060





NPI: 1093976748


## D2. 初級保健名錄

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, French,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **SLEIMAN, JOSEPH**

Provider ID: 419139  
Provider Gender: Male  
License Number: A102060  
NPI: 1093976748  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, French,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550  
 Website: N/A


Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **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](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT







#### **FLEMING, DAVID**

Provider ID: 419139  
Provider Gender: Male  
License Number: PA12416  
NPI: 1932329505  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 7592 BROADWAY

LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **GODDARD, SHANNON**

Provider ID: 419139  
Provider Gender: Female  
License Number: PA56072  
NPI: 1780961417  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 7592 BROADWAY  
LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
515-2550  
 Website: N/A  
Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **GODDARD, SHANNON**

Provider ID: 419139  
Provider Gender: Female  
License Number: PA56072




## D2. 初級保健名錄


NPI: 1780961417

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A


Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### NATIONAL CITY

#### 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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

#### CERTIFIED NURSE

#### PRACTITIONER


#### **AQUINO, FELINO**


Provider ID: 418302

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

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 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

#### CERTIFIED NURSE

#### PRACTITIONER

#### **AQUINO, FELINO**


Provider ID: 417102

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-6:00PM

F 8:00AM-5:00PM

#### CERTIFIED NURSE

#### PRACTITIONER


#### **AQUINO, FELINO**

Provider ID: 417102

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y


Min/Max Age: 0\150

American Sign Language (ASL):

N




## D2. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TH 8:00AM-6:00PM*  
*F 8:00AM-5:00PM*

### **CERTIFIED NURSE PRACTITIONER**

#### **DHARKAR SURBER, SAPNA**

*Provider ID: 185270*  
*Provider Gender: Female*  
*License Number: NP95013257*  
*NPI: 1538707765*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 *Phone: (619) 434-7308*  
*Fax: (619) 434-7310*

 *After Hours Phone: (619) 434-7308*


 *Website: www.lamaestra.org*

*Email: aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

#### **DHARKAR SURBER, SAPNA**


*Provider ID: 185270*  
*Provider Gender: Female*

*License Number: NP95013257*  
*NPI: 1538707765*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*

 217 HIGHLAND AVE  
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 *Phone: (619) 434-7308*

*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  
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 *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**



## D2. 初級保健名錄


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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **CERTIFIED NURSE PRACTITIONER**



#### **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)  
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 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-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](http://www.fhcsd.org)  
Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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

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Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.lamaestra.org)

Email:

## D2. 初級保健名錄

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


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/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

### **FAMILY PRACTICE**

**ALGHAMDI, ASMA**

Provider ID: 227418

Provider Gender: Female


License Number: A167529


NPI: 1316310840


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Medi-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

### **FAMILY PRACTICE**

**ANDAYA, MIKHAEL**

Provider ID: 418930

Provider Gender: Male

License Number: A176878

NPI: 1780189209


Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

## D2. 初級保健名錄

*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](http://www.fhcsd.org)  
Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **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<br/>mahan.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*  
*W 10:00AM-7:00PM*

*TH-F 8:30AM-5:30PM*

### **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*

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mahan.org](http://www.operationsa<br/>mahan.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*

*W 10:00AM-7:00PM*

*TH-F 8:30AM-5:30PM*

### **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-cli  
nic](http://syhealth.org/clinic<br/>s/paradise-hills-family-cli<br/>nic)

*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*

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nic](http://syhealth.org/clinic<br/>s/paradise-hills-family-cli<br/>nic)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **FAMILY PRACTICE**



## D2. 初級保健名錄

### **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](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-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](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **FAMILY PRACTICE**

### **CARRIEDO CENICEROS, MARIA**

Provider ID: 227412

Provider Gender: Female

License Number: A78373

NPI: 1295746618


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinic  
s/national- city- family- clin  
ic- 1](http://syhealth.org/clinic<br/>s/national- city- family- clin<br/>ic- 1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

### **CARRIEDO CENICEROS, MARIA**

Provider ID: 227412

Provider Gender: Female

License Number: A78373

NPI: 1295746618


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinic  
s/national- city- family- clin  
ic- 1](http://syhealth.org/clinic<br/>s/national- city- family- clin<br/>ic- 1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

### **CEVALLOS, JAMES**

Provider ID: 227412

Provider Gender: Male

License Number: A55469

NPI: 1720181829

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No


 1136 D AVE  
NATIONAL CITY, CA 91950



## D2. 初級保健名錄

 Phone: (619) 662-4100  
Fax: (619) 474-3722


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **CEVALLOS, JAMES**

Provider ID: 227412

Provider Gender: Male

License Number: A55469

NPI: 1720181829

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 474-3722

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### **PROVIDER**

### **FAMILY PRACTICE**


#### **DILLON, MAYRA**

Provider ID: 227412

Provider Gender: Female

License Number: A112571

NPI: 1629232715

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 336-2323

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**


#### **DILLON, MAYRA**


Provider ID: 227412

Provider Gender: Female

License Number: A112571

NPI: 1629232715

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 336-2323

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **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](http://syhealth.org/clinics/national-city-family-clinic-1)


## D2. 初級保健名錄

Medi-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](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **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](http://www.fhcsd.org)  
Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-3:30PM  
TU 10:30AM-5:30PM  
W 8:30AM-3:30PM  
TH 10:30AM-5:30PM  
F 8:30AM-3:30PM

### **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  
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515-2399  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)


Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

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 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](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **LAW, KAREN**

Provider ID: 227418  
Provider Gender: Female

## D2. 初級保健名錄

License Number: A138534

NPI: 1205253150

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: CHULA

VISTA COMM HOSP

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/paradise- hills- family- cli  
nic

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LEUTE, ERIC**

Provider ID: 227418

Provider Gender: Male

License Number: A80832

NPI: 1720171507

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/paradise- hills- family- cli  
nic

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LEUTE, ERIC**

Provider ID: 227418

Provider Gender: Male

License Number: A80832

NPI: 1720171507

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

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Website: syhealth.org/clinic  
s/paradise- hills- family- cli  
nic

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

### **FAMILY PRACTICE**

#### **MEDINA, ALEXANDER**

Provider ID: 361428

Provider Gender: Male

License Number: A133539

NPI: 1467714436

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

330 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
Email:

dinah.pierce@syhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **MEDINA, ALEXANDER**

Provider ID: 361428

Provider Gender: Male

License Number: A133539

NPI: 1467714436

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

## D2. 初級保健名錄

### MEMORIAL HOSPITAL

Board Certified Specialty: No

 330 E 8TH ST  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)


Email:

[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **MOHAMEDI, NADIA**

Provider ID: 227418

Provider Gender: Female

License Number: A146819




NPI: 1477947364


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **MOHAMEDI, NADIA**

Provider ID: 227418

Provider Gender: Female

License Number: A146819




NPI: 1477947364


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **NAVARRO, VANESSA**

Provider ID: 227418

Provider Gender: Female

License Number: A113624

NPI: 1952563421

Provider English Spoken: Y



Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA

### VISTA, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NAVARRO, VANESSA**

Provider ID: 227418

Provider Gender: Female

License Number: A113624

NPI: 1952563421



Provider English Spoken: Y

Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Board Certified Specialty: No


 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)







## D2. 初級保健名錄

*s/paradise- hills- family- cli  
nic*  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**







#### **NIKZAD, JASON**


Provider ID: 361428  
Provider Gender: Male  
License Number: 20A12653  
NPI: 1508121674  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 330 E 8TH ST  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
Email:  
[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **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](http://www.syhealth.org)  
Email:


[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **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](http://syhealth.org/clinics/national-city-family-clinic)





[1136 D AVE  
NATIONAL CITY, CA 91950](http://syhealth.org/clinics/national-city-family-clinic)  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/national-city-family-clinic](http://syhealth.org/clinics/national-city-family-clinic)

*ic- 1*  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **OCEGUEDA, JOSHUA**

Provider ID: 227412  
Provider Gender: Male  
License Number: A165184  
NPI: 1336643345  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 1136 D AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/national-city-family-clinic](http://syhealth.org/clinics/national-city-family-clinic)

[1136 D AVE  
NATIONAL CITY, CA 91950](http://syhealth.org/clinics/national-city-family-clinic)  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/national-city-family-clinic](http://syhealth.org/clinics/national-city-family-clinic)  
*ic- 1*  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **RICHARDSON, DANIELLE**

Provider ID: 227418  
Provider Gender: Female  
License Number: A127555



## D2. 初級保健名錄


NPI: 1609142892


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **RICHARDSON, DANIELLE**

Provider ID: 227418

Provider Gender: Female

License Number: A127555


NPI: 1609142892


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **ROBERTS, POMAI**

Provider ID: 227412

Provider Gender: Female

License Number: A103218

NPI: 1023278314

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **ROBERTS, POMAI**

Provider ID: 227412

Provider Gender: Female

License Number: A103218

NPI: 1023278314

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

Provider ID: 185270

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

## D2. 初級保健名錄

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SCHUMAKER, EDWARD**

Provider ID: 185270

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)


Email:

[aschmaltz@lamaestra.org](mailto: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/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **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/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **STONES, RACHEL**

Provider ID: 185270

Provider Gender: Female

License Number: A167184


NPI: 1720583040


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 280-4213

 After Hours Phone: (619)  
280-4213

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: TH 8:00AM-2:00PM

### **FAMILY PRACTICE**

#### **STONES, RACHEL**

Provider ID: 185270

Provider Gender: Female

License Number: A167184





NPI: 1720583040

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

## D2. 初級保健名錄

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: TH 8:00AM-2:00PM

### **FAMILY PRACTICE**


#### **VELASQUEZ, SHARON**

Provider ID: 227418

Provider Gender: Female

License Number: A71304

NPI: 1972732584

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
Cultural Competency: N  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **VELASQUEZ, SHARON**

Provider ID: 227418

Provider Gender: Female

License Number: A71304

NPI: 1972732584

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **FQHC**

#### **FAMILY HEALTH CTR SD**


#### **NATIONAL CITY,**

Provider ID: 418930

NPI: 1417409228

 Provider English Spoken: Y

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

Fax: (619) 269-0053

 After Hours Phone: (619)  
515-2399

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

### **FQHC**

#### **FAMILY HEALTH CTR SD**


#### **NATIONAL CITY,**

Provider ID: 418930

NPI: 1417409228

 Provider English Spoken: Y  
Cultural Competency: N

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

Fax: (619) 269-0053

 After Hours Phone: (619)  
515-2399

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

## D2. 初級保健名錄

**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](http://www.lamaestra.org)


Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: TH 8:00AM-2:00PM

### **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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: TH 8:00AM-2:00PM

### **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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-6:00PM

F 8:00AM-5:00PM

### **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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **FQHC**


#### **OPERATION SAMAHAN GRANGER SCHOOL BASED,**

Provider ID: 418302


NPI: 1205134517

 Provider English Spoken: Y  
Cultural Competency: N

 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426  
Fax: (619) 434-8999

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT



## D2. 初級保健名錄

*PROVIDER*  
Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **OPERATION SAMAHAN GRANGER SCHOOL BASED,**

Provider ID: 418302

NPI: 1205134517


 Provider English Spoken: Y  
Cultural Competency: N

 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (619) 434-8999

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **SAN YSIDRO HEALTH NATIONAL CITY,**

Provider ID: 227412

NPI: 1003869363


 Provider English Spoken: Y  
Cultural Competency: N

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 474-3722

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **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/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **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/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **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/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH SOUTH BAY,**



## D2. 初級保健名錄

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](http://www.syhealth.org)

Email:

[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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](http://www.syhealth.org)

Email:

[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **INTERNAL MEDICINE**

#### **BRAVERMAN, IRA**

Provider ID: 10635

Provider Gender: Male

NPI: 1124039755

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL

Board Certified Specialty: Yes

610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950

Phone: (619) 267-8181

## D2. 初級保健名錄

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/clinics/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/clinics/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

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

## D2. 初級保健名錄


*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](http://www.syhealth.org)  
Email:

[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

### **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

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434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

### **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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **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

## D2. 初級保健名錄

NATIONAL CITY, CA 91950  
Phone: (619) 798-3977  
After Hours Phone: (619) 798-3977  
Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **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](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1790914422  
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](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **BAILONY, AHMAD**

Provider ID: 146949  
Provider Gender: Male

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
PARADISE VALLEY HOSPITAL,  
SHARP CHULA VISTA MED  
CTR, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

655 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Phone: (619) 470-1945

Fax: (619) 475-5048

After Hours Phone: (619) 470-1945

Website: N/A

Email:  
[BAILONYPEDIATRICS@GMAIL.COM](mailto:BAILONYPEDIATRICS@GMAIL.COM)

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **BAILONY, MOHAMMED**

Provider ID: 30132

Provider Gender: Male

NPI: 1376625913

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
PARADISE VALLEY HOSPITAL,



## D2. 初級保健名錄

SHARP CHULA VISTA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: Yes

655 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Phone: (619) 470-1945

Fax: (619) 475-5048

After Hours Phone: (619)  
470-1945

Website: N/A

Email:

BAILONY@YAHOO.COM

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **BARBADILLO, TERESITA**

Provider ID: 84258

Provider Gender: Female

NPI: 1952416695

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL

Board Certified Specialty: No

655 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950

Phone: (619) 267-8601

Fax: (619) 267-2242

After Hours Phone: (619)  
267-8601

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **BONSU, BEMA**

Provider ID: 227412

Provider Gender: Male

License Number: C55180

NPI: 1932106986

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/national- city- family- clinic- 1

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **BONSU, BEMA**

Provider ID: 227412

Provider Gender: Male

License Number: C55180

NPI: 1932106986

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/national- city- family- clinic- 1

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CONE, STEPHANIE**

Provider ID: 185270

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

217 HIGHLAND AVE



## D2. 初級保健名錄

 NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)  
434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

 Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)



Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**




#### **CONE, STEPHANIE**


Provider ID: 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](http://www.lamaestra.org)



 Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER




### **PEDIATRICS**


#### **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](http://www.fhcsd.org)  
Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-3:30PM  
TU 10:30AM-5:30PM  
W 8:30AM-3:30PM  
TH 10:30AM-5:30PM  
F 8:30AM-3:30PM



### **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](http://www.fhcsd.org)  
Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-3:30PM  
TU 10:30AM-5:30PM  
W 8:30AM-3:30PM  
TH 10:30AM-5:30PM  
F 8:30AM-3:30PM

### **PEDIATRICS**




#### **FRESNO, BLANCA**

Provider ID: 102433  
Provider Gender: Female  
NPI: 1346258787

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
CHULA VISTA MED CTR

Board Certified Specialty: No

 655 EUCLID AVE STE 207  
NATIONAL CITY, CA 91950  
 Phone: (619) 475-4575  
Fax: (619) 475-4578  
 After Hours Phone: (619)

## D2. 初級保健名錄

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):  
N  
Accessibility: CONTACT  
PROVIDER

## D2. 初級保健名錄

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


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

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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

## 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

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057


 Phone: (760) 631-5000






## D2. 初級保健名錄

 After Hours Phone: (760) 631-5000  
 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-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **CERTIFIED NURSE PRACTITIONER**


#### **BAEK, KILHYO**



Provider ID: 206341  
Provider Gender: Female  
License Number: NP95003571  
NPI: 1053776914  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
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 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-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **CERTIFIED NURSE PRACTITIONER**


#### **BAEK, KILHYO**





Provider ID: 206341  
Provider Gender: Female  
License Number: NP95003571  
NPI: 1053776914  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No


 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
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 4700 N RIVER RD  
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 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
Medi-Cal Open Panel: Y

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American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **BROMAN, GRETCHEN**

Provider ID: 402436  
Provider Gender: Female  
License Number: NP95007885  
NPI: 1922421288





## D2. 初級保健名錄

 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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
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### **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  
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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  
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NPI: 1922421288

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Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826  
NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin


Cultural Competency: N

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N



## D2. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

### **CERTIFIED NURSE** **PRACTITIONER**


**HALGEDAHL, YI**

*Provider ID: 402436*

*Provider Gender: Female*

*License Number: NP95006826*

*NPI: 1619246907*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Mandarin*

*Cultural Competency: N*

*Board Certified Specialty: No*

 517 N HORNE ST  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*

*Email: credentialing@vcc.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*SA 9:00AM-4:00PM*

### **CERTIFIED NURSE** **PRACTITIONER**


**HALGEDAHL, YI**

*Provider ID: 402436*

*Provider Gender: Female*

*License Number: NP95006826*

*NPI: 1619246907*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Mandarin*

*Cultural Competency: N*

*Board Certified Specialty: No*

 517 N HORNE ST  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*

*Email: credentialing@vcc.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*SA 9:00AM-4:00PM*

### **CERTIFIED NURSE** **PRACTITIONER**


**HALGEDAHL, YI**

*Provider ID: 402434*

*Provider Gender: Female*

*License Number: NP95006826*

*NPI: 1619246907*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Mandarin*

*Cultural Competency: N*

*Board Certified Specialty: No*

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*


*Email: credentialing@vcc.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **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*

## D2. 初級保健名錄


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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

Hours: M-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](http://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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 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

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### CERTIFIED NURSE

#### PRACTITIONER



**HALGEDAHL, YI**

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OCEANSIDE, CA 92057

 Phone: (844) 308-5003

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## D2. 初級保健名錄




 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
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### **CERTIFIED NURSE PRACTITIONER**

#### **HALGEDAHL, YI**

Provider ID: 402434  
Provider Gender: Female  
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 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](http://www.vistacommunityclinic.org)  
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Min/Max Age: 0\999  
American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER  
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SA 9:00AM-4:00PM

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#### **HALGEDAHL, YI**

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Cultural Competency: N  
Board Certified Specialty: No

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308-5003




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American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE** **DONNELL, MARTI**

## D2. 初級保健名錄

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](http://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

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Provider Language(s)  
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Cultural Competency: N

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Provider ID: 206341

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License Number: C50708

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#### **DONNELL, MARTI**

Provider ID: 206341

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### **FAMILY PRACTICE**

#### **DONNELL, MARTI**

Provider ID: 206341

Provider Gender: Female

License Number: C50708

NPI: 1235151366



## D2. 初級保健名錄

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS  
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 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  
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### **FAMILY PRACTICE**

#### **DONNELL, MARTI**

Provider ID: 206341  
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NPI: 1235151366  
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Spoken: Spanish  
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Hospital Affiliation: SCRIPPS  
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 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  
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Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **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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Medi-Cal Open Panel: Y  
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 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  
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631-5000  
 Website: www.vistacommu  
nityclinic.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT



## D2. 初級保健名錄

**PROVIDER**  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **FATLAND, SARAH**

Provider ID: 206341

Provider Gender: Female


License Number: 20A18374


NPI: 1831354026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **PANICKER, CIBU**

Provider ID: 206341

Provider Gender: Male

License Number: A149340


NPI: 1235492760


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

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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

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Medi-Cal Open Panel: Y

Min/Max Age: 0\999

## D2. 初級保健名錄

American Sign Language (ASL):  4700 N RIVER RD  
OCEANSIDE, CA 92057

 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  
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OCEANSIDE, CA 92057

 Accessibility: CONTACT  
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Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  4700 N RIVER RD  
OCEANSIDE, CA 92057

 Accessibility: CONTACT  
PROVIDER

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#### **PANICKER, CIBU**

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License Number: A149340


NPI: 1235492760


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057


 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  517 N HORNE ST  
OCEANSIDE, CA 92054

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **PANICKER, CIBU**

Provider ID: 206341

Provider Gender: Male

License Number: A149340


NPI: 1235492760


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000


 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  4700 N RIVER RD  
OCEANSIDE, CA 92057

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PONSFORD, DIANA**

Provider ID: 402436

Provider Gender: Female

License Number: 20A17371


NPI: 1407204969


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)


Medi-Cal Open Panel: Y

## D2. 初級保健名錄

---

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **PONSFORD, DIANA**

Provider ID: 402436

Provider Gender: Female

License Number: 20A17371


NPI: 1407204969


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

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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

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631-5000

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Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
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### **FAMILY PRACTICE**

#### **VIDAL, MONICA**


Provider ID: 206341

Provider Gender: Female

License Number: 20A8949

## D2. 初級保健名錄

NPI: 1871791749

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 Provider Language(s)  
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Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD

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 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
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### FAMILY PRACTICE

#### **VIDAL, MONICA**

Provider ID: 206341

Provider Gender: Female

License Number: 20A8949

NPI: 1871791749

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 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

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### FAMILY PRACTICE

#### **VIDAL, MONICA**


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### FAMILY PRACTICE


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N



## D2. 初級保健名錄


 *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*

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OCEANSIDE, CA 92057

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*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

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*Fax: (760) 414-3892*

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*631-5000*

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*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
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**VISTA COMMUNITY CLINIC,**  
*Provider ID: 206341*  
*NPI: 1316501562*


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*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*



## D2. 初級保健名錄

 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](http://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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-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

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Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

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PROVIDER

Hours: M-F 8:00AM-5:00PM  
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### FQHC


#### **VISTA COMMUNITY CLINIC HORNE STREET,**

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NPI: 1609094036

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Min/Max Age: 0\999

American Sign Language (ASL):  
N

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PROVIDER

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Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### FQHC

#### **VISTA COMMUNITY CLINIC PIER VIEW WAY,**

Provider ID: 402434


NPI: 1629357355

 Provider English Spoken: Y

## D2. 初級保健名錄

*Cultural Competency: N*

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM

W 8:00AM-7:00PM

TH-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **FQHC**

#### **VISTA COMMUNITY CLINIC**


##### **PIER VIEW WAY,**

Provider ID: 402434

NPI: 1629357355

 Provider English Spoken: Y  
Cultural Competency: N

 818 PIER VIEW WAY  
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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**

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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

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631-5000


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Medi-Cal Open Panel: Y

## D2. 初級保健名錄

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

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PROVIDER

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Spoken: Spanish, Tagalog

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PROVIDER

### **GENERAL PRACTICE**


#### **RONAN, KEVIN**

Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

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Spoken: Spanish, Tagalog

Cultural Competency: N

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Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER

### **GENERAL PRACTICE**

#### **RONAN, KEVIN**

Provider ID: 206341

## D2. 初級保健名錄

Provider Gender: Male

License Number: G77176

NPI: 1225017353

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

4700 N RIVER RD

OCEANSIDE, CA 92057

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After Hours Phone: (760)  
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CHEN, MING**

Provider ID: 614195

Provider Gender: Female

NPI: 1851525505

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin,  
Portuguese, Spanish,  
Taiwanese

Cultural Competency: N

Hospital Affiliation: DELANO

REGIONAL MED CTR

Board Certified Specialty: No

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:30PM

### **PEDIATRICS**

#### **CURLEY, EDWARD**

Provider ID: 240736

Provider Gender: Male

NPI: 1164434312

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:30PM

### **PEDIATRICS**

#### **DANIELS, SARAH**

Provider ID: 433806

Provider Gender: Female

NPI: 1730446527

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

3605 VISTA WAY STE 130  
BLDG B

OCEANSIDE, CA 92056

Phone: (760) 547-1010

After Hours Phone: (760)  
547-1010

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **GUNTA, SUJANA**

Provider ID: 402434

Provider Gender: Female

License Number: A109056

NPI: 1932304342

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Marathi,  
Spanish, Telugu

Cultural Competency: N





## D2. 初級保健名錄

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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-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,  
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Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN

DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No

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Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN

DIEGO, TRI CITY MEDICAL CTR

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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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Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **KRAMER, MELISSA**

Provider ID: 469759

Provider Gender: Female

NPI: 1467833467

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY






CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No





## D2. 初級保健名錄

 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  
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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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PROVIDER

### PEDIATRICS








#### **MCCAMMACK, BRADLEY**

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Provider Gender: Male  
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### PEDIATRICS

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631-5000  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## D2. 初級保健名錄

### **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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Min/Max Age: 0\999

American Sign Language (ASL):  
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 Accessibility: CONTACT  
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### **PEDIATRICS**

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 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **MILLER, DONALD**

Provider ID: 433589

Provider Gender: Male

NPI: 1154356582

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO,


PALOMAR MEDICAL CENTER,

UCSF BENIOFF CHILDREN'S


HOSPITAL OAKLAND, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 3605 VISTA WAY BLDG B  
STE 130

OCEANSIDE, CA 92056

 Phone: (760) 547-1010


 After Hours Phone: (760)  
547-1010

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **PARK, RONALD**

Provider ID: 271889

Provider Gender: Male

NPI: 1881695914

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

## D2. 初級保健名錄

*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-4:30PM

### **PEDIATRICS**

#### **PERKINS, RACHEL**

*Provider ID: 435952*

*Provider Gender: Female*

*NPI: 1427398320*

Provider English Spoken: Y  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS*

*MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

3605 VISTA WAY STE 130

BLDG B

OCEANSIDE, CA 92056

Phone: (760) 547-1010

After Hours Phone: (760) 547-1010

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PAUMA VALLEY**

#### **FQHC**

#### **NEIGHBORHOOD**

#### **HEALTHCARE PAUMA**

#### **VALLEY,**

*Provider ID: 206267*

*NPI: 1407031693*

Provider English Spoken: Y  
*Cultural Competency: N*

16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061

Phone: (760) 742-9919

Fax: (858) 633-4696

After Hours Phone: (760) 742-9919

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM

#### **FQHC**

#### **NEIGHBORHOOD**

#### **HEALTHCARE PAUMA**

#### **VALLEY,**

*Provider ID: 206267*

*NPI: 1407031693*

Provider English Spoken: Y  
*Cultural Competency: N*

16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061

Phone: (760) 742-9919

Fax: (858) 633-4696

After Hours Phone: (760) 742-9919

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM

### **POWAY**

#### **FAMILY PRACTICE**

#### **KAUR, JATINDER**

*Provider ID: 481187*

*Provider Gender: Female*

*License Number: A120771*

*NPI: 1912141391*

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Urdu

*Cultural Competency: N*

*Board Certified Specialty: No*

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

After Hours Phone: (858) 218-3000

Website: N/A


Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. 初級保健名錄



N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*




### **FAMILY PRACTICE**


#### **KAUR, JATINDER**

*Provider ID: 481187*  
*Provider Gender: Female*  
*License Number: A120771*  
*NPI: 1912141391*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi, Urdu*  
*Cultural Competency: N*


*Board Certified Specialty: No*

 13010 POWAY RD  
POWAY, CA 92064  
 *Phone: (858) 218-3000*  
 *After Hours Phone: (858) 218-3000*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **FQHC**



#### **NEIGHBORHOOD**

#### **HEALTHCARE GOLD FAMILY**


#### **HEALTH CENTER,**

*Provider ID: 481187*  
*NPI: 1023518768*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


 13010 POWAY RD  
POWAY, CA 92064  
 *Phone: (858) 218-3000*  
*Fax: (360) 462-2742*

 *After Hours Phone: (858) 218-3000*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **FQHC**



#### **NEIGHBORHOOD**

#### **HEALTHCARE GOLD FAMILY**


#### **HEALTH CENTER,**

*Provider ID: 481187*  
*NPI: 1023518768*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


 13010 POWAY RD  
POWAY, CA 92064  
 *Phone: (858) 218-3000*  
*Fax: (360) 462-2742*

 *After Hours Phone: (858) 218-3000*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **INTERNAL MEDICINE**



#### **CAPARSO, AMANDA**

*Provider ID: 602426*  
*Provider Gender: Female*  
*NPI: 1003046004*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: PALOMAR MEDICAL CENTER, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL*

*Board Certified Specialty: No*


 13010 POWAY RD  
POWAY, CA 92064  
 *Phone: (760) 737-6935*  
*Fax: (760) 741-2782*

 *After Hours Phone: (760) 737-6935*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*



### **INTERNAL MEDICINE**

#### **WINE, DAVID**

*Provider ID: 612886*  
*Provider Gender: Male*  
*NPI: 1811985542*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*

 15611 POMERADO RD STE 400  
POWAY, CA 92064  
 *Phone: (858) 675-3100*  
*Fax: (858) 487-4736*

 *After Hours Phone: (858) 675-3100*

 *Website: N/A*










## D2. 初級保健名錄

Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **CURET, ZULMA**



Provider ID: 481187  
Provider Gender: Female  
License Number: A119661  
NPI: 1841561107  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Board Certified Specialty: No



 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
 After Hours Phone: (858) 218-3000  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **CURET, ZULMA**


Provider ID: 481187  
Provider Gender: Female  
License Number: A119661




NPI: 1841561107  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Board Certified Specialty: No



 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
 After Hours Phone: (858) 218-3000  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **LINDBACK, SARAH**


Provider ID: 161834  
Provider Gender: Female  
NPI: 1427345487  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO  
Board Certified Specialty: No






 15725 POMERADO RD STE 203  
POWAY, CA 92064  
 Phone: (858) 673-3340  
Fax: (858) 673-1075  
 After Hours Phone: (858) 673-3340

 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **LOSTETTER, ADRIENNE**

Provider ID: 261797  
Provider Gender: Female  
NPI: 1881607984  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR HEALTH  
Board Certified Specialty: No

 15725 POMERADO RD STE 203  
POWAY, CA 92064  
 Phone: (858) 673-3340  
Fax: (858) 673-1075  
 After Hours Phone: (858) 673-3340  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **MOREIRA, LUCILA**



## D2. 初級保健名錄

Provider ID: 523761

Provider Gender: Female

NPI: 1104846567

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

15725 POMERADO RD STE  
203

POWAY, CA 92064

Phone: (858) 673-3340

Fax: (858) 673-1075

After Hours Phone: (858)  
673-3340

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:00AM-5:00PM

### PEDIATRICS

#### **MORTIMER, DORI**

Provider ID: 230552

Provider Gender: Female

NPI: 1417928417

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MARY BIRCH  
HOSP FOR WOMEN AND  
NEWBORNS, PALOMAR  
HEALTH

Board Certified Specialty: No

15725 POMERADO RD STE

203

POWAY, CA 92064

Phone: (858) 673-3340

Fax: (858) 673-1075

After Hours Phone: (858)  
673-3340

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **RAMGREN, AILEEN**

Provider ID: 397707

Provider Gender: Female

NPI: 1356785505

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

15725 POMERADO RD STE  
203

POWAY, CA 92064

Phone: (858) 673-3340

After Hours Phone: (858)  
673-3340

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **RENDLER, NATHAN**

Provider ID: 30205

Provider Gender: Male

NPI: 1275531337

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hebrew, Spanish,  
Yiddish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH

Board Certified Specialty: No

15525 POMERADO RD STE 1  
POWAY, CA 92064

Phone: (858) 487-8333

Fax: (858) 487-0856

After Hours Phone: (858)  
487-8333

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM  
SA 9:00AM-5:00PM

### PEDIATRICS

#### **TAI, KUANGKAI**

Provider ID: 351834

Provider Gender: Male

NPI: 1396744066

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

## D2. 初級保健名錄

HEALTH, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

15525 POMERADO RD STE  
B1  
POWAY, CA 92064

Phone: (858) 487-8333

Fax: (858) 487-0856

After Hours Phone: (858)  
484-4003

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM  
SA 8:30AM-0:00PM

### PHYSICIANS ASSISTANT

#### **BALDWIN, DONNA**

Provider ID: 481187

Provider Gender: Female

License Number: PA23310

NPI: 1649692369

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

After Hours Phone: (858)  
218-3000

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### PHYSICIANS ASSISTANT

#### **BALDWIN, DONNA**

Provider ID: 481187

Provider Gender: Female

License Number: PA23310

NPI: 1649692369

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

After Hours Phone: (858)  
218-3000

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

## SAN DIEGO

### CARDIOVASCULAR DISEASE

#### **GARIBYAN, VARTAN**

Provider ID: 417937

Provider Gender: Male

License Number: 20A12504

NPI: 1790084143

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS GREEN  
HOSPITAL

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### CARDIOVASCULAR DISEASE

#### **GARIBYAN, VARTAN**

Provider ID: 417937

Provider Gender: Male

License Number: 20A12504

NPI: 1790084143

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS GREEN  
HOSPITAL

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org


Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. 初級保健名錄

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*  
*Provider Gender: Male*  
*License Number: NP22974*  
*NPI: 1356684781*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Tagalog*


## D2. 初級保健名錄

*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](http://www.operationsamahan.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.operationsamahan.org](http://www.operationsamahan.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*

*W 10:00AM-7:00PM*

*TH-F 8:30AM-5:30PM*

### **CERTIFIED NURSE**

### **PRACTITIONER**


#### **ARTS, SERENA**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: NP10769*


*NPI: 1801881552*


 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500


 After Hours Phone: (619)  
233-8500

 Website: N/A

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE**

### **PRACTITIONER**


#### **ARTS, SERENA**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: NP10769*


*NPI: 1801881552*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)

233-8500

 Website: N/A

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **BELEN, NEZER**

*Provider ID: 206363*

*Provider Gender: Male*


*License Number: NP95009292*


*NPI: 1386120723*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560


 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **BELEN, NEZER**

*Provider ID: 206363*

*Provider Gender: Male*

*License Number: NP95009292*

*NPI: 1386120723*

 *Provider English Spoken: Y*





## D2. 初級保健名錄


*Cultural Competency: N*

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BELTRON, KIMBERLY**

*Provider ID: 403583*

*Provider Gender: Female*


*License Number: NP95020497*


*NPI: 1871295493*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BELTRON, KIMBERLY**

*Provider ID: 403583*

*Provider Gender: Female*


*License Number: NP95020497*


*NPI: 1871295493*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BURNS, DELLA**

*Provider ID: 233597*

*Provider Gender: Female*


*License Number: NP7413*


*NPI: 1871577023*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BURNS, DELLA**

*Provider ID: 233597*

*Provider Gender: Female*


*License Number: NP7413*


*NPI: 1871577023*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CELESTIN-RAMSEY, AKANKE**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: NP8563*

*NPI: 1447450275*

 *Provider English Spoken: Y*  
*Cultural Competency: N*






*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 950 S EUCLID AVE




## D2. 初級保健名錄

 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **CELESTIN-RAMSEY, AKANKE**

Provider ID: 451167  
Provider Gender: Female  
License Number: NP8563  
NPI: 1447450275  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No



 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM


### **CERTIFIED NURSE**

### **PRACTITIONER**

### **CHASE, AVA LOU**

Provider ID: 206360  
Provider Gender: Female  
License Number: NP95000602  
NPI: 1164496386  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N



Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER






### **CERTIFIED NURSE**

### **PRACTITIONER**

### **CHASE, AVA LOU**

Provider ID: 206360  
Provider Gender: Female  
License Number: NP95000602  
NPI: 1164496386  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No





 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**


### **PRACTITIONER**

### **DHARKAR SURBER, SAPNA**

Provider ID: 185268  
Provider Gender: Female  
License Number: NP95013257  
NPI: 1538707765  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 After Hours Phone: (619) 255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N


## D2. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-6:00PM*  
*SA 8:00AM-2:00PM*

### **CERTIFIED NURSE PRACTITIONER**

#### **DHARKAR SURBER, SAPNA**

*Provider ID: 185268*  
*Provider Gender: Female*  
*License Number: NP95013257*  
*NPI: 1538707765*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 255-9155*  
 *After Hours Phone: (619) 255-9155*  
 *Website: www.lamaestra.org*


*Email:*

*aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-6:00PM*  
*SA 8:00AM-2:00PM*

### **CERTIFIED NURSE PRACTITIONER**




#### **DO, ELAINE**

*Provider ID: 233532*

*Provider Gender: Female*  
*License Number: NP95019446*  
*NPI: 1215696307*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*


 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
 *After Hours Phone: (619) 280-2058*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\22*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-2:00PM*

### **CERTIFIED NURSE PRACTITIONER**


#### **DO, ELAINE**

*Provider ID: 233532*

*Provider Gender: Female*  
*License Number: NP95019446*  
*NPI: 1215696307*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*


 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
 *After Hours Phone: (619) 280-2058*  
 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\22*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-2:00PM*



### **CERTIFIED NURSE PRACTITIONER**

#### **GARCIA, JOHNNY**

*Provider ID: 206363*


*Provider Gender: Male*

*License Number: NP95007000*  
*NPI: 1932622156*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE**

## D2. 初級保健名錄

### **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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D2. 初級保健名錄

### **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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


##### **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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


##### **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](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **HILL, GENIELYN**


Provider ID: 417101

Provider Gender: Female

License Number: NP95020046

NPI: 1710632435


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

 SAN DIEGO, CA 92126  
Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)

Medi-Cal Open Panel: Y



## D2. 初級保健名錄

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **HILL, GENIELYN**

Provider ID: 417101

Provider Gender: Female

License Number: NP95020046

NPI: 1710632435

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **HILLIARD, THESALONICA**


Provider ID: 417101

Provider Gender: Female

License Number: NP95010585

NPI: 1861956724

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **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

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 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HOGAN, ROSELYNN JOY**

Provider ID: 206360

Provider Gender: Female

License Number: NP17852


NPI: 1205019510


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **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



## D2. 初級保健名錄


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER






### **CERTIFIED NURSE**

### **PRACTITIONER**

### **HORNEY, KRISTAN**

Provider ID: 403583  
Provider Gender: Female  
License Number: NP95007712  
NPI: 1720590904

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM


### **CERTIFIED NURSE**


### **PRACTITIONER**


### **HORNEY, KRISTAN**


Provider ID: 403583

Provider Gender: Female  
License Number: NP95007712  
NPI: 1720590904

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500

 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999



American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM


### **CERTIFIED NURSE**

### **PRACTITIONER**


### **INSTONE, SUSAN**

Provider ID: 233532  
Provider Gender: Female  
License Number: NP4858  
NPI: 1710223268

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
280-2058  
 Website: [www.sdfamilycare](http://www.sdfamilycare)



.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\22  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM





### **CERTIFIED NURSE**

### **PRACTITIONER**

### **INSTONE, SUSAN**

Provider ID: 233532  
Provider Gender: Female  
License Number: NP4858  
NPI: 1710223268

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
280-2058  
 Website: [www.sdfamilycare](http://www.sdfamilycare)  
.org  
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

## D2. 初級保健名錄

### **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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


**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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


**KEMP, KATHRINE**

Provider ID: 403583

Provider Gender: Female

License Number: NP95018497

NPI: 1316615313


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

**KEMP, KATHRINE**

Provider ID: 403583

Provider Gender: Female

License Number: NP95018497

NPI: 1316615313


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500


 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

**KHAN, MATTHEW**

Provider ID: 417987

Provider Gender: Male

License Number: NP17838


NPI: 1942456124


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

## D2. 初級保健名錄

*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: 482070

Provider Gender: Female

License Number: NP23847

NPI: 1376840199

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

**KI, TRISH**

Provider ID: 206046

Provider Gender: Female

License Number: NP23847

NPI: 1376840199

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

**KI, TRISH**

Provider ID: 206046

Provider Gender: Female

License Number: NP23847

NPI: 1376840199

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese



Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

## D2. 初級保健名錄

 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

#### KI, TRISH

Provider ID: 206046  
Provider Gender: Female  
License Number: NP23847  
NPI: 1376840199  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

### CERTIFIED NURSE

### PRACTITIONER





#### KI, TRISH


Provider ID: 482070  
Provider Gender: Female  
License Number: NP23847  
NPI: 1376840199  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### CERTIFIED NURSE

### PRACTITIONER






#### KLOBERDANZ, KELSEY

Provider ID: 417937  
Provider Gender: Female  
License Number: NP95005293  
NPI: 1235672502  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### KLOBERDANZ, KELSEY

Provider ID: 417937  
Provider Gender: Female  
License Number: NP95005293  
NPI: 1235672502  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER


#### LIEBER, CAROL


Provider ID: 517403  
Provider Gender: Female  
License Number: NP20849  
NPI: 1487889846  
 Provider English Spoken: Y  
 Provider Language(s)



## D2. 初級保健名錄

*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](http://www.operationsa<br/>mahan.org)

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*



*Hours: M-TU 8:30AM-5:30PM*  
*W 10:00AM-7:00PM*  
*TH-F 8:30AM-5:30PM*

### 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*


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 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*


*Hours: M-TU 8:30AM-5:30PM*  
*W 10:00AM-7:00PM*  
*TH-F 8:30AM-5:30PM*

### 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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:30AM-5:30PM*



## D2. 初級保健名錄

### **CERTIFIED NURSE PRACTITIONER**


#### **LOVE, VICKI**

Provider ID: 206363

Provider Gender: Female

License Number: NP17362

NPI: 1699759134


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org


Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE PRACTITIONER**


#### **LU, TAMMY**

Provider ID: 206360

Provider Gender: Female

License Number: NP95007253

NPI: 1457879132


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **LU, TAMMY**

Provider ID: 206360

Provider Gender: Female

License Number: NP95007253

NPI: 1457879132


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **MARTIN, RIA**

Provider ID: 206363

Provider Gender: Female

License Number: NP95005321

NPI: 1437695079


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org


Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **MARTIN, RIA**

Provider ID: 206363

Provider Gender: Female

License Number: NP95005321

NPI: 1437695079


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

## D2. 初級保健名錄

### **MARTINEZ, CAROLYN**

Provider ID: 214492

Provider Gender: Female

License Number: NP22031

NPI: 1609101997

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

After Hours Phone: (619)  
429-3733

Website: www.ibclinic.org  
Email: avaldez@ibclinic.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:00PM

TU-TH 8:30AM-8:00PM

F 8:30AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **MARTINEZ, CAROLYN**

Provider ID: 214492

Provider Gender: Female

License Number: NP22031

NPI: 1609101997

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

After Hours Phone: (619)  
429-3733

Website: www.ibclinic.org  
Email: avaldez@ibclinic.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:00PM

TU-TH 8:30AM-8:00PM

F 8:30AM-5:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **MELTZER, VIRGINIA**

Provider ID: 233532

Provider Gender: Female

License Number: NP95015948

NPI: 1821684390

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\22

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **MELTZER, VIRGINIA**

Provider ID: 233532

Provider Gender: Female

License Number: NP95015948

NPI: 1821684390

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\22

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **MENDOZA, GRETTEL MARIE**

## D2. 初級保健名錄

Provider ID: 417101

Provider Gender: Female

License Number: NP95002233


NPI: 1245652387


Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426


 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **MENDOZA, GRETTEL MARIE**

Provider ID: 417101

Provider Gender: Female

License Number: NP95002233


NPI: 1245652387


Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): **NEVAREZ, IRENE**

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **NEVAREZ, IRENE**

Provider ID: 185268

Provider Gender: Female

License Number: NP95009891

NPI: 1003166646

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 564-8765

 After Hours Phone: (619)  
564-8765

 Website: [www.lamaestra.or  
g](http://www.lamaestra.or<br/>g)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

Provider ID: 185268

Provider Gender: Female

License Number: NP95009891

NPI: 1003166646

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 564-8765

 After Hours Phone: (619)  
564-8765

 Website: [www.lamaestra.or  
g](http://www.lamaestra.or<br/>g)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **NOCEDA, ANA**

Provider ID: 233532

Provider Gender: Female

License Number: NP19505

NPI: 1386971760

Provider English Spoken: Y

Provider Language(s)

## D2. 初級保健名錄

Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Phone: (619) 280-2058  
After Hours Phone: (619)  
280-2058  
Website: www.sdfamilycare  
.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\22  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**

**NOCEDA, ANA**  
Provider ID: 233532  
Provider Gender: Female  
License Number: NP19505  
NPI: 1386971760  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058  
Website: www.sdfamilycare  
.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\22  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**

**OCAMPO, ELAINE**  
Provider ID: 206046  
Provider Gender: Female  
License Number: NP95003427  
NPI: 1063856805  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese

Cultural Competency: N  
Board Certified Specialty: No  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
After Hours Phone: (858)  
279-0925  
Website: www.sdfamilycare  
.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**



**OCAMPO, ELAINE**  
Provider ID: 206046  
Provider Gender: Female  
License Number: NP95003427  
NPI: 1063856805  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese  
Cultural Competency: N  
Board Certified Specialty: No  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
After Hours Phone: (858)  
279-0925  
Website: www.sdfamilycare  
.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**OCAMPO, ELAINE**  
Provider ID: 206046  
Provider Gender: Female  
License Number: NP95003427  
NPI: 1063856805  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese  
Cultural Competency: N  
Board Certified Specialty: No  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
After Hours Phone: (858)





## D2. 初級保健名錄

279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **OCAMPO, ELAINE**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP95003427  
NPI: 1063856805  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin, Yue Chinese



Cultural Competency: N  
Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **ODA, THAGHAR**



Provider ID: 206363  
Provider Gender: Female

License Number: NP95000205  
NPI: 1063835692  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N  
Board Certified Specialty: No


 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER


### **CERTIFIED NURSE PRACTITIONER**

#### **ODA, THAGHAR**

Provider ID: 206363  
Provider Gender: Female  
License Number: RN810863  
NPI: 1063835692  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N  
Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER


### **CERTIFIED NURSE PRACTITIONER**

#### **ODA, THAGHAR**

Provider ID: 206363  
Provider Gender: Female  
License Number: NP95000205  
NPI: 1063835692

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N  
Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **ODA, THAGHAR**

Provider ID: 206363  
Provider Gender: Female  
License Number: RN810863  
NPI: 1063835692

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic




## D2. 初級保健名錄


*Cultural Competency: N*


*Board Certified Specialty: No*

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


##### **ODA, THAGHAR**


Provider ID: 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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


##### **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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**


##### **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

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515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **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

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **ORPILLA, IMELDA**

Provider ID: 417101

Provider Gender: Female

## D2. 初級保健名錄

License Number: NP95003211

NPI: 1790785988

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ORPILLA, IMELDA**

Provider ID: 418535

Provider Gender: Female

License Number: NP95003211

NPI: 1790785988

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11

SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa

mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ORPILLA, IMELDA**

Provider ID: 417101

Provider Gender: Female

License Number: NP95003211

NPI: 1790785988

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ORPILLA, IMELDA**

Provider ID: 418535

Provider Gender: Female

License Number: NP95003211

NPI: 1790785988

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11

SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **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

## D2. 初級保健名錄

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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE** **PRACTITIONER**

**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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **CERTIFIED NURSE** **PRACTITIONER**

**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](http://www.sdfamilycare.org)

## D2. 初級保健名錄

.org  
Medi-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  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**



## D2. 初級保健名錄

### 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

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)



## D2. 初級保健名錄

279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 8:00AM-8:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-1:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SABIN, NANCY**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP4668  
NPI: 1285732586  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 8:00AM-8:00PM  
W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **CERTIFIED NURSE PRACTITIONER**





#### **SABIN, NANCY**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP4668  
NPI: 1285732586  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
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W-F 8:00AM-5:00PM  
SA 9:00AM-1:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SABIN, NANCY**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP4668  
NPI: 1285732586  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 8:00AM-8:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-1:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **SANTANGELO, JOANNE**

Provider ID: 206046  
Provider Gender: Female  
License Number: NP2390  
NPI: 1619370475  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

## D2. 初級保健名錄

---

 *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*

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### **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

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#### **PRACTITIONER**

#### **SANTANGELO, JOANNE**

*Provider ID: 206046*

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 6973 LINDA VISTA RD  
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*American Sign Language (ASL):*

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*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*

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*SA 9:00AM-1:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **SATTERWHITE, MAURINE**

## D2. 初級保健名錄

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](http://www.sdfamilycare.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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W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

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#### **SATTERWHITE, MAURINE**

Provider ID: 206046

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

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License Number: NP7022

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Provider Language(s)  
Spoken: Spanish

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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](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **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

## D2. 初級保健名錄

 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM


**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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**  
**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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**  
**SEBRING, JAN**




Provider ID: 206360  
Provider Gender: Female  
License Number: NP10906  
NPI: 1295750339  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**  
**SEBRING, JAN**

Provider ID: 206360  
Provider Gender: Female  
License Number: RN486421  
NPI: 1295750339  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER


**CERTIFIED NURSE**  
**PRACTITIONER**  
**SEBRING, JAN**

Provider ID: 206360  
Provider Gender: Female  
License Number: NP10906  
NPI: 1295750339  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300



## D2. 初級保健名錄


 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **SEBRING, JAN**

Provider ID: 206360

Provider Gender: Female


License Number: 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

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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**


### **SOTO, ROBIN**

Provider ID: 206360

Provider Gender: Female

License Number: NP11778

NPI: 1487688099


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**


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Provider ID: 206360

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License Number: NP11778

NPI: 1487688099


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 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **TAYLOR, KAYLA**

Provider ID: 206362

Provider Gender: Female

License Number: NP95006792


NPI: 1730604414


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104


 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE**

### **PRACTITIONER**

### **TAYLOR, KAYLA**

Provider ID: 206362

Provider Gender: Female

License Number: NP95006792


NPI: 1730604414

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
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 Phone: (619) 515-2424

 After Hours Phone: (619)



## D2. 初級保健名錄

515-2424  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **TODD, MIKAYLA**

Provider ID: 517998  
Provider Gender: Female  
License Number: NP95005999  
NPI: 1316478092

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **TODD, MIKAYLA**

Provider ID: 517998  
Provider Gender: Female  
License Number: NP95005999  
NPI: 1316478092

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **TRAN, KELLY**

Provider ID: 206360  
Provider Gender: Female  
License Number: NP95003689  
NPI: 1255799276

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

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  
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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**

##### **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

## D2. 初級保健名錄

SAN DIEGO, 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  
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Spoken: Spanish

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Board Certified Specialty: No

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### **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

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **VELASQUEZ, FERNANDO**

Provider ID: 206360  
Provider Gender: Male  
License Number: NP95011254  
NPI: 1386195535



☐ Provider English Spoken: Y

## D2. 初級保健名錄





 *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*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **CERTIFIED NURSE**

## D2. 初級保健名錄

### **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

 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



## D2. 初級保健名錄

### PROVIDER

#### **CERTIFIED NURSE PRACTITIONER**

##### **WILLIAMS, TAKISHA**

Provider ID: 416831

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3514 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org  
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE PRACTITIONER**

##### **WILLIAMS, TAKISHA**

Provider ID: 402851

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3705 MISSION BLVD

SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE PRACTITIONER**

##### **WILLIAMS, TAKISHA**

Provider ID: 402851

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE PRACTITIONER**

##### **WOLF, CELIA**

Provider ID: 417937

Provider Gender: Female

License Number: NP95001899

NPI: 1245635564

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org  
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE PRACTITIONER**

##### **WOLF, CELIA**

Provider ID: 417937

Provider Gender: Female

License Number: NP95001899

NPI: 1245635564

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org  
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):



## D2. 初級保健名錄

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

##### **GEPSTEIN, 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

#### **GEPSTEIN, YANA**

*Provider ID: 402851*

*Provider Gender: Female*

*License Number: NM1662*

*NPI: 1396956512*


*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Hebrew*

*Cultural Competency: N*

*Board Certified Specialty: No*

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*

 *After Hours Phone: (619)  
515-2444*

 *Website: www.fhcsd.org*

*Email: sabay@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### CHIROPRACTOR

#### **ASSADIAN, MEHRAK**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: DC27523*

*NPI: 1295278281*


*Provider English Spoken: Y*


*Provider Language(s)  
Spoken: Turkish*

*Cultural Competency: N*

*Board Certified Specialty: No*


 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org*

## D2. 初級保健名錄





/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.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**

#### **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.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**

#### **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.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**

#### **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

## D2. 初級保健名錄

SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-4:30PM


### **CHIROPRACTOR**

#### **GILIBERTO, JOSEPH**

Provider ID: 418535  
Provider Gender: Male  
License Number: DC15775  
NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

### **CHIROPRACTOR**


#### **GILIBERTO, JOSEPH**





Provider ID: 417101  
Provider Gender: Male  
License Number: DC15775  
NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126

 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-4:30PM

### **CHIROPRACTOR**






#### **GILIBERTO, JOSEPH**

Provider ID: 418535  
Provider Gender: Male  
License Number: DC15775  
NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

### **CHIROPRACTOR**

#### **GILIBERTO, JOSEPH**

Provider ID: 417101  
Provider Gender: Male  
License Number: DC15775  
NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-4:30PM

## D2. 初級保健名錄

### **CHIROPRACTOR**

#### **ILCHENA, ALESANDRA**

Provider ID: 185268

Provider Gender: Female

License Number: DC32800

NPI: 1871046664

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 798-3947

After Hours Phone: (619)  
798-3947

Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **ILCHENA, ALESANDRA**

Provider ID: 185268

Provider Gender: Female

License Number: DC32800

NPI: 1871046664

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

### **MEDICAL CENTER**

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 798-3947

After Hours Phone: (619)  
798-3947

Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **KAZEM, AHMAD**

Provider ID: 227409

Provider Gender: Male

License Number: DC33300

NPI: 1003296096

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

### **PROVIDER**

### **CHIROPRACTOR**

#### **KAZEM, AHMAD**

Provider ID: 227409

Provider Gender: Male

License Number: DC33300

NPI: 1003296096

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **LOVERN, JENNIFER**

Provider ID: 207382

Provider Gender: Female

License Number: DC29074

NPI: 1235469396

Provider English Spoken: Y

Provider Language(s)  
Spoken: Italian, Spanish

Cultural Competency: N

Board Certified Specialty: No



2630 1ST AVE  
SAN DIEGO, CA 92103

Phone: (619) 234-2158

After Hours Phone: (619)










## D2. 初級保健名錄

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

G  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **LOVERN, JENNIFER**







Provider ID: 418535  
Provider Gender: Female  
License Number: DC29074


NPI: 1235469396  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
200-2426  
 Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

### **CHIROPRACTOR**






#### **LOVERN, JENNIFER**


Provider ID: 418535  
Provider Gender: Female  
License Number: DC29074  
NPI: 1235469396  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN  
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  
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



## D2. 初級保健名錄

NPI: 1730247990


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: www.fhcsd.org  
Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **PAGE, BIANCA**

Provider ID: 417937

Provider Gender: Female

License Number: DC33688


NPI: 1649787607


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **CHIROPRACTOR**


#### **PAGE, BIANCA**

Provider ID: 417937

Provider Gender: Female

License Number: DC33688


NPI: 1649787607


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **ROJAS, RICHARD**

Provider ID: 417937

Provider Gender: Male

License Number: DC31024


NPI: 1538318811

 Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)

515-2545

 Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **CHIROPRACTOR**


#### **ROJAS, RICHARD**

Provider ID: 417937

Provider Gender: Male

License Number: DC31024


NPI: 1538318811


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 417937

Provider Gender: Male

License Number: DC33150


NPI: 1013308675


## D2. 初級保健名錄

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **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](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **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


## D2. 初級保健名錄

 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-4:30PM

**CLINIC OUTPATIENT**  
**OPERATION SAMAHAN**  
**RANCHO PENASQUITOS,**  
Provider ID: 418535  
NPI: 1699216622  
 Provider English Spoken: Y  
Cultural Competency: N  
 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
Fax: (858) 695-9074  
 After Hours Phone: (844)  
200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

**CLINIC OUTPATIENT**  
**OPERATION SAMAHAN**  
**RANCHO PENASQUITOS,**  
Provider ID: 418535  
NPI: 1699216622  
 Provider English Spoken: Y  
Cultural Competency: N  
 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
Fax: (858) 695-9074  
 After Hours Phone: (844)  
200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

**DERMATOLOGY**  
**BURROWS, WILLIAM**  
Provider ID: 417937  
Provider Gender: Male  
License Number: G16236  
NPI: 1639199292  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**DERMATOLOGY**  
**BURROWS, WILLIAM**  
Provider ID: 417937  
Provider Gender: Male  
License Number: G16236  
NPI: 1639199292  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**DERMATOLOGY**  
**CARTER, NATASHA**  
Provider ID: 206363  
Provider Gender: Female

## D2. 初級保健名錄

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**

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



## D2. 初級保健名錄

☎ After Hours Phone: (619) 515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Hours: M 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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Hours: M 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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **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)







## D2. 初級保健名錄


515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER



### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **GANDHI, ANAND**

Provider ID: 206360  
Provider Gender: Male  
License Number: A178494  
NPI: 1821651779  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
Fax: (619) 515-2510

 After Hours Phone: (619) 515-2300



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY




#### METABOLISM DIABETES



##### **LEVINE, MATTHEW**

Provider ID: 206360

Provider Gender: Male  
License Number: A77126  
NPI: 1801994231  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR

Board Certified Specialty: No



 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300






 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **LEVINE, MATTHEW**







Provider ID: 206360  
Provider Gender: Male  
License Number: A77126  
NPI: 1801994231  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR

Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **NAGELBERG, JODI**

## D2. 初級保健名錄

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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

### METABOLISM DIABETES

### **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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

### 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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

### **ABDALLAH, ALI**

Provider ID: 206363

Provider Gender: Male


License Number: 20A15471


NPI: 1649699968


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

### **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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

### **ALVAREZ-ESTRADA, MIGUEL**

## D2. 初級保健名錄

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**

#### **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](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **BACHARACH, REBECCA**

Provider ID: 417937

Provider Gender: Female

License Number: 20A15459

NPI: 1225442643

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **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

## D2. 初級保健名錄

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### FAMILY PRACTICE


#### **BAGINGITO, AUSTIN**

Provider ID: 417429

Provider Gender: Male

License Number: A163977


NPI: 1942705637


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### FAMILY PRACTICE


#### **BAHRAMZI, MARIA**

Provider ID: 206362

Provider Gender: Female

License Number: A173486

NPI: 1588141865

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Pushto

Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE


#### **BAHRAMZI, MARIA**


Provider ID: 206362

Provider Gender: Female

License Number: A173486

NPI: 1588141865

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Pushto

Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **BAHRAMZI, MARIA**

Provider ID: 417987

Provider Gender: Female

License Number: A173486

NPI: 1588141865

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Pushto


Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **BAHRAMZI, MARIA**

Provider ID: 417987

Provider Gender: Female

License Number: A173486

NPI: 1588141865

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Pushto

Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150



## D2. 初級保健名錄

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BAUTISTA, LUIS**

Provider ID: 517403

Provider Gender: Male

License Number: A97270

NPI: 1295712206

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
ST AGNES MEDICAL CENTER

Board Certified Specialty: No

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551

 After Hours Phone: (619)  
238-5551

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BAUTISTA, LUIS**

Provider ID: 517403

Provider Gender: Male

License Number: A97270


NPI: 1295712206


Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
ST AGNES MEDICAL CENTER  
Board Certified Specialty: No

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551

 After Hours Phone: (619)  
238-5551

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BISHOP, MELISSA**

Provider ID: 403583

Provider Gender: Female

License Number: C137521

NPI: 1578667077

Provider English Spoken: Y

Provider Language(s)


Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 645-6405

 After Hours Phone: (619)  
645-6405


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FAMILY PRACTICE**

#### **BISHOP, MELISSA**

Provider ID: 403583

Provider Gender: Female

License Number: C137521

NPI: 1578667077

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 645-6405

 After Hours Phone: (619)  
645-6405


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FAMILY PRACTICE**

#### **BODIFORD, SAMANTHA**

Provider ID: 214492

Provider Gender: Female

License Number: A165398

NPI: 1730684200





Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No








## D2. 初級保健名錄

 1016 OUTER RD  
SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
 After Hours Phone: (619)  
429-3733  
 Website: [www.ibclinic.org](http://www.ibclinic.org)  
Email: [avaldez@ibclinic.org](mailto: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](http://www.ibclinic.org)  
Email: [avaldez@ibclinic.org](mailto: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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **BRADY, PATRICIA**

Provider ID: 403583  
Provider Gender: Female  
License Number: C53121  
NPI: 1952390437  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Board Certified Specialty: No  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-W 8:30AM-5:00PM  
TH 8:30AM-9:00PM  
F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **BRADY, PATRICIA**

Provider ID: 403583  
Provider Gender: Female

## D2. 初級保健名錄

License Number: C53121  
NPI: 1952390437  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Board Certified Specialty: No  
📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
☎ Phone: (619) 233-8500  
📞 After Hours Phone: (619)  
233-8500  
🌐 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Hours: M-W 8:30AM-5:00PM  
TH 8:30AM-9:00PM  
F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **BRODSKY, MARK**

Provider ID: 402851  
Provider Gender: Male  
License Number: C53623  
NPI: 1346337904  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
☎ Phone: (619) 515-2444  
📞 After Hours Phone: (619)  
515-2444  
🌐 Website: www.fhcsd.org  
Email: sabay@fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Hours: M-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **BRODSKY, MARK**

Provider ID: 402851  
Provider Gender: Male  
License Number: C53623  
NPI: 1346337904  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
☎ Phone: (619) 515-2444  
📞 After Hours Phone: (619)  
515-2444  
🌐 Website: www.fhcsd.org  
Email: sabay@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
Hours: M-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **BURTON, LUCAS**

Provider ID: 206362  
Provider Gender: Male  
License Number: 20A20786  
NPI: 1376171520

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 3544 30TH ST  
SAN DIEGO, CA 92104  
☎ Phone: (619) 515-2424  
📞 After Hours Phone: (619)  
515-2424  
🌐 Website: www.fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **BURTON, LUCAS**

Provider ID: 206362  
Provider Gender: Male  
License Number: 20A20786  
NPI: 1376171520  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 3544 30TH ST  
SAN DIEGO, CA 92104  
☎ Phone: (619) 515-2424  
📞 After Hours Phone: (619)  
515-2424  
🌐 Website: www.fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

## D2. 初級保健名錄

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **CAMPBELL, BRIANNA**

Provider ID: 451167

Provider Gender: Female

License Number: A157488

NPI: 1316479892

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: CHULA


VISTA COMM HOSP

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CAMPBELL, BRIANNA**

Provider ID: 451167

Provider Gender: Female

License Number: A157488

NPI: 1316479892

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: CHULA

VISTA COMM HOSP

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114



Phone: (619) 662-4100



After Hours Phone: (619)  
662-4100



Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **CARRIEDO CENICEROS, MARIA**

Provider ID: 227409

Provider Gender: Female

License Number: A78373


NPI: 1295746618


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CARRIEDO CENICEROS, MARIA**

Provider ID: 227409

Provider Gender: Female

License Number: A78373


NPI: 1295746618


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CARSON, COREY**

Provider ID: 206360

Provider Gender: Female

License Number: A136616

NPI: 1245599778

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. 初級保健名錄

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

 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. 初級保健名錄

### **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

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **COLLINS, WILLIAM**

Provider ID: 206362



## D2. 初級保健名錄

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  
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  
 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

## D2. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **DAPPEN, AMANDA**

*Provider ID: 227409*


*Provider Gender: Female*


*License Number: A153414*


*NPI: 1689037111*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **DAPPEN, AMANDA**

*Provider ID: 227409*


*Provider Gender: Female*


*License Number: A153414*


*NPI: 1689037111*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: <https://www.syhealth.org/locations>*

*alth.org/locations*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**


#### **DAVIS, DEIRDRE**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: A165432*

*NPI: 1265921365*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *950 S EUCLID AVE  
SAN DIEGO, CA 92114*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*SA 8:00AM-4:00PM*

### **FAMILY PRACTICE**

#### **DAVIS, DEIRDRE**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: A165432*

*NPI: 1265921365*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *950 S EUCLID AVE  
SAN DIEGO, CA 92114*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

*SA 8:00AM-4:00PM*

### **FAMILY PRACTICE**

#### **FAMBRO, CYNTHIA**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: A153223*

*NPI: 1710331707*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*


 *950 S EUCLID AVE  
SAN DIEGO, CA 92114*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)*

## D2. 初級保健名錄


*h- center*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **FAMBRO, CYNTHIA**

*Provider ID: 451167*  
*Provider Gender: Female*  
*License Number: A153223*  
*NPI: 1710331707*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Board Certified Specialty: No*  
 *950 S EUCLID AVE*  
*SAN DIEGO, CA 92114*  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/king- chavez- health- center*

*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**

*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*

## D2. 初級保健名錄

150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\22  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**



#### **GLEASON ROHRER, GWEN**






Provider ID: 233532  
Provider Gender: Female  
License Number: A112176  
NPI: 1710140462  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\22  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **GLEASON ROHRER, GWEN**

Provider ID: 233597  
Provider Gender: Female  
License Number: A112176  
NPI: 1710140462  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Board Certified Specialty: No




 4290 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 After Hours Phone: (619)  
563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **GRIFFITHS, KENNETH**





Provider ID: 417937  
Provider Gender: Male  
License Number: C52451  
NPI: 1760563068  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **GRIFFITHS, KENNETH**

Provider ID: 417937  
Provider Gender: Male  
License Number: C52451  
NPI: 1760563068  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **FAMILY PRACTICE**



## D2. 初級保健名錄

### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

### **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](http://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](http://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](http://www.fhcsd.org)


Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

### **HAMILTON, LISA MARIE**

Provider ID: 206363

Provider Gender: Female



## D2. 初級保健名錄


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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **HEINRICI, ALEKA**

Provider ID: 451167

Provider Gender: Female

License Number: A125329

NPI: 1780979120

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-4:00PM

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**

Provider ID: 451167

Provider Gender: Female

License Number: A125329

NPI: 1780979120

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](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

## D2. 初級保健名錄

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.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**

#### **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.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**

#### **KAUFMAN, JENNIFER CHILYN**

Provider ID: 417987

Provider Gender: Female

License Number: G149974

NPI: 1407818768


Provider English Spoken: Y


Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **KAUFMAN, JENNIFER CHILYN**

Provider ID: 417987

Provider Gender: Female

License Number: G149974

NPI: 1407818768


Provider English Spoken: Y


Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **KEFLEZIGHI, BAHGHI**

Provider ID: 206363

Provider Gender: Female

License Number: A100391

NPI: 1124210844

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

## D2. 初級保健名錄

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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**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)  
515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**LACH, REBECCA**

Provider ID: 206362

## D2. 初級保健名錄

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **LACH, REBECCA**

Provider ID: 417937

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### FAMILY PRACTICE

#### **LACH, REBECCA**

Provider ID: 417937

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### FAMILY PRACTICE

#### **LEE, SANDRINE**

Provider ID: 206362

Provider Gender: Female

License Number: 20A15068

NPI: 1073909651

Provider English Spoken: Y

Provider Language(s)

Spoken: French

Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **LEE, SANDRINE**

Provider ID: 206362

Provider Gender: Female

License Number: 20A15068

NPI: 1073909651

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **LINDEMAN, KURTIS**








## D2. 初級保健名錄

Provider ID: 403583  
Provider Gender: Male  
License Number: A104052  
NPI: 1124155791  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Board Certified Specialty: No  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### FAMILY PRACTICE






#### **LINDEMAN, KURTIS**

Provider ID: 403583  
Provider Gender: Male  
License Number: A104052  
NPI: 1124155791  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### FAMILY PRACTICE






#### **LISH, JONATHAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A177373  
NPI: 1811459456  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **LISH, JONATHAN**

Provider ID: 206360  
Provider Gender: Male

License Number: A177373  
NPI: 1811459456  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **LIU, JIE**

Provider ID: 206362  
Provider Gender: Female  
License Number: A147758  
NPI: 1780066472  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):



## D2. 初級保健名錄

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **LIU, JIE**

*Provider ID: 206362*

*Provider Gender: Female*

*License Number: A147758*

*NPI: 1780066472*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese, Mandarin, Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL*

*Board Certified Specialty: No*

 3544 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **MARSTON, JACQUELINE**

*Provider ID: 206046*

*Provider Gender: Female*

*License Number: 20A12402*

*NPI: 1417205055*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*

 *After Hours Phone: (858) 279-0925*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **MARSTON, JACQUELINE**

*Provider ID: 482070*

*Provider Gender: Female*

*License Number: 20A12402*

*NPI: 1417205055*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SHARP*


*MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*

 *After Hours Phone: (858) 810-8700*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **MARSTON, JACQUELINE**

*Provider ID: 206046*

*Provider Gender: Female*

*License Number: 20A12402*

*NPI: 1417205055*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*

 *After Hours Phone: (858) 279-0925*


 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **MARSTON, JACQUELINE**

*Provider ID: 206046*

*Provider Gender: Female*

*License Number: 20A12402*

*NPI: 1417205055*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL*



*Board Certified Specialty: No*

## D2. 初級保健名錄

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**



#### **MARSTON, JACQUELINE**


Provider ID: 482070  
Provider Gender: Female  
License Number: 20A12402  
NPI: 1417205055  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **MARSTON, JACQUELINE**

Provider ID: 206046  
Provider Gender: Female  
License Number: 20A12402  
NPI: 1417205055  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Board Certified Specialty: No


 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**



Provider ID: 206046  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No


 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

Provider ID: 482070  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N






 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

Provider ID: 206046  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704

## D2. 初級保健名錄

 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  
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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







### **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  
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279-0925  
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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





### **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  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
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N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

Provider ID: 206046  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MELGAR, MONICA**

Provider ID: 402851  
Provider Gender: Female  
License Number: A154399  
NPI: 1629432174  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MELGAR, MONICA**

Provider ID: 402851

## D2. 初級保健名錄

Provider Gender: Female

License Number: A154399

NPI: 1629432174


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MORALES, ALEJANDRA**

Provider ID: 227409

Provider Gender: Female


License Number: A162332


NPI: 1063945657


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [https://www.syhe  
alth.org/locations](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.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**

#### **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

 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



## D2. 初級保健名錄

### **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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NORRIS, JEFFREY**

Provider ID: 403583

Provider Gender: Male

License Number: A136275

NPI: 1073870374


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **NORRIS, JEFFREY**

Provider ID: 403583

Provider Gender: Male

License Number: A136275

NPI: 1073870374

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **NUQUI, JOSIE**

Provider ID: 432308

Provider Gender: Female

License Number: A71544

NPI: 1184773673


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish, Tagalog


Cultural Competency: N

Board Certified Specialty: No

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM



## D2. 初級保健名錄

SA 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **NUQUI, JOSIE**

Provider ID: 432308

Provider Gender: Female

License Number: A71544

NPI: 1184773673

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N

Board Certified Specialty: No

9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

SA 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **ORTIZ, KENNETH**

Provider ID: 517403

Provider Gender: Male

License Number: A156607

NPI: 1356761571

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

316 25TH ST

SAN DIEGO, CA 92102

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **ORTIZ, KENNETH**

Provider ID: 517403

Provider Gender: Male

License Number: A156607

NPI: 1356761571

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

316 25TH ST

SAN DIEGO, CA 92102

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **PALOMINO, VERONICA**

Provider ID: 419529

Provider Gender: Female

License Number: A121451

NPI: 1255569083

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

Phone: (619) 515-2422

After Hours Phone: (619)  
515-2422

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PALOMINO, VERONICA**

Provider ID: 419529

Provider Gender: Female

License Number: A121451

NPI: 1255569083

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

Phone: (619) 515-2422

After Hours Phone: (619)

## D2. 初級保健名錄

515-2422  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **PALOMINO, VERONICA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A121451  
NPI: 1255569083

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **PALOMINO, VERONICA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A121451  
NPI: 1255569083

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **PEREZ, PERLITA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A119689  
NPI: 1174810972

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

PROVIDER

### **FAMILY PRACTICE**

#### **PEREZ, PERLITA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A119689  
NPI: 1174810972

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **POSADA, SEAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A180171  
NPI: 1295100691

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)

## D2. 初級保健名錄

515-2300  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **POSADA, SEAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A180171  
NPI: 1295100691

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **PROPST, TOBE**

Provider ID: 403583  
Provider Gender: Male  
License Number: A82123  
NPI: 1194814277

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **PROPST, TOBE**

Provider ID: 403583  
Provider Gender: Male  
License Number: A82123  
NPI: 1194814277

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **RAGUVEER, VISHAKA**

Provider ID: 618164  
Provider Gender: Female  
NPI: 1740609387

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

9995 CARMEL MOUNTAIN  
RD STE 10-11B

SAN DIEGO, CA 92129

Phone: (844) 200-2426

Fax: (858) 240-6470

After Hours Phone: (844)  
200-2426

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **RAMIREZ, CRISTHIAN**

Provider ID: 206360  
Provider Gender: Female  
License Number: 20A17478  
NPI: 1407200942

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

## D2. 初級保健名錄

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **RAMIREZ, CRISTHIAN**

Provider ID: 206360

Provider Gender: Female

License Number: 20A17478

NPI: 1407200942


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

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

License Number: 20A7435


NPI: 1356556021


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **RITTER, STEVEN**

Provider ID: 451167

Provider Gender: Male

License Number: 20A7435


NPI: 1356556021


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **RODRIGUEZ, SEAN**

Provider ID: 227409

Provider Gender: Male

License Number: A120576

NPI: 1780909903

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **RODRIGUEZ, SEAN**

Provider ID: 227409

Provider Gender: Male

License Number: A120576

NPI: 1780909903

Provider English Spoken: Y







## D2. 初級保健名錄

 *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](http://www.lamaestra.org)*

#### *g*

*Email:*  
*[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
*Hours: M-F 8:00AM-6:00PM*  
*SA 8:00AM-2:00PM*

### **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](http://www.lamaestra.org)*  
*g*  
*Email:*  
*[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
*Hours: M-F 8:00AM-6:00PM*  
*SA 8:00AM-2:00PM*



## D2. 初級保健名錄

### **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](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **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](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **FAMILY PRACTICE**

#### **SHEIKH, ZARA**

Provider ID: 233532

Provider Gender: Female

## D2. 初級保健名錄

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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **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](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

### **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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SHIRAKI, JEAN**

Provider ID: 417987

Provider Gender: Female

License Number: 20A17577

NPI: 1144684382

Provider English Spoken: Y


Provider Language(s)  
Spoken: Japanese


Cultural Competency: N

Board Certified Specialty: No

 4874 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

## D2. 初級保健名錄

### PROVIDER

#### **FAMILY PRACTICE**

##### **SHUMILAK, KAILI**

Provider ID: 418142

Provider Gender: Female

License Number: 20A12796

NPI: 1831489855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

Phone: (619) 515-2454

After Hours Phone: (619)  
515-2454

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

##### **SHUMILAK, KAILI**

Provider ID: 418142

Provider Gender: Female

License Number: 20A12796

NPI: 1831489855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

Phone: (619) 515-2454

After Hours Phone: (619)

515-2454

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

##### **SMOOT, CHARLES**

Provider ID: 206360

Provider Gender: Male

License Number: A97036

NPI: 1245490358

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

#### **FAMILY PRACTICE**

##### **SMOOT, CHARLES**

Provider ID: 206360

Provider Gender: Male

License Number: A97036

NPI: 1245490358

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

#### **FAMILY PRACTICE**

##### **SMOOT, CHARLES**

Provider ID: 356145

Provider Gender: Male

License Number: A97036

NPI: 1245490358

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

2391 ISLAND AVE  
SAN DIEGO, CA 92102

Phone: (619) 515-2435

After Hours Phone: (619)  
515-2435

Website: N/A

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. 初級保健名錄

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

*Board Certified Specialty: No*

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*


 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\120*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **SOPHY, ELIZABETH**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: A157547*

*NPI: 1013441203*

*Provider English Spoken: Y*

*Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


MERCY HOSPITAL CHULA


VISTA

*Board Certified Specialty: No*

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 *Phone: (619) 233-8500*

 *After Hours Phone: (619)  
233-8500*


 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

### **FAMILY PRACTICE**

#### **SOPHY, ELIZABETH**

*Provider ID: 403583*



## D2. 初級保健名錄

Provider Gender: Female

License Number: A157547

NPI: 1013441203

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FAMILY PRACTICE**

#### **SUMMERS-DAY, COURTNEY**

Provider ID: 214492

Provider Gender: Female

License Number: A112781

NPI: 1124288873

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 1016 OUTER RD

SAN DIEGO, CA 92154

 Phone: (619) 429-3733

 After Hours Phone: (619)  
429-3733

 Website: www.ibclinic.org

Email: avaldez@ibclinic.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SUMMERS-DAY, COURTNEY**

Provider ID: 214492

Provider Gender: Female

License Number: A112781

NPI: 1124288873

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 1016 OUTER RD

SAN DIEGO, CA 92154

 Phone: (619) 429-3733

 After Hours Phone: (619)  
429-3733

 Website: www.ibclinic.org

Email: avaldez@ibclinic.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SWARTZ, JOHN**

Provider ID: 403583

Provider Gender: Male

License Number: G72486

NPI: 1396754131

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, LOS ANGELES


COUNTY HARBOR UCLA


MEDICAL CENTER

Board Certified Specialty: No

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **SWARTZ, JOHN**

Provider ID: 403583

Provider Gender: Male

License Number: G72486

NPI: 1396754131

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N



## D2. 初級保健名錄

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, LOS ANGELES  
COUNTY HARBOR UCLA  
MEDICAL CENTER

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### FAMILY PRACTICE

#### THAI, JUSTIN

Provider ID: 206360

Provider Gender: Male

License Number: A177462

NPI: 1093276198

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### THAI, JUSTIN

Provider ID: 206360

Provider Gender: Male

License Number: A177462

NPI: 1093276198

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### THAI, JUSTIN

Provider ID: 417937

Provider Gender: Male

License Number: A177462

NPI: 1093276198

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### FAMILY PRACTICE

#### THAI, JUSTIN

Provider ID: 417937

Provider Gender: Male

License Number: A177462

NPI: 1093276198

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### FAMILY PRACTICE

## D2. 初級保健名錄

### 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](http://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](http://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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### 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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### TRAN, TONNIA

Provider ID: 233597


Provider Gender: Female

License Number: 20A7662


NPI: 1982746657

Provider English Spoken: Y

## D2. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Vietnamese*  
*Cultural Competency: N*  
*Board Certified Specialty: No*



 4290 POLK AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 563-0250*  
 *After Hours Phone: (619) 563-0250*  
 *Website: www.sdfamilycare.org*



*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*


### **FAMILY PRACTICE**

#### **TRUONG, NHA**


*Provider ID: 417937*  
*Provider Gender: Female*  
*License Number: 20A17836*  
*NPI: 1760975833*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Vietnamese*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 515-2400*  
 *After Hours Phone: (619) 515-2400*

 *Website: www.fhcsd.org*  
*Email: fabianm@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


### **FAMILY PRACTICE**

#### **TRUONG, NHA**

*Provider ID: 417937*  
*Provider Gender: Female*  
*License Number: 20A17836*  
*NPI: 1760975833*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Vietnamese*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 515-2400*  
 *After Hours Phone: (619) 515-2400*

 *Website: www.fhcsd.org*  
*Email: fabianm@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*


*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*


### **FAMILY PRACTICE**

#### **TSUCHIYA, KIMIKO**


*Provider ID: 417782*  
*Provider Gender: Female*  
*License Number: 20A19610*  
*NPI: 1629637285*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101  
 *Phone: (619) 515-2430*  
 *After Hours Phone: (619) 515-2430*

 *Website: www.fhcsd.org*  
*Email: jinah@fhcsd.org*


*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*


### **FAMILY PRACTICE**

#### **TSUCHIYA, KIMIKO**


*Provider ID: 417782*  
*Provider Gender: Female*  
*License Number: 20A19610*  
*NPI: 1629637285*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101  
 *Phone: (619) 515-2430*  
 *After Hours Phone: (619) 515-2430*

 *Website: www.fhcsd.org*  
*Email: jinah@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **VALENZUELA, TRICIA**

*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: A161373*  
*NPI: 1346776358*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*


## D2. 初級保健名錄


*Cultural Competency: N*


*Board Certified Specialty: No*

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **WANG, REGINA**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: A109828*

*NPI: 1154554871*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: LONG*

*BEACH MEMORIAL MED CTR, UCSD MEDICAL CTR, UCSD LA*


*JOLLA JOHN SALLY*


*THORNTON*


*Board Certified Specialty: No*

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FAMILY PRACTICE**


#### **WANG, REGINA**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: A109828*

*NPI: 1154554871*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: LONG*

*BEACH MEMORIAL MED CTR, UCSD MEDICAL CTR, UCSD LA*


*JOLLA JOHN SALLY*

*THORNTON*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FAMILY PRACTICE**


#### **WHITE, KATHERINE**

*Provider ID: 227409*

*Provider Gender: Female*

*License Number: A120447*

*NPI: 1801112925*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL CHULA*


*VISTA, SCRIPPS MERCY*


*HOSPITAL*

*Board Certified Specialty: No*

 3177 OCEAN VIEW BLVD

SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER



## D2. 初級保健名錄

### **FAMILY PRACTICE**

#### **WHITE, KATHERINE**

Provider ID: 227409

Provider Gender: Female

License Number: A120447

NPI: 1801112925

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

3177 OCEAN VIEW BLVD

SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **WU, JENNIFER**

Provider ID: 403583

Provider Gender: Female

License Number: A54702

NPI: 1215953013

Provider English Spoken: Y

Provider Language(s)

Spoken: Mandarin, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Board Certified Specialty: No

1501 IMPERIAL AVE

SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **WU, JENNIFER**

Provider ID: 403583

Provider Gender: Female

License Number: A54702

NPI: 1215953013

Provider English Spoken: Y

Provider Language(s)

Spoken: Mandarin, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Board Certified Specialty: No

1501 IMPERIAL AVE

SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **ZAHLER, MARVIN**

Provider ID: 417937

Provider Gender: Male

License Number: 20A11612

NPI: 1134380710

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ZAHLER, MARVIN**

Provider ID: 417937

Provider Gender: Male

License Number: 20A11612

NPI: 1134380710

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)

515-2545



## D2. 初級保健名錄

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **ZINK, IRENE**

Provider ID: 227409

Provider Gender: Female

License Number: C54198

NPI: 1215959549


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: German


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [https://www.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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**

#### **DIAMOND NEIGHBORHOODS**

#### **FAMILY HLTH CTRS INC,**


Provider ID: 206363

NPI: 1982747671

 Provider English Spoken: Y


Cultural Competency: N

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

Fax: (619) 263-2499

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FQHC**


#### **DIAMOND NEIGHBORHOODS**

#### **DOWNTOWN FAMILY CTR AT**


#### **CONNECTIONS,**


Provider ID: 417782

NPI: 1588901045


 Provider English Spoken: Y


Cultural Competency: N

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

Fax: (619) 578-2410

 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Y

## D2. 初級保健名錄

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Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **DOWNTOWN FAMILY CTR AT CONNECTIONS,**

Provider ID: 417782

NPI: 1588901045

 Provider English Spoken: Y  
Cultural Competency: N

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

Fax: (619) 578-2410

 After Hours Phone: (619)  
515-2430


 Website: www.fhcsd.org

Email: jinah@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **FAMILY HEALTH CTR IBARRA,**

Provider ID: 417987

NPI: 1477953933

 Provider English Spoken: Y  
Cultural Competency: N

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

Fax: (619) 255-8002

 After Hours Phone: (619)


515-2426

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FQHC**


#### **FAMILY HEALTH CTR IBARRA,**

Provider ID: 417987

NPI: 1477953933

 Provider English Spoken: Y  
Cultural Competency: N

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

Fax: (619) 255-8002


 After Hours Phone: (619)  
515-2426

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FQHC**


#### **FAMILY HEALTH CTR OF SD- ELM ST,**

Provider ID: 419167


NPI: 1316419070

 Provider English Spoken: Y  
Cultural Competency: N

 140 ELM ST  
SAN DIEGO, CA 92101

 Phone: (619) 515-2520

Fax: (619) 231-0431

 After Hours Phone: (619)  
515-2520

 Website: www.fhcsd.org

Email: jinah@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **FAMILY HEALTH CTR OF SD- ELM ST,**

Provider ID: 419167


NPI: 1316419070

 Provider English Spoken: Y  
Cultural Competency: N

 140 ELM ST  
SAN DIEGO, CA 92101

 Phone: (619) 515-2520

Fax: (619) 231-0431

 After Hours Phone: (619)  
515-2520

 Website: www.fhcsd.org

Email: jinah@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**




Provider ID: 664747

NPI: 1336525906

 Provider English Spoken: Y

## D2. 初級保健名錄

*Cultural Competency: N*

 2114 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2406  
 After Hours Phone: (619)  
515-2406

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FQHC**




#### **FAMILY HEALTH CTR SAN**

#### **DIEGO-OAK PARK,**

Provider ID: 664747

NPI: 1336525906

 Provider English Spoken: Y  
Cultural Competency: N

 2114 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2406  
 After Hours Phone: (619)  
515-2406

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM


### **FQHC**

#### **FAMILY HEALTH CTR SAN**



#### **DIEGO-OAK PARK,**

Provider ID: 418142

NPI: 1336525906

 Provider English Spoken: Y

*Cultural Competency: N*

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2454  
Fax: (619) 794-2696

 After Hours Phone: (619)  
515-2454

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FQHC**



#### **FAMILY HEALTH CTR SAN**

#### **DIEGO-OAK PARK,**


Provider ID: 418142

NPI: 1336525906

 Provider English Spoken: Y  
Cultural Competency: N

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2454  
Fax: (619) 794-2696

 After Hours Phone: (619)  
515-2454


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM


### **FQHC**


#### **FAMILY HLTH CTR OF SD SAN**

#### **DIEGO COMMERCIAL,**


Provider ID: 419529

NPI: 1235521782


 Provider English Spoken: Y  
Cultural Competency: N


 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

Fax: (619) 269-0053

 After Hours Phone: (619)  
515-2422


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **FAMILY HLTH CTR OF SD SAN**

#### **DIEGO COMMERCIAL,**


Provider ID: 419529

NPI: 1235521782

 Provider English Spoken: Y  
Cultural Competency: N


 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

Fax: (619) 269-0053

 After Hours Phone: (619)  
515-2422

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)


Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

## D2. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **FQHC**


#### **FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,**

*Provider ID: 417429*

*NPI: 1952729303*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 *Phone: (619) 515-2525*

*Fax: (619) 501-5814*


 *After Hours Phone: (619) 515-2525*

 *Website: www.fhcsd.org*  
*Email: janeta@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*


### **FQHC**


#### **FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,**

*Provider ID: 417429*


*NPI: 1952729303*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 *Phone: (619) 515-2525*

*Fax: (619) 501-5814*

 *After Hours Phone: (619) 515-2525*

 *Website: www.fhcsd.org*  
*Email: janeta@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### **FQHC**


#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA,**

*Provider ID: 402851*

*NPI: 1386689701*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*

*Fax: (858) 488-1394*

 *After Hours Phone: (619) 515-2444*

 *Website: www.fhcsd.org*  
*Email: sabay@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-W 8:30AM-5:30PM*

*TH 9:00AM-6:00PM*

*F 8:30AM-5:30PM*

### **FQHC**

#### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA,**


*Provider ID: 402851*

*NPI: 1386689701*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


 3705 MISSION BLVD

SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*

*Fax: (858) 488-1394*

 *After Hours Phone: (619) 515-2444*

 *Website: www.fhcsd.org*  
*Email: sabay@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-W 8:30AM-5:30PM*

*TH 9:00AM-6:00PM*

*F 8:30AM-5:30PM*

### **FQHC**


#### **FAMILY HLTH CTR SD HILLCREST,**

*Provider ID: 417937*

*NPI: 1629456900*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

 4094 4TH AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*

*Fax: (619) 501-9645*


 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*  
*Email: fabianm@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-9:00PM*

*F 8:00AM-5:00PM*



## D2. 初級保健名錄

### **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](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **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](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

### **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](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

### **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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **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](http://www.lamaestra.org)

Email:


[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**



## D2. 初級保健名錄


### LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046

NPI: 1609905215


 Provider English Spoken: Y  
Cultural Competency: N

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680


 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### FQHC


### LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046

NPI: 1780665877

 Provider English Spoken: Y  
Cultural Competency: N

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:30AM-5:30PM

### FQHC


### LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046

NPI: 1609905215

 Provider English Spoken: Y  
Cultural Competency: N

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### FQHC


### LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046

NPI: 1780665877

 Provider English Spoken: Y  
Cultural Competency: N

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### FQHC


### LOGAN HEIGHTS FAMILY HEALTH CENTER,

Provider ID: 624977

NPI: 1447281936


 Provider English Spoken: Y  
Cultural Competency: N

 2204 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2355

Fax: (619) 232-7011

 After Hours Phone: (619)  
515-2355

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


### FQHC


### LOGAN HEIGHTS FAMILY HEALTH CENTER,

Provider ID: 624977


NPI: 1447281936

 Provider English Spoken: Y  
Cultural Competency: N

 2204 NATIONAL AVE  
SAN DIEGO, CA 92113


 Phone: (619) 515-2355

Fax: (619) 232-7011

 After Hours Phone: (619)  
515-2355

 Website: [www.fhcsd.org](http://www.fhcsd.org)

## D2. 初級保健名錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FQHC**


#### **LOGAN HEIGHTS FAMILY HEALTH CENTER,**

Provider ID: 206360

NPI: 1447281936


 Provider English Spoken: Y  
Cultural Competency: N

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

Fax: (619) 234-2447

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FQHC**


#### **LOGAN HEIGHTS FAMILY HEALTH CENTER,**

Provider ID: 206360

NPI: 1447281936


 Provider English Spoken: Y  
Cultural Competency: N

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

Fax: (619) 234-2447

 After Hours Phone: (619)

515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FQHC**

#### **MID-CITY COMMUNITY CLINIC,**


Provider ID: 233597

NPI: 1962483040

 Provider English Spoken: Y  
Cultural Competency: N

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **FQHC**

#### **MID-CITY COMMUNITY CLINIC,**


Provider ID: 233532

NPI: 1962483040

 Provider English Spoken: Y  
Cultural Competency: N


 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682


 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **FQHC**

#### **MID-CITY COMMUNITY CLINIC,**


Provider ID: 233597

NPI: 1962483040

 Provider English Spoken: Y  
Cultural Competency: N


 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681


 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **FQHC**


#### **MID-CITY COMMUNITY CLINIC,**


Provider ID: 233532

NPI: 1962483040


## D2. 初級保健名錄

 *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**


#### **NESTOR COMMUNITY HEALTH CENTER,**

*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**


#### **NESTOR COMMUNITY 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**


#### **NESTOR COMMUNITY 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*

## D2. 初級保健名錄

Fax: (619) 683-7586

☎ After Hours Phone: (619) 515-2424

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **FQHC**

#### **OPERATION SAMAHAN - MIRA MESA,**

Provider ID: 432308

NPI: 1861933897

🗄 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](http://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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **FQHC**

#### **OPERATION SAMAHAN - MIRA MESA,**

Provider ID: 417101

NPI: 1871680397

🗄 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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM

### **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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM



## D2. 初級保健名錄


### **FQHC**


#### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

Provider ID: 418535

NPI: 1699216622


 Provider English Spoken: Y  
Cultural Competency: N

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM


### **FQHC**


#### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

Provider ID: 418535

NPI: 1699216622

 Provider English Spoken: Y  
Cultural Competency: N

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa](http://www.operationsa)

[mahan.org](http://mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

### **FQHC**


#### **SAN DIEGO AMERICAN INDIAN HEALTH CENTER,**

Provider ID: 207382

NPI: 1003902917

 Provider English Spoken: Y  
Cultural Competency: N

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)  
234-2158

 Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FQHC**

#### **SAN DIEGO AMERICAN INDIAN HEALTH CENTER,**


Provider ID: 207382

NPI: 1003902917

 Provider English Spoken: Y  
Cultural Competency: N

 2630 1ST AVE

SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)  
234-2158


 Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **SAN DIEGO FAMILY CARE,**

Provider ID: 482070

NPI: 1457724858


 Provider English Spoken: Y  
Cultural Competency: N

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare  
.org](http://www.sdfamilycare<br/>.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**



## D2. 初級保健名錄


### **SAN DIEGO FAMILY CARE,**

Provider ID: 482070

NPI: 1457724858

 Provider English Spoken: Y  
Cultural Competency: N

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### **FQHC**


#### **SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,**

Provider ID: 517403

NPI: 1598308926

 Provider English Spoken: Y  
Cultural Competency: N

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551

Fax: (619) 238-3807

 After Hours Phone: (619)  
238-5551

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,**

Provider ID: 517403

NPI: 1598308926


 Provider English Spoken: Y  
Cultural Competency: N

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551

Fax: (619) 238-3807

 After Hours Phone: (619)  
238-5551

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FQHC**


#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW,**

Provider ID: 227409

NPI: 1326225632


 Provider English Spoken: Y  
Cultural Competency: N

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

Fax: (619) 595-0258

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM


### **FQHC**


#### **SAN YSIDRO HEALTH CHC - OCEAN VIEW,**

Provider ID: 227409

NPI: 1326225632

 Provider English Spoken: Y  
Cultural Competency: N

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

Fax: (619) 595-0258


 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,**

Provider ID: 517998

NPI: 1205477841

 Provider English Spoken: Y  
Cultural Competency: N

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

## D2. 初級保健名錄

Fax: (619) 824-9076

☎ After Hours Phone: (619)  
662-4100

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH**

#### **COMMUNITY HEIGHTS FAMILY MED,**

Provider ID: 517998

NPI: 1205477841

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 662-4100

Fax: (619) 824-9076

☎ After Hours Phone: (619)  
662-4100

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **SHERMAN HEIGHTS FAMILY**

#### **HLTH CTRS INC,**

Provider ID: 356145

NPI: 1174549232

☑ Provider English Spoken: Y

Cultural Competency: N

📍 2391 ISLAND AVE  
SAN DIEGO, CA 92102

☎ Phone: (619) 515-2435

Fax: (619) 515-2435

☎ After Hours Phone: (619)  
515-2435

🌐 Website: N/A

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **FQHC**

#### **SHERMAN HEIGHTS FAMILY**

#### **HLTH CTRS INC,**

Provider ID: 356145

NPI: 1174549232

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 2391 ISLAND AVE  
SAN DIEGO, CA 92102

☎ Phone: (619) 515-2435

Fax: (619) 515-2435

☎ After Hours Phone: (619)  
515-2435

🌐 Website: N/A

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **FQHC**

#### **ST VINCENT DE PAUL VILLAGE**

#### **FAMILY HEALTH CENTER,**

Provider ID: 403583

NPI: 1598122871

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

☎ Phone: (619) 233-8500

Fax: (619) 687-1067

☎ After Hours Phone: (619)  
233-8500

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **FQHC**

#### **ST VINCENT DE PAUL VILLAGE**

#### **FAMILY HEALTH CENTER,**

Provider ID: 403583

NPI: 1598122871

☑ Provider English Spoken: Y  
Cultural Competency: N

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

☎ Phone: (619) 233-8500

Fax: (619) 687-1067

☎ After Hours Phone: (619)  
233-8500

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **GASTROENTEROLOGY**

#### **FRENETTE, CATHERINE**

## D2. 初級保健名錄

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

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL,

## D2. 初級保健名錄

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](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### 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](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### 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](http://www.sdfamilycare<br/>.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\22

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### GENERAL PRACTICE

#### **DOAN STEPHENS, CRYSTAL**

Provider ID: 233532

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058

Website: [www.sdfamilycare  
.org](http://www.sdfamilycare<br/>.org)

Medi-Cal Open Panel: Y



## D2. 初級保健名錄

Min/Max Age: 0\22

American Sign Language (ASL): N

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

N

 Accessibility: CONTACT PROVIDER

### HEPATOLOGY


#### **GISH, ROBERT**


Provider ID: 185268

Provider Gender: Male

License Number: G45632

NPI: 1548281322

 Provider English Spoken: Y

 Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese

Cultural Competency: N


Hospital Affiliation: LOMA


LINDA UNIVERSITY COMM

MED CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619) 255-9155

 Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### **ALASSIL, SALLY**

Provider ID: 206360

Provider Gender: Female

License Number: A122238

NPI: 1982044483


 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)

515-2300


 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **ALASSIL, SALLY**

Provider ID: 206360

Provider Gender: Female

License Number: A122238

NPI: 1982044483


 Provider English Spoken: Y


 Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, 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: 419529

Provider Gender: Female

License Number: A122238

NPI: 1982044483



## D2. 初級保健名錄

Provider English Spoken: Y N  
 Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Board Certified Specialty: No  
 2325 COMMERCIAL ST STE 1400  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2422  
 After Hours Phone: (619) 515-2422  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **ALASSIL, SALLY**

Provider ID: 419529  
Provider Gender: Female  
License Number: A122238  
NPI: 1982044483  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Board Certified Specialty: No  
 2325 COMMERCIAL ST STE 1400  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2422  
 After Hours Phone: (619) 515-2422  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **ALDOUS, JEANNETTE**

Provider ID: 451167  
Provider Gender: Female  
License Number: A101017  
NPI: 1073650339  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/king- chavez- health-center  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **ALDOUS, JEANNETTE**

Provider ID: 451167  
Provider Gender: Female  
License Number: A101017  
NPI: 1073650339  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR  
Board Certified Specialty: No  
 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

#### **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

## D2. 初級保健名錄

### 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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

## D2. 初級保健名錄

### 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](http://www.fhcsd.org)


Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **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](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **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

 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

#### **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

## D2. 初級保健名錄

 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


### INTERNAL MEDICINE

#### **CURTIS, MEGAN**

Provider ID: 206360  
Provider Gender: Female  
License Number: A187390  
NPI: 1699138115  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE






#### **DAHMS, ERIC**


Provider ID: 417937  
Provider Gender: Male  
License Number: G80316  
NPI: 1306808464  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### **DAHMS, ERIC**

Provider ID: 417937  
Provider Gender: Male  
License Number: G80316  
NPI: 1306808464  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



### INTERNAL MEDICINE

#### **DIEP, KEVIN**

Provider ID: 417937  
Provider Gender: Male  
License Number: 20A17657  
NPI: 1083117865  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **DIEP, KEVIN**

Provider ID: 417937  
Provider Gender: Male  
License Number: 20A17657  
NPI: 1083117865  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE



## D2. 初級保健名錄

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  
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  
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

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 PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **FARASAT, SADAF**



## D2. 初級保健名錄

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](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **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)

## D2. 初級保健名錄

563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM






### **INTERNAL MEDICINE** **GUTIERREZ, ANGELICA**

Provider ID: 233597  
Provider Gender: Female  
License Number: A175116  
NPI: 1982180329  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4290 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 After Hours Phone: (619) 563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-2:00PM

### **INTERNAL MEDICINE** **HAZELBAKER, PAUL**

Provider ID: 417782  
Provider Gender: Male

License Number: 20A7147  
NPI: 1831106103  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2430  
 After Hours Phone: (619) 515-2430  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **INTERNAL MEDICINE** **HAZELBAKER, PAUL**





Provider ID: 417782  
Provider Gender: Male  
License Number: 20A7147  
NPI: 1831106103  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2430  
 After Hours Phone: (619) 515-2430  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM


### **INTERNAL MEDICINE** **HENDERSON, PHILIP**

Provider ID: 417937  
Provider Gender: Male  
License Number: A140324  
NPI: 1447678834  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **INTERNAL MEDICINE** **HENDERSON, PHILIP**

Provider ID: 417937  
Provider Gender: Male  
License Number: A140324  
NPI: 1447678834  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

## D2. 初級保健名錄

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **JAMISON, KAREN**

Provider ID: 417937

Provider Gender: Female

License Number: A95356


NPI: 1285830505

Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Fax: (619) 501-9645

 After Hours Phone: (619)  
515-2545


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **JAMISON, KAREN**

Provider ID: 417937

Provider Gender: Female

License Number: A95356


NPI: 1285830505

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Fax: (619) 501-9645

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **JEONG, MATTHEW**

Provider ID: 417782

Provider Gender: Male


License Number: A190535


NPI: 1558982512

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **JEONG, MATTHEW**

Provider ID: 417782

Provider Gender: Male


License Number: A190535


NPI: 1558982512

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1250 6TH AVE STE 100  
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 Phone: (619) 515-2430

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515-2430


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **KRIJGER, LISA**

Provider ID: 403583

Provider Gender: Female

License Number: A67762

NPI: 1932278710

Provider English Spoken: Y  
Cultural Competency: N

## D2. 初級保健名錄

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### INTERNAL MEDICINE

#### **KRIJGER, LISA**

Provider ID: 403583


Provider Gender: Female

License Number: A67762

NPI: 1932278710

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### INTERNAL MEDICINE

#### **LALITHAKUMARI, ARYA**

Provider ID: 206362

Provider Gender: Female

License Number: A140646

NPI: 1265874010

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Hemet


Global Medical Center, Menifee

Global Medical Center

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **LALITHAKUMARI, ARYA**

Provider ID: 206362

Provider Gender: Female

License Number: A140646

NPI: 1265874010

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Hemet


Global Medical Center, Menifee

Global Medical Center

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **LAMANTIA, MICHELE**

Provider ID: 451167

Provider Gender: Female

License Number: G71855

NPI: 1124176102


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
/clinics/king-chavez-health  
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

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No




## D2. 初級保健名錄

 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **LEE, MICHAEL**

Provider ID: 206360  
Provider Gender: Male  
License Number: A71671  
NPI: 1760406649  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE



#### **LEE, MICHAEL**

Provider ID: 206360  
Provider Gender: Male  
License Number: A71671  
NPI: 1760406649  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Board Certified Specialty: No


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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **LU, STEPHANIE**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A20252  
NPI: 1518524586  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### INTERNAL MEDICINE

#### **LU, STEPHANIE**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A20252  
NPI: 1518524586  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **MARCINIAK, ROMAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: 20A17072  
NPI: 1326579210  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE



## D2. 初級保健名錄

SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
📞 After Hours Phone: (619) 515-2300  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **MARCINIAK, ROMAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: 20A17072  
NPI: 1326579210

☑ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
📞 After Hours Phone: (619) 515-2300  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **NARANJO, RODRIGO**

Provider ID: 482070  
Provider Gender: Male  
License Number: A119010

NPI: 1609095264  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
📞 After Hours Phone: (858) 810-8700  
🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **NARANJO, RODRIGO**

Provider ID: 206046  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 279-0925  
📞 After Hours Phone: (858) 279-0925  
🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **NARANJO, RODRIGO**

Provider ID: 206046  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 279-0925  
📞 After Hours Phone: (858) 279-0925  
🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **NARANJO, RODRIGO**

Provider ID: 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

## D2. 初級保健名錄

 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **NARANJO, RODRIGO**

Provider ID: 206046  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **NARANJO, RODRIGO**


Provider ID: 206046  
Provider Gender: Male  
License Number: A119010  
NPI: 1609095264

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **NARAYANAN, MEENA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A113448  
NPI: 1508170697  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **NARAYANAN, MEENA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A113448  
NPI: 1508170697  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **PARIKH, MILIND**

Provider ID: 206363  
Provider Gender: Male  
License Number: 20A13745  
NPI: 1194161406

## D2. 初級保健名錄

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  
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 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### **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

## D2. 初級保健名錄



 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM


### INTERNAL MEDICINE

#### **ROUEL, WADI**

Provider ID: 185268  
Provider Gender: Male  
License Number: C55979  
NPI: 1740254713  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL  
Board Certified Specialty: No


 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 After Hours Phone: (619)  
255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150


American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### INTERNAL MEDICINE

#### **SASSIC, JESSICA**


Provider ID: 417937  
Provider Gender: Female  
License Number: A185024  
NPI: 1598342529  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### INTERNAL MEDICINE


#### **SASSIC, JESSICA**

Provider ID: 417937  
Provider Gender: Female  
License Number: A185024  
NPI: 1598342529  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM


### INTERNAL MEDICINE

#### **SHI, RUJING**

Provider ID: 417937  
Provider Gender: Female  
License Number: 20A19399  
NPI: 1710446539  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM



## D2. 初級保健名錄

### INTERNAL MEDICINE

#### **SHI, RUJING**

Provider ID: 417937

Provider Gender: Female

License Number: 20A19399

NPI: 1710446539


Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **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](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **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](http://www.fhcsd.org)


Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### **URIBE-BRUCE, LILIANA**

Provider ID: 206360

Provider Gender: Female

License Number: C55724

NPI: 1689010324

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **URIBE-BRUCE, LILIANA**

Provider ID: 206360

Provider Gender: Female

License Number: C55724

NPI: 1689010324




Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish




## D2. 初級保健名錄

*Cultural Competency: N*  
*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



*American Sign Language (ASL):*  
N

 Accessibility: CONTACT  
PROVIDER




### **INTERNAL MEDICINE**


#### **VALDEZ, KRYSTAL**

Provider ID: 417101  
Provider Gender: Female  
License Number: A156854  
NPI: 1629480272


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog

*Cultural Competency: N*  
*Hospital Affiliation: TWIN  
CITIES COMMUNITY  
HOSPITAL, SIERRA VISTA  
REGIONAL MED CTR,  
PARADISE VALLEY HOSPITAL*  
*Board Certified Specialty: No*

 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



*American Sign Language (ASL):* Provider Gender: Female  
License Number: A169207  
NPI: 1346628310

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-4:30PM




### **INTERNAL MEDICINE**


#### **VALDEZ, KRYSTAL**

Provider ID: 417101  
Provider Gender: Female  
License Number: A156854  
NPI: 1629480272


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog

*Cultural Competency: N*  
*Hospital Affiliation: TWIN  
CITIES COMMUNITY  
HOSPITAL, SIERRA VISTA  
REGIONAL MED CTR,  
PARADISE VALLEY HOSPITAL*  
*Board Certified Specialty: No*

 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



*American Sign Language (ASL):*  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-4:30PM

### **INTERNAL MEDICINE**


#### **VIDAURRAZAGA, MONICA**

Provider ID: 417937

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

*Cultural Competency: N*  
*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103  
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 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



*American Sign Language (ASL):*  
N

 Accessibility: CONTACT  
PROVIDER


### **INTERNAL MEDICINE**


#### **VIDAURRAZAGA, MONICA**

Provider ID: 417937  
Provider Gender: Female  
License Number: A169207  
NPI: 1346628310



























 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

*Cultural Competency: N*  
*Board Certified Specialty: No*

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

## D2. 初級保健名錄



- American Sign Language (ASL): *Cultural Competency: N*  
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*
- 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*
- Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*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*

## D2. 初級保健名錄

 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **WATTANAMANO, PORNTHEP**

Provider ID: 206046  
Provider Gender: Male  
License Number: C186338  
NPI: 1295738516  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Thai

Cultural Competency: N  
Board Certified Specialty: No


 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **WATTS, ELI**






Provider ID: 451167  
Provider Gender: Male


License Number: A79383  
NPI: 1649373739  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **WATTS, ELI**



Provider ID: 451167  
Provider Gender: Male  
License Number: A79383  
NPI: 1649373739  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER




### INTERVENTIONAL


#### CARDIOLOGY

#### **MOUSSAVIAN, MEHRAN**

Provider ID: 206363  
Provider Gender: Male  
License Number: 20A7241  
NPI: 1689788234  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi


Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Adventist Health and Rideout  
Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 263-2499  
 After Hours Phone: (619) 263-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

## D2. 初級保健名錄

 *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 MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Adventist Health and Rideout*  
*Board Certified Specialty: No*  
 *4725 MARKET ST  
SAN DIEGO, CA 92102*  
 *Phone: (619) 263-2499*  
 *After Hours Phone: (619) 263-2499*  
 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

### INTERVENTIONAL CARDIOLOGY






#### **SHETABI, KAMBIZ**

*Provider ID: 206363*  
*Provider Gender: Male*  
*License Number: A126187*  
*NPI: 1972827806*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*  
 *4725 MARKET ST  
SAN DIEGO, CA 92102*  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*  
 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### INTERVENTIONAL CARDIOLOGY

#### **SHETABI, KAMBIZ**

*Provider ID: 206363*  
*Provider Gender: Male*  
*License Number: A126187*  
*NPI: 1972827806*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*  
 *4725 MARKET ST  
SAN DIEGO, CA 92102*  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*  
 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*


### NEUROLOGY

#### **CANTU-REYNA, GUILLERMO**


*Provider ID: 185268*  
*Provider Gender: Male*  
*License Number: A41375*  
*NPI: 1447389101*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR*  
*Board Certified Specialty: No*  
 *4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105*  
 *Phone: (619) 255-9155*  
 *After Hours Phone: (619) 255-9155*  
 *Website: www.lamaestra.org*  
*Email: aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*




## D2. 初級保健名錄


*American Sign Language (ASL):* Cultural Competency: N  
N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**NEUROLOGY**  
**CANTU-REYNA, GUILLERMO**


*Provider ID: 185268*  
*Provider Gender: Male*  
*License Number: A41375*  
*NPI: 1447389101*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR*

*Board Certified Specialty: No*  
 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 255-9155*  
 *After Hours Phone: (619) 255-9155*  
 *Website: www.lamaestra.org*  
g  
*Email:*


*aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):* N  
N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**OBSTETRICS / GYNECOLOGY**  
**AL-MSHHDANI, AYSER**  
*Provider ID: 185268*  
*Provider Gender: Female*  
*License Number: A172929*  
*NPI: 1679008569*  
 *Provider English Spoken: Y*

*Board Certified Specialty: No*  
 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 280-4213*  
 *After Hours Phone: (619) 280-4213*  
 *Website: www.lamaestra.org*  
g  
*Email:*

*aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):* N  
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  
N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*



## **OBSTETRICS / GYNECOLOGY** **ALIMONOS, LYSISTRATI**

*Provider ID: 206362*  
*Provider Gender: Female*  
*License Number: 20A14919*  
*NPI: 1619397031*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*

 3544 30TH ST  
SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):* N  
N  
 *Accessibility: CONTACT*



## D2. 初級保健名錄

*PROVIDER*  
*Hours: M-TH 8:30AM-5:30PM*  
*F 8:30AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**






*Provider ID: 416831*  
*Provider Gender: Female*  
*License Number: 20A14919*  
*NPI: 1619397031*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*

 *3514 30TH ST*  
*SAN DIEGO, CA 92104*  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*  
 *Website: www.fhcsd.org*  
*Email: jenanm@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**





#### **ALIMONOS, LYSISTRATI**


*Provider ID: 206362*  
*Provider Gender: Female*  
*License Number: 20A14919*  
*NPI: 1619397031*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*  
 *3544 30TH ST*  
*SAN DIEGO, CA 92104*  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TH 8:30AM-5:30PM*  
*F 8:30AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**





#### **ALIMONOS, LYSISTRATI**

*Provider ID: 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*

## D2. 初級保健名錄

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

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206363

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206363

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No


4725 MARKET ST  
SAN DIEGO, CA 92102

## D2. 初級保健名錄

 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM



### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**


Provider ID: 206046  
Provider Gender: Male  
License Number: G44807  
NPI: 1497738439  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**






Provider ID: 206046  
Provider Gender: Male  
License Number: G44807  
NPI: 1497738439  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**


Provider ID: 206046  
Provider Gender: Male  
License Number: G44807  
NPI: 1497738439  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
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TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**

Provider ID: 206046  
Provider Gender: Male  
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Cultural Competency: N  
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 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

Provider ID: 402851

## D2. 初級保健名錄

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

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: 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: 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



## D2. 初級保健名錄

### **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: 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

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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**

#### **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):



## D2. 初級保健名錄

N

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**



#### **BUECHNER, CHARLENE**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A68463*

*NPI: 1376663831*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*

*Board Certified Specialty: No*

 *1809 NATIONAL AVE SAN DIEGO, CA 92113*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*


 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **BUECHNER, CHARLENE**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A68463*

*NPI: 1376663831*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*

*Board Certified Specialty: No*

 *1809 NATIONAL AVE SAN DIEGO, 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**



#### **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: 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*

## D2. 初級保健名錄

Min/Max Age: 0\150

American Sign Language (ASL): Provider ID: 206363

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

Provider ID: 206363

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI


CITY MEDICAL CTR

Board Certified Specialty: No

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2420

 After Hours Phone: (619)  
515-2420

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **CARTER, KHALIL**

Provider ID: 206363

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI


CITY MEDICAL CTR


Board Certified Specialty: No

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2420

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515-2420

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:30AM-5:30PM

F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**


Provider ID: 416831

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI


CITY MEDICAL CTR

Board Certified Specialty: No

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

## D2. 初級保健名錄

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **CARTER, KHALIL**

Provider ID: 206362

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424


 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5:30PM  
F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **CARTER, KHALIL**

Provider ID: 416831

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

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515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **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

515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:00PM  
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

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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:00PM

## D2. 初級保健名錄

TH 9:30AM-6:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 402851

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 402851

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3705 MISSION BLVD  
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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 206362

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:30PM

F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 416831

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT



## D2. 初級保健名錄

PROVIDER		
<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>CERVANTES, SANDRA</b> Provider ID: 206362 Provider Gender: Female License Number: A118095 NPI: 1073701041 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> 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 <input type="checkbox"/> 3544 30TH ST SAN DIEGO, CA 92104 <input type="checkbox"/> Phone: (619) 515-2424 <input type="checkbox"/> After Hours Phone: (619) 515-2424 <input type="checkbox"/> Website: www.fhcsd.org Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Hours: M-TH 8:00AM-5:30PM F 8:00AM-5:00PM	Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL Board Certified Specialty: No <input type="checkbox"/> 3514 30TH ST SAN DIEGO, CA 92104 <input type="checkbox"/> Phone: (619) 515-2424 <input type="checkbox"/> After Hours Phone: (619) 515-2424 <input type="checkbox"/> Website: www.fhcsd.org Email: jenanm@fhcsd.org Medi-Cal Open Panel: Y Min/Max Age: 0\18 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	<input type="checkbox"/> After Hours Phone: (619) 515-2560 <input type="checkbox"/> Website: www.fhcsd.org Email: nancyl@fhcsd.org Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM
<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>CERVANTES, SANDRA</b> Provider ID: 416831 Provider Gender: Female License Number: A118095 NPI: 1073701041 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s)	<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>CERVANTES, SANDRA</b> Provider ID: 206363 Provider Gender: Female License Number: A118095 NPI: 1073701041 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> 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 <input type="checkbox"/> 4725 MARKET ST SAN DIEGO, CA 92102 <input type="checkbox"/> Phone: (619) 515-2560 <input type="checkbox"/> After Hours Phone: (619) 515-2560 <input type="checkbox"/> Website: www.fhcsd.org Email: nancyl@fhcsd.org Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>CERVANTES, SANDRA</b> Provider ID: 206363 Provider Gender: Female License Number: A118095 NPI: 1073701041 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> 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 <input type="checkbox"/> 4725 MARKET ST SAN DIEGO, CA 92102 <input type="checkbox"/> Phone: (619) 515-2560 <input type="checkbox"/> After Hours Phone: (619) 515-2560 <input type="checkbox"/> Website: www.fhcsd.org Email: nancyl@fhcsd.org Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER



## D2. 初級保健名錄

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **CERVANTES, SANDRA**

Provider ID: 206360

Provider Gender: Female

License Number: A118095

NPI: 1073701041

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP


CORONADO HOSP AND


HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 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

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 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](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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

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515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y





















Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

## D2. 初級保健名錄

PROVIDER		
<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>CHAKRABARTI, PRIYA</b> Provider ID: 206363 Provider Gender: Female License Number: A163464 NPI: 1326531401 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital Board Certified Specialty: No  4725 MARKET ST SAN DIEGO, CA 92102  Phone: (619) 515-2560  After Hours Phone: (619) 515-2560  Website: www.fhcsd.org Email: nancyl@fhcsd.org Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	MERCY HOSPITAL, Sharp Grossmont Hospital Board Certified Specialty: No  4725 MARKET ST SAN DIEGO, CA 92102  Phone: (619) 515-2560  After Hours Phone: (619) 515-2560  Website: www.fhcsd.org Email: nancyl@fhcsd.org Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	 Accessibility: CONTACT PROVIDER Hours: M-TH 8:00AM-5:00PM
<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>CHAKRABARTI, PRIYA</b> Provider ID: 416831 Provider Gender: Female License Number: A163464 NPI: 1326531401 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> 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	<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>CHAKRABARTI, PRIYA</b> Provider ID: 416831 Provider Gender: Female License Number: A163464 NPI: 1326531401 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> 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	
<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>CHAKRABARTI, PRIYA</b> Provider ID: 206363 Provider Gender: Female License Number: A163464 NPI: 1326531401 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS		
	<b><u>OBSTETRICS / GYNECOLOGY</u></b> <b>CHAKRABARTI, PRIYA</b> Provider ID: 402851 Provider Gender: Female License Number: A163464 NPI: 1326531401 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s)	

## D2. 初級保健名錄

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  
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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-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 402851  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (619) 515-2444  
After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org  
Email: sabay@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 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  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 416831  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

3514 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org  
Email: jenanm@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

## D2. 初級保健名錄

### 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

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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

#### DE MIK, TRAVIS

Provider ID: 206363

Provider Gender: Male


License Number: A108228


NPI: 1629277322

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

#### DE MIK, TRAVIS

Provider ID: 206363

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Board Certified Specialty: No

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515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

#### DE MIK, TRAVIS

Provider ID: 206360

Provider Gender: Male


License Number: A108228


NPI: 1629277322

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY


#### DE MIK, TRAVIS

Provider ID: 206360

Provider Gender: Male


License Number: A108228


NPI: 1629277322

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

#### DORUELO, ASHLEY

Provider ID: 206360

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N



## D2. 初級保健名錄

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No

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Phone: (619) 515-2300

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515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 206360

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No

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Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 206363

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No

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After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **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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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

### **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  
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Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org  
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18



## D2. 初級保健名錄

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


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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**


#### **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

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

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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: 402851

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR,**

#### **BEATRIZ**


Provider ID: 402851

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,


Sharp Grossmont Hospital,


SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

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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**

## D2. 初級保健名錄

### 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

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Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### OBSTETRICS / GYNECOLOGY

### FOLCH TORRES-AGUIAR, BEATRIZ

Provider ID: 416831

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

3514 30TH ST  
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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

### 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)  
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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

### 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

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After Hours Phone: (619)  
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Website: www.fhcsd.org

## D2. 初級保健名錄

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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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515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR,  
BEATRIZ**

Provider ID: 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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Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR,  
BEATRIZ**

Provider ID: 206360

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N




Hospital Affiliation:


GROSSMONT HOSPITAL,

## D2. 初級保健名錄

SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No


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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


**FOLCH TORRES-AGUIAR,  
BEATRIZ**


Provider ID: 206360

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y




 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese


Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
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SCRIPPS MERCY HOSPITAL  
CHULA VISTA

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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**


**HANLEY, LAUREN**

Provider ID: 206360

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish




Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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


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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)



## D2. 初級保健名錄

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No

4725 MARKET ST  
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Phone: (619) 515-2560  
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515-2560  
Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **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**

#### **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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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  
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License Number: C174771  
NPI: 1053392035

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
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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**

#### **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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## D2. 初級保健名錄

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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**

#### **HANLEY, LAUREN**

Provider ID: 402851

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
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Cultural Competency: N


Hospital Affiliation: SCRIPPS


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Grossmont Hospital

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Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **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

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 3705 MISSION 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-W 8:30AM-5:00PM

TH 9:30AM-6:00PM

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### **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


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Board Certified Specialty: No

## D2. 初級保健名錄

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Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL): NPI: 1649208711

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

Hospital Affiliation: SHARP

CORONADO HOSP AND


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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5:30PM  
F 8:30AM-5:00PM

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Cultural Competency: N

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Hospital Affiliation: SHARP

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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: 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  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**




#### **LIPSCHITZ, LISA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
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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**  
**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  
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 Accessibility: CONTACT PROVIDER  
Hours: M-F 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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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**

#### **LOEFFLER, ALLISON**

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Spoken: Spanish  
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GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
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F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 206363  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
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):  
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♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

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Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
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Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 416831  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N




## D2. 初級保健名錄


### *Hospital Affiliation:*


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

*Board Certified Specialty:* No

 3514 30TH ST  
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*Email:* jenanm@fhcsd.org

*Medi-Cal Open Panel:* Y

*Min/Max Age:* 0\18

*American Sign Language (ASL):*

N

 *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  
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*Provider ID:* 402851

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*Spoken:* Spanish

*Cultural Competency:* N

*Hospital Affiliation:*

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA



## D2. 初級保健名錄

Board Certified Specialty: No

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Hospital Affiliation:

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Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**

Provider ID: 402851

Provider Gender: Female

License Number: A114181

NPI: 1740514249

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ BERRIOS, IARA DEL**

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Provider Gender: Female

License Number: A114181

NPI: 1740514249

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Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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Medi-Cal Open Panel: Y

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Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1740514249

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

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**DEL**

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**DEL**

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Cultural Competency: N

Hospital Affiliation: SCRIPPS


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 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

## D2. 初級保健名錄

### **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: 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**

#### **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.operationsa  
mahan.org


Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. 初級保健名錄

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.operationsa mahan.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

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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**

#### **RODRIGUEZ JEREZ, ROBERTO**


*Provider ID: 416831*

*Provider Gender: Male*

*License Number: A154298*

*NPI: 1710316450*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL, SHARP*

*CORONADO HOSP AND*


*HEALTHCARE CTR,*


*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 3514 30TH ST

SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

*Email: jenanm@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\18*

*American Sign Language (ASL):*

N



## D2. 初級保健名錄

 *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  
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**


#### **RODRIGUEZ JEREZ, ROBERTO**

*Provider ID: 416831*

*Provider Gender: Male*

*License Number: A154298*

*NPI: 1710316450*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*


*CORONADO HOSP AND*


*HEALTHCARE CTR,*


*GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 *3514 30TH ST  
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)  
515-2424*

 *Website: www.fhcsd.org*  
*Email: 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  
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)  
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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: 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*



## D2. 初級保健名錄

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

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515-2300

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Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

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Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206363

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2420

After Hours Phone: (619)  
515-2420

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206363

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2420

After Hours Phone: (619)  
515-2420

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

Provider ID: 206363

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

## D2. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A164859*

*NPI: 1952751711*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Hindi*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL*

*Board Certified Specialty: No*

 *4725 MARKET ST  
SAN DIEGO, CA 92102*

 *Phone: (619) 515-2560*


 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org  
Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A164859*

*NPI: 1952751711*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Hindi*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL*

*Board Certified Specialty: No*

 *1809 NATIONAL AVE  
SAN DIEGO, 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**

#### **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  
SAN DIEGO, 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**

#### **SAPRA, SONIA**

*Provider ID: 416831*

*Provider Gender: Female*

*License Number: A164859*

*NPI: 1952751711*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Hindi*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL*

*Board Certified Specialty: No*

 *3514 30TH ST  
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*


 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org  
Email: jenanm@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\18*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

*Provider ID: 416831*

*Provider Gender: Female*

*License Number: A164859*

*NPI: 1952751711*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Hindi*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL*

## D2. 初級保健名錄

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL): NPI: 1952751711

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](http://www.fhcsd.org)


Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **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](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **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](http://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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

## D2. 初級保健名錄

American Sign Language (ASL): MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS  
N  
Accessibility: CONTACT PROVIDER  
Board Certified Specialty: No

### **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

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**

#### **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

### **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: 416831  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
Provider English Spoken: Y  
Cultural Competency: N



## D2. 初級保健名錄

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  
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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  
Hours: M-TH 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206360  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619)  
515-2300  
Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

Provider ID: 206360  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No

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Phone: (619) 515-2300  
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515-2300  
Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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  
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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**

#### **STABEN, REBECCA**

Provider ID: 206363  
Provider Gender: Female



## D2. 初級保健名錄

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

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Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **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](http://www.syhealth.org)

/clinics/king- chavez- healt  
h- center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **TRUJILLO, JENNIFER**

Provider ID: 451167

Provider Gender: Female

License Number: 20A8204

NPI: 1053407593

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

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h- center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206363

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL,

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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**

#### **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

## D2. 初級保健名錄

CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
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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):

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Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206360

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

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GROSSMONT HOSPITAL,

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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-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206360

Provider Gender: Female

License Number: 20A11535

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Provider English Spoken: Y

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Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

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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: 416831


Provider Gender: Female

License Number: 20A11535


NPI: 1811162456

Provider English Spoken: Y

## D2. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SHARP*  
*CORONADO HOSP AND*  
*HEALTHCARE CTR,*  
*GROSSMONT HOSPITAL,*  
*DESERT REGIONAL MED CTR*  
*Board Certified Specialty: No*

 3514 30TH ST  
SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619)*  
*515-2424*

 *Website: www.fhcsd.org*  
*Email: jenanm@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\18*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**


*Provider ID: 206362*

*Provider Gender: Female*

*License Number: 20A11535*

*NPI: 1811162456*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*

*CORONADO HOSP AND*


*HEALTHCARE CTR,*

*GROSSMONT HOSPITAL,*

*DESERT REGIONAL MED CTR*

*Board Certified Specialty: No*

 3544 30TH ST  
SAN DIEGO, CA 92104  
 *Phone: (619) 515-2400*  
 *After Hours Phone: (619)*  
*515-2400*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-TH 8:30AM-5:30PM*  
*F 8:30AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**


#### **WINESBURG, JENNIFER**

*Provider ID: 416831*

*Provider Gender: Female*

*License Number: 20A11535*

*NPI: 1811162456*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*

*CORONADO HOSP AND*


*HEALTHCARE CTR,*


*GROSSMONT HOSPITAL,*


*DESERT REGIONAL MED CTR*

*Board Certified Specialty: No*

 3514 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)*  
*515-2424*

 *Website: www.fhcsd.org*  
*Email: jenanm@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\18*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

*Provider ID: 402851*

*Provider Gender: Female*

*License Number: 20A11535*

*NPI: 1811162456*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SHARP*

*CORONADO HOSP AND*


*HEALTHCARE CTR,*


*GROSSMONT HOSPITAL,*


*DESERT REGIONAL MED CTR*

*Board Certified Specialty: No*

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*

 *After Hours Phone: (619)*  
*515-2444*

 *Website: www.fhcsd.org*  
*Email: sabay@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-TH 8:30AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**


*Provider ID: 402851*

*Provider Gender: Female*

*License Number: 20A11535*

## D2. 初級保健名錄

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  
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515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 402851

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SHARP CORONADO HOSP


AND HEALTHCARE CTR,


SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 402851

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SHARP CORONADO HOSP


AND HEALTHCARE CTR,


SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

 3705 MISSION BLVD  
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 Phone: (619) 515-2444

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Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206362

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,


SHARP CORONADO HOSP


AND HEALTHCARE CTR,


SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

 3544 30TH ST  
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 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 416831

Provider Gender: Male

License Number: G78814



## D2. 初級保健名錄

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  
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515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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

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American Sign Language (ASL):

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### **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

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Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **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

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206360

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y  
Cultural Competency: N



## D2. 初級保健名錄

### *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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Min/Max Age: 0\150

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Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206363

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

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SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

4725 MARKET ST  
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After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206363

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OPHTHALMOLOGY**

#### **NAJAFI, DAVID**

Provider ID: 206360

Provider Gender: Male

License Number: A68124

NPI: 1396715991

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-6:00PM

TH 8:30AM-6:00PM

F 8:30AM-5:00PM

SA 8:30AM-5:00PM

### **OPHTHALMOLOGY**

#### **NAJAFI, DAVID**

Provider ID: 206360

## D2. 初級保健名錄

Provider Gender: Male

License Number: A68124

NPI: 1396715991

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-6:00PM

TH 8:30AM-6:00PM

F 8:30AM-5:00PM

SA 8:30AM-5:00PM

### OPHTHALMOLOGY

#### **SHAW, BLAKE**

Provider ID: 206363

Provider Gender: Male

License Number: G61394

NPI: 1649206541

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY

#### **SHAW, BLAKE**

Provider ID: 206363

Provider Gender: Male

License Number: G61394

NPI: 1649206541

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY

#### **ZABLIT, KARIM**

Provider ID: 403583

Provider Gender: Male

License Number: A42127

NPI: 1083700538

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:45PM

### OPHTHALMOLOGY

#### **ZABLIT, KARIM**

Provider ID: 403583

Provider Gender: Male

License Number: A42127

NPI: 1083700538

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL

Board Certified Specialty: No

1501 IMPERIAL AVE

## D2. 初級保健名錄

SAN DIEGO, CA 92101  
☎ Phone: (619) 233-8500  
🕒 After Hours Phone: (619) 233-8500  
🌐 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-4:45PM

### OTOLARYNGOLOGY

#### **DAVIS, MORGAN**

Provider ID: 206360  
Provider Gender: Female  
License Number: A181809  
NPI: 1891359154

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619) 515-2300  
🌐 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

### OTOLARYNGOLOGY

#### **DAVIS, MORGAN**

Provider ID: 206360  
Provider Gender: Female

License Number: A181809  
NPI: 1891359154  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619) 515-2300  
🌐 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

### OTOLARYNGOLOGY

#### **YOUSEF, ANDREW**

Provider ID: 206360  
Provider Gender: Male  
License Number: A186426  
NPI: 1275152662

☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619) 515-2300  
🌐 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

### PROVIDER

### OTOLARYNGOLOGY

#### **YOUSEF, ANDREW**

Provider ID: 206360  
Provider Gender: Male  
License Number: A186426  
NPI: 1275152662

☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619) 515-2300

🌐 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **ABELL, GEOFFREY**

Provider ID: 27341  
Provider Gender: Male  
NPI: 1245256130

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PARADISE VALLEY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, SCRIPPS MERCY  
HOSPITAL

## D2. 初級保健名錄

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

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)








## D2. 初級保健名錄

255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ADLOUNI, LOUBABA**

Provider ID: 230441  
Provider Gender: Female  
NPI: 1669443685  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH,  
PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
 16918 DOVE CANYON RD  
STE 200  
SAN DIEGO, CA 92127  
 Phone: (858) 924-1960  
Fax: (858) 924-1964  
 After Hours Phone: (858)  
924-1960  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM


### **PEDIATRICS**


#### **ANDREE, GREGOR**

Provider ID: 482070  
Provider Gender: Male  
License Number: A72833  
NPI: 1467436063  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **PEDIATRICS**




#### **ANDREE, GREGOR**

Provider ID: 482070  
Provider Gender: Male  
License Number: A72833  
NPI: 1467436063  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 7011 LINDA VISTA RD

SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **PEDIATRICS**

#### **ANDREE, GREGOR**

Provider ID: 233532  
Provider Gender: Male  
License Number: A72833  
NPI: 1467436063  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\22  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



## D2. 初級保健名錄

### **PEDIATRICS**

#### **ANDREE, GREGOR**

Provider ID: 233532

Provider Gender: Male

License Number: A72833

NPI: 1467436063

Provider English Spoken: Y


Provider Language(s)  
Spoken: German, Spanish


Cultural Competency: N

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058


 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **ARCHAMBAULT, CHRISTIAN**

Provider ID: 5589

Provider Gender: Male

NPI: 1992776918

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY


HOSPITAL, PALOMAR HEALTH,

SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, CHILDRENS  
HOSPITAL OF ORANGE  
COUNTY, PARADISE VALLEY  
HOSPITAL, PARADISE VALLEY  
HOSPITAL

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 200

SAN DIEGO, CA 92127

 Phone: (858) 924-1960

Fax: (858) 924-1964

 After Hours Phone: (858)  
924-1960

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **AWDYKOVYCH, MARTA**

Provider ID: 206360

Provider Gender: Female

License Number: A44027

NPI: 1447265137

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, French,  
Spanish, Ukrainian


Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **AWDYKOVYCH, MARTA**

Provider ID: 206360

Provider Gender: Female

License Number: A44027

NPI: 1447265137

Provider English Spoken: Y


Provider Language(s)  
Spoken: Chinese, French,  
Spanish, Ukrainian


Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300


 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **AYSON, NICOLE**

Provider ID: 417429

## D2. 初級保健名錄

Provider Gender: Female

License Number: A128091

NPI: 1013278704


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **AYSON, NICOLE**

Provider ID: 417429

Provider Gender: Female

License Number: A128091

NPI: 1013278704


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **AZIMI, AYSUN**

Provider ID: 317194

Provider Gender: Female

NPI: 1710246160

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SHARP MARY BIRCH

HOSP FOR WOMEN AND  
NEWBORNS, RADY


CHILDRENS HOSPITAL SAN  
DIEGO, SHARP CHULA VISTA


MED CTR, COMMUNITY  
REGIONAL MEDICAL

CENTER-FRESNO, CLOVIS  
COMMUNITY HOSPITAL,

CLOVIS COMMUNITY  
HOSPITAL


Board Certified Specialty: No

 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

 Phone: (619) 262-8624

Fax: (619) 262-6639

 After Hours Phone: (619)  
262-8624

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **BAJWA, MANDEEP**

Provider ID: 416831

Provider Gender: Male


License Number: A186551


NPI: 1720615867

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424


 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

### PEDIATRICS

#### **BAJWA, MANDEEP**

Provider ID: 416831


Provider Gender: Male

License Number: A186551

NPI: 1720615867

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3514 30TH ST

## D2. 初級保健名錄

SAN DIEGO, CA 92104  
☎ Phone: (619) 515-2424  
🕒 After Hours Phone: (619) 515-2424  
🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\18  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
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.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

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

### PEDIATRICS

#### **BONSU, BEMA**

Provider ID: 227409  
Provider Gender: Male  
License Number: C55180  
NPI: 1932106986  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Board Certified Specialty: No  
📍 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619) 662-4100  
🌐 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

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

### 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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **CABARLO, JEHRIB**

## D2. 初級保健名錄

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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **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

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255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:


[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER



## D2. 初級保健名錄

### **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**

#### **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**


#### **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.or  
g

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **PEDIATRICS**

#### **CONE, STEPHANIE**

Provider ID: 185268

Provider Gender: Female

License Number: A123929

NPI: 1437444858

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS



## D2. 初級保健名錄

### 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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### 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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): **DIXON, SARAH**

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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

### PEDIATRICS

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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### 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



## D2. 初級保健名錄



 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM


### **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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **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)

## D2. 初級保健名錄

515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\18  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **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](http://www.fhcsd.org)  
Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\18  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **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](http://www.lamaestra.org)  
g  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-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](http://www.lamaestra.org)  
g

Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **GRAY, SARAH**


Provider ID: 206360  
Provider Gender: Female  
License Number: A151631  
NPI: 1508210311  
 Provider English Spoken: Y


## D2. 初級保健名錄


*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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M 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

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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **HANSEN, JOHN**

*Provider ID: 318919*

*Provider Gender: Male*

*NPI: 1780655621*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Danish*

*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA,*



## D2. 初級保健名錄

SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS

Board Certified Specialty: No

7910 FROST ST STE 400  
SAN DIEGO, CA 92123

Phone: (858) 495-0500

Fax: (858) 560-4279

After Hours Phone: (858)  
495-0500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **HENDERSON, TREVOR**

Provider ID: 58111

Provider Gender: Male

NPI: 1356449425

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, ALVARADO HOSPITAL  
LLC

Board Certified Specialty: No

6699 ALVARADO RD STE  
2200

SAN DIEGO, CA 92120

Phone: (619) 265-3400

Fax: (619) 265-3407

After Hours Phone: (619)

265-3400

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **HIBBS, NICOLE**

Provider ID: 143979

Provider Gender: Female

NPI: 1164627832

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA

Board Certified Specialty: No

550 WASHINGTON ST STE  
300

SAN DIEGO, CA 92103

Phone: (619) 297-5437

Fax: (619) 297-4567

After Hours Phone: (619)  
297-5437

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-8:30PM

F 8:00AM-5:00PM

SA 8:00AM-2:00PM

### **PEDIATRICS**

#### **HOANG, VY**

Provider ID: 161902

Provider Gender: Female

NPI: 1649575135

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

6699 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (619) 265-3400

Fax: (619) 265-3407

After Hours Phone: (619)  
265-3400

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **HORMOZDYARAN, SANAYA**

Provider ID: 612398

Provider Gender: Female






NPI: 1750887634

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No









## D2. 初級保健名錄

 2790 TRUXTUN RD STE  
120A  
SAN DIEGO, CA 92106  
 Phone: (619) 222-1253  
Fax: (619) 222-1276  
 After Hours Phone: (619)  
222-1253  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **JORDAN, JAMIE**



Provider ID: 237831  
Provider Gender: Female  
NPI: 1275762833  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO  
Board Certified Specialty: No

 12036 SCRIPPS  
HIGHLANDS DR STE 102  
SAN DIEGO, CA 92131  
 Phone: (858) 566-4444  
Fax: (858) 566-3321  
 After Hours Phone: (858)  
566-4444  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT






PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **JUAREZ, PATRICIA**

Provider ID: 317641  
Provider Gender: Female  
NPI: 1205807229  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, SHARP  
MEMORIAL HOSPITAL, UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND


Board Certified Specialty: No

 7910 FROST ST STE 400  
SAN DIEGO, CA 92123  
 Phone: (858) 495-0500  
Fax: (858) 560-4279  
 After Hours Phone: (858)  
495-0500  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**






#### **KARMAKAR, KANKA**

Provider ID: 417101  
Provider Gender: Female  
License Number: C54941

NPI: 1972536654  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bengali, Hindi,  
Polish, Spanish, Tagalog  
Cultural Competency: N  
Board Certified Specialty: No  
 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
200-2426  
 Website: www.operationsa  
mahan.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **KARMAKAR, KANKA**


Provider ID: 417101  
Provider Gender: Female  
License Number: C54941  
NPI: 1972536654  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bengali, Hindi,  
Polish, Spanish, Tagalog  
Cultural Competency: N  
Board Certified Specialty: No  
 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844)

## D2. 初級保健名錄

200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM


### **PEDIATRICS**

#### **KESANAPALLI, DEEPTHI**

Provider ID: 235069  
Provider Gender: Female  
NPI: 1487948584  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No

 7910 FROST ST STE 335  
SAN DIEGO, CA 92123

 Phone: (858) 576-8010

Fax: (858) 576-7391


 After Hours Phone: (858) 576-8010

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:30AM-6:00PM  
F 8:30AM-0:00PM

### **PEDIATRICS**


#### **LIU, JESICA**

Provider ID: 206363

Provider Gender: Female

License Number: A166312

NPI: 1184157620


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **LIU, JESICA**

Provider ID: 206363

Provider Gender: Female

License Number: A166312

NPI: 1184157620


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **LOPER, KAREN**

Provider ID: 490610

Provider Gender: Female

NPI: 1619908936

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

 550 WASHINGTON ST STE  
300

SAN DIEGO, CA 92103

 Phone: (619) 297-5437

Fax: (619) 297-4567

 After Hours Phone: (619) 297-5437

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **LUJAN, ARLEEN**


Provider ID: 206360

Provider Gender: Female

License Number: A61687


NPI: 1760412431


## D2. 初級保健名錄


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)*  
*515-2300*

 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **PEDIATRICS**

#### **LUJAN, ARLEEN**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: A61687*


*NPI: 1760412431*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)*  
*515-2300*

 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*


### **PEDIATRICS**


#### **MADANY, GEORGE**

*Provider ID: 318924*

*Provider Gender: Male*

*NPI: 1811968837*

 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Arabic, French,*  
*Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL, RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, SCRIPPS MERCY*  
*HOSPITAL CHULA VISTA*


*Board Certified Specialty: No*

 7910 FROST ST STE 400  
SAN DIEGO, CA 92123

 *Phone: (858) 495-0500*

*Fax: (858) 560-4279*

 *After Hours Phone: (858)*  
*495-0500*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

### **PEDIATRICS**

#### **MAHENDRAN, SRIVIDYA**

*Provider ID: 482070*

*Provider Gender: Female*

*License Number: A92173*

*NPI: 1487843454*


 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*


 *After Hours Phone: (858)*  
*810-8700*

 *Website: www.sdfamilycare*  
*.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **PEDIATRICS**

#### **MAHENDRAN, SRIVIDYA**

*Provider ID: 482070*

*Provider Gender: Female*

*License Number: A92173*

*NPI: 1487843454*


 *Provider English Spoken: Y*


 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*

 *After Hours Phone: (858)*  
*810-8700*


 *Website: www.sdfamilycare*  
*.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

## D2. 初級保健名錄

American Sign Language (ASL): Provider Gender: Female  
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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **PEDIATRICS**

#### **MANRIQUEZ-CASTILLO, ERENDIRA**

Provider ID: 185268

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](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

 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):

 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):

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **PARK, TARI**


Provider ID: 237711



## D2. 初級保健名錄

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

 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. 初級保健名錄

### **PEDIATRICS**

#### **PAVLOVICH, WENDY**

Provider ID: 416831

Provider Gender: Female

License Number: A126181

NPI: 1740467299

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

3514 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **POWELL, STEPHANIE**

Provider ID: 319033

Provider Gender: Female

NPI: 1720059744

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Board Certified Specialty: No

7910 FROST ST STE 400  
SAN DIEGO, CA 92123

Phone: (858) 495-0500

Fax: (858) 560-4279

After Hours Phone: (858)  
495-0500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **PRESKILL, CATALINA**

Provider ID: 403583

Provider Gender: Female

License Number: G29879

NPI: 1598088759

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **PEDIATRICS**

#### **PRESKILL, CATALINA**

Provider ID: 403583

Provider Gender: Female

License Number: G29879

NPI: 1598088759

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**

Provider ID: 451167

Provider Gender: Male

License Number: A134995

NPI: 1508209651

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

## D2. 初級保健名錄

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### **PEDIATRICS**


#### **RODRIGUEZ, ALDO**


Provider ID: 451167

Provider Gender: Male

License Number: A134995

NPI: 1508209651

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

### **PEDIATRICS**


#### **RODRIGUEZ, JAVIER**

Provider ID: 185268

Provider Gender: Male

License Number: A82639

NPI: 1013059385


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g  
Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **RODRIGUEZ, JAVIER**


Provider ID: 185268

Provider Gender: Male

License Number: A82639

NPI: 1013059385


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
g

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **RUBENSTEIN, STUART**

Provider ID: 521305

Provider Gender: Male

NPI: 1689633844


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL


Board Certified Specialty: No


 11943 EL CAMINO REAL STE  
210

SAN DIEGO, CA 92130

 Phone: (858) 793-1011

Fax: (858) 793-1035

 After Hours Phone: (858)  
793-1011

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

## D2. 初級保健名錄

*PROVIDER*  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **SAMPATH, SRIVIDYA**



Provider ID: 416831  
Provider Gender: Female  
License Number: A132576  
NPI: 1275892754


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org  
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **SAMPATH, SRIVIDYA**



Provider ID: 416831  
Provider Gender: Female  
License Number: A132576  
NPI: 1275892754


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org  
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **SEBSO, JODI**



Provider ID: 416831  
Provider Gender: Female  
License Number: A103099  
NPI: 1538484316


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org  
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SEBSO, JODI**



Provider ID: 416831  
Provider Gender: Female  
License Number: A103099  
NPI: 1538484316


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org  
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SEBSO, JODI**

Provider ID: 206360  
Provider Gender: Female  
License Number: A103099  
NPI: 1538484316

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

## D2. 初級保健名錄

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **SEBSO, JODI**

Provider ID: 206360

Provider Gender: Female

License Number: A103099

NPI: 1538484316

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **SHENOY, ASHVIN**

Provider ID: 232392

Provider Gender: Male

NPI: 1619262664

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

Phone: (619) 262-8624

Fax: (619) 262-6639

After Hours Phone: (619)  
262-8624

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **SHETH, HASMUKH**

Provider ID: 451167

Provider Gender: Male

License Number: A45942

NPI: 1396812236

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Gujarati, Hindi,  
Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **SHETH, HASMUKH**

Provider ID: 451167

Provider Gender: Male

License Number: A45942

NPI: 1396812236

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Gujarati, Hindi,  
Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

950 S EUCLID AVE



## D2. 初級保健名錄

SAN DIEGO, CA 92114  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **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: 417429  
Provider Gender: Female  
License Number: A76785  
NPI: 1851323315  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
Board Certified Specialty: No

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101  
Phone: (619) 515-2525  
After Hours Phone: (619) 515-2525  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **PEDIATRICS**

#### **SPITZER, MARSHA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A76785  
NPI: 1851323315  
Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
Board Certified Specialty: No  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **SPITZER, MARSHA**

Provider ID: 206360  
Provider Gender: Female  
License Number: A76785  
NPI: 1851323315  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
Board Certified Specialty: No  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y



## D2. 初級保健名錄

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**


#### **SPITZER, MARSHA**

Provider ID: 417429

Provider Gender: Female

License Number: A76785

NPI: 1851323315

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525


 Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: 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

 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


## D2. 初級保健名錄

 11943 EL CAMINO REAL STE 210  
SAN DIEGO, CA 92130

 Phone: (858) 793-1011

Fax: (858) 793-1035


 After Hours Phone: (858) 793-1011

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **PEDIATRICS**


#### **SULEIMAN QAFITI, KHAWLA**

Provider ID: 416831

Provider Gender: Female

License Number: A51318

NPI: 1659303121

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-5:00PM

### **PEDIATRICS**


#### **SULEIMAN QAFITI, KHAWLA**

Provider ID: 416831

Provider Gender: Female

License Number: A51318

NPI: 1659303121

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-5:00PM

### **PEDIATRICS**


#### **TAMAYO, MAITHE**

Provider ID: 356145

Provider Gender: Female

License Number: A80504

NPI: 1487748430

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 Phone: (619) 515-2435

 After Hours Phone: (619) 515-2435


 Website: N/A

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **TAMAYO, MAITHE**


Provider ID: 356145

Provider Gender: Female

License Number: A80504

NPI: 1487748430

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 2391 ISLAND AVE  
SAN DIEGO, CA 92102


 Phone: (619) 515-2435

 After Hours Phone: (619) 515-2435

 Website: N/A

Email: dalvarado@fhcsd.org

## D2. 初級保健名錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **TAMAYO, MAITHE**

Provider ID: 206360  
Provider Gender: Female  
License Number: A80504  
NPI: 1487748430  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**





#### **TAMAYO, MAITHE**

Provider ID: 206360  
Provider Gender: Female  
License Number: A80504

NPI: 1487748430  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **WASSON, MINA**

Provider ID: 524333  
Provider Gender: Female  
NPI: 1366753022  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Russian  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 11943 EL CAMINO REAL STE  
210  
SAN DIEGO, CA 92130  
 Phone: (858) 793-1011

Fax: (858) 793-1035  
 After Hours Phone: (858)  
793-1011  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM


### **PEDIATRICS**

#### **WATERS, ELIZABETH**

Provider ID: 153090  
Provider Gender: Female  
NPI: 1730477621  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PARADISE  
VALLEY HOSPITAL, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SCRIPPS MERCY HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO  
Board Certified Specialty: No  
 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114  
 Phone: (619) 262-8624  
Fax: (619) 262-6639  
 After Hours Phone: (619)  
262-8624  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):

## D2. 初級保健名錄

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  
.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**



## D2. 初級保健名錄

### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### PEDIATRICS

#### ZACHRY, ALISON

Provider ID: 662759

Provider Gender: Female

NPI: 1922402858

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, TRI CITY MEDICAL CTR

Board Certified Specialty: No

550 WASHINGTON ST STE  
300

SAN DIEGO, CA 92103

Phone: (619) 297-5437

Fax: (619) 297-4567

After Hours Phone: (619)  
297-5437

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-8:00PM

F 8:00AM-5:00PM

### PEDIATRICS

#### ZAHEER, AARON

Provider ID: 482070

Provider Gender: Male

License Number: A61238

NPI: 1902882301

Provider English Spoken: Y

Provider Language(s)  
Spoken: Persian, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### ZAHEER, AARON

Provider ID: 233532

Provider Gender: Male

License Number: A61238

NPI: 1902882301

Provider English Spoken: Y







## D2. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Persian, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO*  
*Board Certified Specialty: No*  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
 *After Hours Phone: (619)*  
*280-2058*  
 *Website: www.sdfamilycare*  
*.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\22*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

### **PEDIATRICS**







#### **ZAHEER, AARON**

*Provider ID: 233532*  
*Provider Gender: Male*  
*License Number: A61238*  
*NPI: 1902882301*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Persian, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO*  
*Board Certified Specialty: No*  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
 *After Hours Phone: (619)*  
*280-2058*

 *Website: www.sdfamilycare*  
*.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\22*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*


### **PEDIATRICS**

#### **ZANDKARIMI, FARIBA**

*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: A46161*  
*NPI: 1356373674*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Farsi, Persian,*  
*Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: MERCY*  
*GENERAL HOSPITAL, RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, SCRIPPS MERCY*  
*HOSPITAL, SCRIPPS MERCY*  
*HOSPITAL CHULA VISTA, UCSD*  
*MEDICAL CTR*  
*Board Certified Specialty: No*  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619)*  
*515-2300*  
 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*


### **PEDIATRICS**

#### **ZANDKARIMI, FARIBA**

*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: A46161*  
*NPI: 1356373674*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Farsi, Persian,*  
*Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: MERCY*  
*GENERAL HOSPITAL, RADY*  
*CHILDRENS HOSPITAL SAN*  
*DIEGO, SCRIPPS MERCY*  
*HOSPITAL, SCRIPPS MERCY*  
*HOSPITAL CHULA VISTA, UCSD*  
*MEDICAL CTR*  
*Board Certified Specialty: No*  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619)*  
*515-2300*  
 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **ALVARADO, EDMUND**

*Provider ID: 419529*  
*Provider Gender: Male*  
*License Number: PA20888*  
*NPI: 1720303340*  
 *Provider English Spoken: Y*


## D2. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 2325 COMMERCIAL ST STE  
1400  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2422*  
 *After Hours Phone: (619)*  
*515-2422*  
 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

### **PHYSICIANS ASSISTANT**


#### **ALVARADO, EDMUND**

*Provider ID: 419529*  
*Provider Gender: Male*  
*License Number: PA20888*  
*NPI: 1720303340*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 2325 COMMERCIAL ST STE  
1400  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2422*  
 *After Hours Phone: (619)*  
*515-2422*  
 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*


### **PHYSICIANS ASSISTANT**

#### **ARMENTA, JORGE**

*Provider ID: 185268*  
*Provider Gender: Male*  
*License Number: PA13694*  
*NPI: 1346382611*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*


 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 255-9155*  
 *After Hours Phone: (619)*  
*255-9155*  
 *Website: www.lamaestra.org*  
*Email:*

*aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
*Hours: M-F 8:00AM-6:00PM*  
*SA 8:00AM-2:00PM*


### **PHYSICIANS ASSISTANT**

#### **ARMENTA, JORGE**

*Provider ID: 185268*  
*Provider Gender: Male*  
*License Number: PA13694*  
*NPI: 1346382611*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*



 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 255-9155*  
 *After Hours Phone: (619)*  
*255-9155*  
 *Website: www.lamaestra.org*






*Email:*  
*aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
*Hours: M-F 8:00AM-6:00PM*  
*SA 8:00AM-2:00PM*

### **PHYSICIANS ASSISTANT**

#### **BATISTA, OSVALDO**

*Provider ID: 206360*  
*Provider Gender: Male*  
*License Number: PA17864*  
*NPI: 1245349224*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619)*  
*515-2300*  
 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

## D2. 初級保健名錄

### **PHYSICIANS ASSISTANT**

#### **BATISTA, OSVALDO**

Provider ID: 206360

Provider Gender: Male

License Number: PA17864

NPI: 1245349224

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CASTILLO, PATRICIA**

Provider ID: 206362

Provider Gender: Female

License Number: PA17220

NPI: 1376550657

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CASTILLO, PATRICIA**

Provider ID: 206362

Provider Gender: Female

License Number: PA17220

NPI: 1376550657

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHAN, TIFFANY**

Provider ID: 206360

Provider Gender: Female

License Number: PA23258

NPI: 1790111607

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CHAN, TIFFANY**

Provider ID: 206360

Provider Gender: Female

License Number: PA23258

NPI: 1790111607

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **CONTRERAS, LORETTA**

Provider ID: 403583

Provider Gender: Female

License Number: PA54617

NPI: 1679096341

Provider English Spoken: Y  
Cultural Competency: N

## D2. 初級保健名錄

Board Certified Specialty: No

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
☎ Phone: (619) 233-8500  
🕒 After Hours Phone: (619)  
233-8500  
🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU-W 8:30AM-5:00PM  
TH 8:30AM-9:00PM  
F 8:30AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **CONTRERAS, LORETTA**

Provider ID: 403583

Provider Gender: Female

License Number: PA54617

NPI: 1679096341

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
☎ Phone: (619) 233-8500  
🕒 After Hours Phone: (619)  
233-8500  
🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU-W 8:30AM-5:00PM  
TH 8:30AM-9:00PM

F 8:30AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **DOLMETSCH, JEANETTE**

Provider ID: 417987

Provider Gender: Female

License Number: PA58905

NPI: 1164941456

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 4874 POLK AVE  
SAN DIEGO, CA 92105  
☎ Phone: (619) 515-2426  
🕒 After Hours Phone: (619)  
515-2426

🌐 Website: www.fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **DOLMETSCH, JEANETTE**

Provider ID: 417987

Provider Gender: Female

License Number: PA58905

NPI: 1164941456

📄 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 4874 POLK AVE  
SAN DIEGO, CA 92105  
☎ Phone: (619) 515-2426  
🕒 After Hours Phone: (619)  
515-2426

🌐 Website: www.fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **DRAME, SALWA**

Provider ID: 417987

Provider Gender: Female

License Number: PA59481

NPI: 1093136426

📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N

Board Certified Specialty: No

📍 4874 POLK AVE  
SAN DIEGO, CA 92105  
☎ Phone: (619) 515-2426  
🕒 After Hours Phone: (619)  
515-2426

🌐 Website: www.fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **DRAME, SALWA**

Provider ID: 417987

Provider Gender: Female

License Number: PA59481

NPI: 1093136426

📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N



## D2. 初級保健名錄

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: 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: 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



## D2. 初級保健名錄

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **HOXMEIER, KRISTA**

Provider ID: 206363

Provider Gender: Female

License Number: PA58505

NPI: 1104203454


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LANDIS, SARAH**

Provider ID: 417782

Provider Gender: Female

License Number: PA58826


NPI: 1144733676


Provider English Spoken: Y


Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **LANDIS, SARAH**

Provider ID: 417782

Provider Gender: Female

License Number: PA58826

NPI: 1144733676


Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430


 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **LAPINA, LORI**

Provider ID: 417937

Provider Gender: Female

License Number: PA23231


NPI: 1245670413


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LAPINA, LORI**

Provider ID: 417937

Provider Gender: Female

License Number: PA23231


NPI: 1245670413


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

## D2. 初級保健名錄

---

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

Provider ID: 206360

Provider Gender: Female


License Number: PA53788


NPI: 1902358237


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300


 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

Provider ID: 206360

Provider Gender: Female

License Number: PA53788


NPI: 1902358237


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 1809 NATIONAL AVE

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 Phone: (619) 515-2300

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

Provider ID: 419529

Provider Gender: Female

License Number: PA53788


NPI: 1902358237


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)  
515-2422

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

Provider ID: 356145

Provider Gender: Female


License Number: PA53788


NPI: 1902358237

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 Phone: (619) 515-2435

 After Hours Phone: (619)  
515-2435

 Website: N/A

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LEON, FLOR**

Provider ID: 356145

Provider Gender: Female


License Number: PA53788


NPI: 1902358237

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 Phone: (619) 515-2435

 After Hours Phone: (619)  
515-2435

 Website: N/A

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

## D2. 初級保健名錄

### 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

#### LLOYD, MATTHEW

Provider ID: 417429

Provider Gender: Male


License Number: PA62752


NPI: 1487307369


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: www.fhcsd.org  
Email: janeta@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### LLOYD, MATTHEW

Provider ID: 417429

Provider Gender: Male


License Number: PA62752


NPI: 1487307369


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: www.fhcsd.org  
Email: janeta@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### LOHNES, ELLIE

Provider ID: 417429

Provider Gender: Female


License Number: PA63071

NPI: 1902580426


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: www.fhcsd.org  
Email: janeta@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### LOHNES, ELLIE

Provider ID: 417429

Provider Gender: Female


License Number: PA63071


NPI: 1902580426


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525


 Website: www.fhcsd.org  
Email: janeta@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### LOPEZ, MARIO

Provider ID: 417987

Provider Gender: Male

License Number: PA21385


## D2. 初級保健名錄


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](http://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](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LOPEZ, MARIO**

Provider ID: 417937

Provider Gender: Male


License Number: PA21385


NPI: 1932335080

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **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](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **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](http://www.lamaestra.org)


Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### **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



## D2. 初級保健名錄

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 After Hours Phone: (619)  
255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

SA 8:00AM-2:00PM

### 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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT


#### **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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT


#### **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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **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](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **PENA, NICHOLAS**

Provider ID: 206360

Provider Gender: Male

License Number: PA56636


NPI: 1083176077


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)



## D2. 初級保健名錄

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)  
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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 8:00AM-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

## D2. 初級保健名錄


 Provider English Spoken: Y N


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

### **PHYSICIANS ASSISTANT**

#### **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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

 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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**



#### **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

515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**



#### **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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **RALL, EMILY**

Provider ID: 227409

Provider Gender: Female

License Number: PA52141

NPI: 1407855828

## D2. 初級保健名錄

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [https://www.syhe  
alth.org/locations](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.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

### **PHYSICIANS ASSISTANT**

#### **RASMUSSEN, DALE**

Provider ID: 417429  
Provider Gender: Male  
License Number: PA54022  
NPI: 1962880864  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: MERCY  
HOSPITAL OF FOLSOM  
Board Certified Specialty: No  
 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619)  
515-2525  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **RASMUSSEN, DALE**

Provider ID: 417429  
Provider Gender: Male  
License Number: PA54022  
NPI: 1962880864  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: MERCY  
HOSPITAL OF FOLSOM  
Board Certified Specialty: No  
 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619)  
515-2525  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

Provider ID: 517403  
Provider Gender: Female  
License Number: PA20490  
NPI: 1619100237  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 316 25TH ST  
SAN DIEGO, CA 92102  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

Provider ID: 517403  
Provider Gender: Female  
License Number: PA20490  
NPI: 1619100237  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 316 25TH ST

## D2. 初級保健名錄

SAN DIEGO, CA 92102  
☎ Phone: (619) 662-4100  
📞 After Hours Phone: (619) 662-4100  
🌐 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\120  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TOMASZEWSKI, DEBRA**

Provider ID: 206363  
Provider Gender: Female  
License Number: MT2061555  
NPI: 1215264452

☑ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4725 MARKET ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 515-2560  
📞 After Hours Phone: (619) 515-2560  
🌐 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TOMASZEWSKI, DEBRA**

Provider ID: 206363  
Provider Gender: Female  
License Number: PA58081  
NPI: 1215264452

☑ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4725 MARKET ST  
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: 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**

#### **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):



## D2. 初級保健名錄

N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **TURNER, SHEREENA**

*Provider ID: 206360*

*Provider Gender: Female*

*License Number: PA20396*

*NPI: 1992934988*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **UDOH, EKAETE**

*Provider ID: 418535*


*Provider Gender: Male*

*License Number: PA19664*


*NPI: 1841472776*

*Provider English Spoken: Y*  
*Cultural Competency: N*


*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11

SAN DIEGO, CA 92129

 *Phone: (844) 200-2426*

 *After Hours Phone: (844) 200-2426*

 *Website: www.operationsa  
mahan.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*

*W 10:00AM-7:00PM*

*TH-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **UDOH, EKAETE**

*Provider ID: 418535*


*Provider Gender: Male*

*License Number: PA19664*


*NPI: 1841472776*


*Provider English Spoken: Y*  
*Cultural Competency: N*


*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11

SAN DIEGO, CA 92129

 *Phone: (844) 200-2426*

 *After Hours Phone: (844) 200-2426*

 *Website: www.operationsa  
mahan.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*

*W 10:00AM-7:00PM*

*TH-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **YOUNG-PEN, TONI**

*Provider ID: 206362*

*Provider Gender: Female*

*License Number: PA18746*

*NPI: 1932297595*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish, Vietnamese*

*Cultural Competency: N*

*Board Certified Specialty: No*

 3544 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **YOUNG-PEN, TONI**

*Provider ID: 206362*

*Provider Gender: Female*

*License Number: PA18746*

*NPI: 1932297595*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish, Vietnamese*

*Cultural Competency: N*

*Board Certified Specialty: No*

 3544 30TH ST  
SAN DIEGO, CA 92104


 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*





## D2. 初級保健名錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **YOUNG-PEN, TONI**






Provider ID: 233597  
Provider Gender: Female  
License Number: PA18746  
NPI: 1932297595  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish,  
Vietnamese  
Cultural Competency: N

Board Certified Specialty: No  
 4290 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 After Hours Phone: (619)  
563-0250  
 Website: www.sdfamilycare.org  
Medi-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

### **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  
 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


## D2. 初級保健名錄

### 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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**


#### **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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**


#### **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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**

#### **SCHNEIDER, SARAH**

Provider ID: 206360

Provider Gender: Female

License Number: DPM4819

## D2. 初級保健名錄

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](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### **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](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### 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](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### 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](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### 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

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SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### 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

## D2. 初級保健名錄

### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 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

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N

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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  
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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

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



## D2. 初級保健名錄

### MEDICAL CTR

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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  
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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  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### RISSE, JOSEPH

Provider ID: 206046

Provider Gender: Male

License Number: G70886

NPI: 1952386765

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: Yes

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925  
Fax: (858) 279-0377

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### RISSE, JOSEPH

Provider ID: 206046

Provider Gender: Male

License Number: G70886

NPI: 1952386765

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: Yes

6973 LINDA VISTA RD  
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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  
SA 9:00AM-4:00PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### RISSE, JOSEPH

Provider ID: 206046

Provider Gender: Male

License Number: G70886

NPI: 1952386765

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: Yes

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Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT



## D2. 初級保健名錄


*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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810-8700  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-9:00PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM


### PREVENTATIVE MEDICINE GENERAL

#### **RISSER, JOSEPH**

Provider ID: 206046  
Provider Gender: Male  
License Number: G70886  
NPI: 1952386765  
 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: Yes

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Min/Max Age: 0\150  
American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
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

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PROVIDER  
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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  
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279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER





### PREVENTATIVE MEDICINE GENERAL

#### **ROMERO, CAMILA**

Provider ID: 206046  
Provider Gender: Female  
License Number: A93812  
NPI: 1508912130

## D2. 初級保健名錄

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  
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279-0925  
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.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### PREVENTATIVE MEDICINE

#### GENERAL

#### **ROMERO, CAMILA**

Provider ID: 206046  
Provider Gender: Female  
License Number: A93812  
NPI: 1508912130

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
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Board Certified Specialty: No  
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Min/Max Age: 0\150  
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### 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  
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Board Certified Specialty: No  
 6973 LINDA VISTA RD  
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Fax: (858) 279-0377  
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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

### REGISTERED PHYSICAL

### THERAPIST



#### **BLOCKER, NIRIT**

Provider ID: 206360  
Provider Gender: Female  
License Number: PT30272  
NPI: 1457689309  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hebrew  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM


### REGISTERED PHYSICAL

#### THERAPIST

#### **BLOCKER, NIRIT**





Provider ID: 206360  
Provider Gender: Female  
License Number: PT30272  
NPI: 1457689309  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hebrew  
Cultural Competency: N  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)


## D2. 初級保健名錄

515-2300  
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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **CHAVARRIA, JESSICA**





Provider ID: 417937  
Provider Gender: Female  
License Number: PT292351  
NPI: 1407391808  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **CHAVARRIA, JESSICA**

Provider ID: 417937


Provider Gender: Female  
License Number: PT292351  
NPI: 1407391808  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
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Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **CONCORS, ANDREW**





Provider ID: 417937  
Provider Gender: Male  
License Number: PT12930  
NPI: 1578706743  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**


#### **CONCORS, ANDREW**

Provider ID: 417937  
Provider Gender: Male  
License Number: PT12930  
NPI: 1578706743  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
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 Website: [www.fhcsd.org](http://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**

#### **CUMMINGS, GEORGE**

Provider ID: 417937  
Provider Gender: Male  
License Number: PT295173  
NPI: 1497236384  
 Provider English Spoken: Y


## D2. 初級保健名錄


 *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

 *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**


#### **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*

 1809 NATIONAL AVE

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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

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 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org*

*Email: fabianm@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **REGISTERED PHYSICAL**

#### **THERAPIST**


#### **FIELDING, JOSEPH**

*Provider ID: 417937*






## D2. 初級保健名錄

Provider Gender: Male  
License Number: PT40975  
NPI: 1235577560

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103


 Phone: (619) 515-2545  
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 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

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Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



### **REGISTERED PHYSICAL THERAPIST**


#### **HAPKE, ELENA**

Provider ID: 417937  
Provider Gender: Female  
License Number: PT292613  
NPI: 1003354895

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

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 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**



#### **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  
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515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**



#### **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**


#### **IRIZARRY, NICOLE**

Provider ID: 206360





## D2. 初級保健名錄


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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-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

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515-2545

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Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **REGISTERED PHYSICAL THERAPIST**


#### **MIGNEA, DAVID**

Provider ID: 417937


Provider Gender: Male


License Number: PT293536


NPI: 1043736879

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **MIGNEA, DAVID**

## D2. 初級保健名錄

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

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After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org  
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### REGISTERED PHYSICAL

#### THERAPIST

#### **SCHMIDT, BRYAN**

Provider ID: 417937

Provider Gender: Male

License Number: PT28061

NPI: 1780685032

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### REGISTERED PHYSICAL

#### THERAPIST

#### **VAN DYKE, JASON**

Provider ID: 417937

Provider Gender: Male

License Number: PT25155

NPI: 1487658720

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org  
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

### REGISTERED PHYSICAL

#### THERAPIST

#### **VAN DYKE, JASON**

Provider ID: 417937

Provider Gender: Male

License Number: PT25155

NPI: 1487658720

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org  
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. 初級保健名錄

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](http://www.fhcsd.org)


Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **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](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-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,

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


## D2. 初級保健名錄

 *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*  
 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*




*Hours: M-F 8:00AM-5:00PM*


### **SPEECH PATHOLOGIST**

#### **WILLIAMS, JESSICA**

*Provider ID: 206360*  
*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  
SAN DIEGO, 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*

## **SAN MARCOS**

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BINETTE, DONYA**

*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: NP95001653*  
*NPI: 1427325166*

 *Provider English Spoken: Y*



## D2. 初級保健名錄

 *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*  
 *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*  
 *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*



## D2. 初級保健名錄

 *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**

#### **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 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**



#### **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 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**

#### **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 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*


### **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 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**

#### **DOAN, CHINH**

*Provider ID: 206426  
Provider Gender: Female  
License Number: NP18874  
NPI: 1083845069*  
 *Provider English Spoken: Y*

## D2. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Vietnamese*  
*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**  
**DOAN, CHINH**



*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: NP18874*  
*NPI: 1083845069*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Vietnamese*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
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 *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*  
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**CERTIFIED NURSE PRACTITIONER**

**FODDA, RAMI**  
*Provider ID: 614511*  
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## D2. 初級保健名錄

License Number: NP18788

NPI: 1164660452


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Cultural Competency: N

Board Certified Specialty: No

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### 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

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License Number: NP95003903


NPI: 1659504264


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Cultural Competency: N

Board Certified Specialty: No

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### CERTIFIED NURSE

#### PRACTITIONER

#### **FREEMAN, WANDA**

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903


## D2. 初級保健名錄


NPI: 1659504264

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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### 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

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 150 VALPRED A RD  
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### **CERTIFIED NURSE**

#### **PRACTITIONER**




#### **KOUSARI, JHALEH**

Provider ID: 206426  
Provider Gender: Female  
License Number: NP20893  
NPI: 1811262405  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL



## D2. 初級保健名錄

*Board Certified Specialty: No*


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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

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MEMORIAL HOSPITAL

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Provider Language(s)  
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GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

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### **CERTIFIED NURSE PRACTITIONER**


#### **MACIAS, ALISSA**

Provider ID: 206426

Provider Gender: Female

License Number: NP21368


NPI: 1952658445


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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SAN MARCOS, CA 92069

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Provider Gender: Female

License Number: NP21368


NPI: 1952658445


 Provider English Spoken: Y

Cultural Competency: N

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NPI: 1952658445


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Cultural Competency: N

Board Certified Specialty: No

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### **CERTIFIED NURSE PRACTITIONER** **MACIAS, ALISSA**

## D2. 初級保健名錄

Provider ID: 206426

Provider Gender: Female


License Number: NP21368


NPI: 1952658445

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Cultural Competency: N

Board Certified Specialty: No

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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

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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

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

**BELANGER, TANYA**

Provider ID: 206426

Provider Gender: Female

License Number: NM235844


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## D2. 初級保健名錄

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

##### **BELANGER, TANYA**

Provider ID: 206426

Provider Gender: Female

License Number: NM235844

NPI: 1407287469


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Cultural Competency: N

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### **CERTIFIED REGISTERED**

### **NURSE MIDWIFE**

#### **KELLY, KATHERINE**

Provider ID: 206426

Provider Gender: Female

License Number: NM235997

NPI: 1801134275

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 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**

##### **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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## D2. 初級保健名錄

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

### **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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### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **KELLY, KATHERINE**

Provider ID: 206426  
Provider Gender: Female  
License Number: NM235997  
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Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

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### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **KELLY, KATHERINE**

Provider ID: 206426  
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NPI: 1801134275  
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### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **KELLY, KATHERINE**

Provider ID: 206426  
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American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MATIAS, JULIE**

Provider ID: 206426  
Provider Gender: Female  
License Number: 20A15159



## D2. 初級保健名錄

NPI: 1083094510

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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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**

#### **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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American Sign Language (ASL):

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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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Provider ID: 206426

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### **FAMILY PRACTICE**

#### **MATIAS, JULIE**

Provider ID: 206426

Provider Gender: Female

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NPI: 1083094510

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Cultural Competency: N

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### **FAMILY PRACTICE**

#### **MATIAS, JULIE**

Provider ID: 206426

Provider Gender: Female

License Number: 20A15159

NPI: 1083094510

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

## D2. 初級保健名錄

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

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Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **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

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SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
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Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

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### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**

Provider ID: 206426

Provider Gender: Male

License Number: C54157

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Cultural Competency: N

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Provider ID: 206426

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

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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: 614511






Provider Gender: Male

License Number: C54157

NPI: 1275630618




Provider English Spoken: Y

## D2. 初級保健名錄

 *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*  
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 *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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*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*  
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 *Provider Language(s)*  
*Spoken: Bengali*  
*Cultural Competency: N*  
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*PROVIDER*

### **FAMILY PRACTICE**

#### **NATH, DEVARSHI**




*Provider ID: 614511*  
*Provider Gender: Male*  
*License Number: C54157*  
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*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*

## D2. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Bengali*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1595 GRAND AVE STE 106  
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*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
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*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*  
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 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
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*736-6767*  
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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*




### **FAMILY PRACTICE**





#### **NATH, DEVARSHI**

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*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

 *Phone: (760) 736-6767*  
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*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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*PROVIDER*


### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**

*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: A116562*  
*NPI: 1659563641*  
 *Provider English Spoken: Y*



## D2. 初級保健名錄



 *Provider Language(s)*  
*Spoken: Farsi*  
*Cultural Competency: N*  
*Board Certified Specialty: No*


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*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **SAFI, ROOZCHEHR**

*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: A116562*  
*NPI: 1659563641*



 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Farsi*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

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### **FAMILY PRACTICE**

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*License Number: A116562*  
*NPI: 1659563641*



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*Min/Max Age: 0\150*  
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### **FAMILY PRACTICE**

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*License Number: A116562*  
*NPI: 1659563641*

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 *Provider Language(s)*  
*Spoken: Farsi*  
*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*

### **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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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*

### **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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## D2. 初級保健名錄

 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER




### **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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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
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### **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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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**



#### **WILLIE, KADEN**


Provider ID: 206426  
Provider Gender: Male  
License Number: 20A17306  
NPI: 1790133767

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Portuguese  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://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

 150 VALPREDA RD  
SAN MARCOS, CA 92069

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### **FQHC**

#### **TRUECARE,**

Provider ID: 206426  
NPI: 1598484255

 Provider English Spoken: Y  
Cultural Competency: N

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

## D2. 初級保健名錄

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM


### **FQHC** **TRUECARE,**

Provider ID: 206426

NPI: 1811617939

 Provider English Spoken: Y  
Cultural Competency: N

 150 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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM


### **FQHC** **TRUECARE,**

Provider ID: 206426

NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM


### **FQHC** **TRUECARE,**

Provider ID: 206426

NPI: 1598484255

 Provider English Spoken: Y  
Cultural Competency: N

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SAN MARCOS, CA 92069

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Min/Max Age: 0\150

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N

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PROVIDER


Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM


### **FQHC** **TRUECARE,**

Provider ID: 206426

NPI: 1811617939


 Provider English Spoken: Y  
Cultural Competency: N

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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  
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Cultural Competency: N

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Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM


### **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)

## D2. 初級保健名錄

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736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **TRUECARE,**

Provider ID: 614511  
NPI: 1598484255  
 Provider English Spoken: Y  
Cultural Competency: N  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
Fax: (760) 736-6744  
 After Hours Phone: (760)  
736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
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N  
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PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **TRUECARE,**

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NPI: 1811617939  
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Cultural Competency: N  
 1595 GRAND AVE STE 106  
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736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y  
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### **FQHC**

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736-6767  
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PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**







#### **TRUECARE,**

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### **FQHC**

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American Sign Language (ASL):  
N  
 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

## D2. 初級保健名錄

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

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

### 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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Min/Max Age: 0\150

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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

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PROVIDER

### GENERAL PRACTICE

#### **WITCZAK, IZABELA**

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Provider Gender: Female

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NPI: 1184735201

Provider English Spoken: Y

Provider Language(s)  
Spoken: Polish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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### GENERAL PRACTICE

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

## D2. 初級保健名錄

### **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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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

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):

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Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **PONIACHIK, SAMUEL**

Provider ID: 206426

Provider Gender: Male

License Number: G74757

NPI: 1467485078

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Provider Language(s)  
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Cultural Competency: N

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### **INTERNAL MEDICINE**

#### **PONIACHIK, SAMUEL**

Provider ID: 206426

Provider Gender: Male

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Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

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### **INTERNAL MEDICINE**

#### **PONIACHIK, SAMUEL**

Provider ID: 206426

Provider Gender: Male

License Number: G74757

NPI: 1467485078

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

#### **PONIACHIK, SAMUEL**

Provider ID: 206426



## D2. 初級保健名錄

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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Medi-Cal Open Panel: Y

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### **INTERNAL MEDICINE**

#### **PONIACHIK, SAMUEL**

Provider ID: 206426

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **MOSTOFIAN, EIMANEH**

Provider ID: 206426

Provider Gender: Female

License Number: A97181

NPI: 1154477628

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **MOSTOFIAN, EIMANEH**

Provider ID: 206426

Provider Gender: Female

License Number: A97181

NPI: 1154477628

Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

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PROVIDER

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### **OBSTETRICS / GYNECOLOGY**

#### **MOSTOFIAN, EIMANEH**

Provider ID: 206426

Provider Gender: Female

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Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


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MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

## D2. 初級保健名錄

American Sign Language (ASL): NPI: 1154477628

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**


#### **MOSTOFIAN, EIMANEH**

Provider ID: 206426

Provider Gender: Female

License Number: A97181

NPI: 1154477628

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

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### **OBSTETRICS / GYNECOLOGY**

#### **MOSTOFIAN, EIMANEH**

Provider ID: 206426

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License Number: A97181

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 Provider Language(s)  
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Cultural Competency: N


Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR  
MEDICAL CENTER

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### **OBSTETRICS / GYNECOLOGY**


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Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**

Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED 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

### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**

Provider ID: 206426

## D2. 初級保健名錄

Provider Gender: Female

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD

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PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**

Provider ID: 206426

Provider Gender: Female

License Number: A93248

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Provider Language(s)  
Spoken: Spanish

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Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**

Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED 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

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

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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

### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**

Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD


SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767






 Website: www.ihpsocal.org



## D2. 初級保健名錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SCHWEIKERT, SUZANNE**

Provider ID: 206426  
Provider Gender: Female  
License Number: A60958  
NPI: 1477560142  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**



#### **SCHWEIKERT, SUZANNE**






Provider ID: 206426  
Provider Gender: Female  
License Number: A60958  
NPI: 1477560142  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
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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**





#### **SCHWEIKERT, SUZANNE**

Provider ID: 206426  
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Spoken: Spanish  
Cultural Competency: N  
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Board Certified Specialty: No  
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Min/Max Age: 0\150  
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 Accessibility: CONTACT PROVIDER  
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### **OBSTETRICS / GYNECOLOGY**

#### **SCHWEIKERT, SUZANNE**

Provider ID: 206426  
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 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,  
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Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767



## D2. 初級保健名錄

 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **SCHWEIKERT, SUZANNE**

Provider ID: 206426

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NPI: 1477560142

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Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP  
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CITY MEDICAL CTR, SHARP  
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### **OBSTETRICS / GYNECOLOGY**

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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

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y


Provider Language(s)  
Spoken: Hindi, Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
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 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y



## D2. 初級保健名錄

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

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Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)

Spoken: Hindi, Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY


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MEDICAL CENTER

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):

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 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

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Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY


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 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

### **PEDIATRICS**

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Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY


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MEDICAL CENTER

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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **MATIAS, JULIE**

Provider ID: 661065

Provider Gender: Female

NPI: 1083094510






Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N



Board Certified Specialty: No






## D2. 初級保健名錄

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-6797  
 After Hours Phone: (760)  
736-6767  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS



#### **MONAHAN, CAROLYN**


Provider ID: 50425  
Provider Gender: Female  
NPI: 1619973666  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: Yes

 1582 W SAN MARCOS BLVD  
STE 203  
SAN MARCOS, CA 92078  
 Phone: (760) 744-6710  
Fax: (760) 744-6156  
 After Hours Phone: (760)  
744-6710  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### PEDIATRICS



#### **POSADAS, EMERITO**

Provider ID: 206426  
Provider Gender: Male  
License Number: A48980  
NPI: 1720093198  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No

 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

## D2. 初級保健名錄

### **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

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After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

### **POSADAS, EMERITO**

Provider ID: 206426

Provider Gender: Male

License Number: A48980

NPI: 1720093198

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

### **POSADAS, EMERITO**

Provider ID: 303661

Provider Gender: Male

NPI: 1720093198

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM

### **PEDIATRICS**

### **QUINTERO, CAROLYN**

Provider ID: 614767

Provider Gender: Female

NPI: 1023033156

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069


Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767



Website: N/A

## D2. 初級保健名錄

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  
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


### **PEDIATRICS**

#### **SEBIANE, MARIA**

Provider ID: 206426  
Provider Gender: Female  
License Number: G71182  
NPI: 1740295229  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER



Board Certified Specialty: No

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### **PEDIATRICS**

#### **SEBIANE, MARIA**

Provider ID: 206426  
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License Number: G71182  
NPI: 1740295229  
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 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



## D2. 初級保健名錄

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

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American Sign Language (ASL):

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 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female

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NPI: 1740295229

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

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Hospital Affiliation: RADY


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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**

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Provider Gender: Female

License Number: PA17718

NPI: 1821237678

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Cultural Competency: N


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 After Hours Phone: (760)  
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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y



## D2. 初級保健名錄

Min/Max Age: 0\999

American Sign Language (ASL): Hospital Affiliation: PALOMAR MEDICAL CENTER

 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

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 Website: www.ihpsocal.org  
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Min/Max Age: 0\999

American Sign Language (ASL): Hospital Affiliation: PALOMAR MEDICAL CENTER

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Min/Max Age: 0\999

American Sign Language (ASL): Hospital Affiliation: PALOMAR MEDICAL CENTER

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT BLAKESPEAR, JEREMY**

Provider ID: 206426

Provider Gender: Male

License Number: PA19825


NPI: 1750474177


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No


 150 VALPRED A RD SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767



 Website: www.ihpsocal.org

## D2. 初級保健名錄


Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER



### **PHYSICIANS ASSISTANT** **BLAKESPEAR, JEREMY**




Provider ID: 206426  
Provider Gender: Male  
License Number: PA19825  
NPI: 1750474177  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER


### **PHYSICIANS ASSISTANT** **BLAKESPEAR, JEREMY**






Provider ID: 206426  
Provider Gender: Male  
License Number: PA19825  
NPI: 1750474177  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

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Min/Max Age: 0\150  
American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER

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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

## D2. 初級保健名錄

*Cultural Competency: N*  
*Hospital Affiliation:*  
GROSSMONT HOSPITAL  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
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### **PHYSICIANS ASSISTANT**

#### **CHISWICK, GARY**

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*License Number: PA22667*  
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GROSSMONT HOSPITAL  
*Board Certified Specialty: No*

## D2. 初級保健名錄

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **KOSEL, MATTHEW**

Provider ID: 206426




Provider Gender: Male


License Number: PA17101

NPI: 1316947302

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD  
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### **PHYSICIANS ASSISTANT**


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License Number: PA17101

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### **PHYSICIANS ASSISTANT**

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Provider ID: 206426




Provider Gender: Male


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### **PHYSICIANS ASSISTANT**

#### **KOSEL, MATTHEW**

Provider ID: 206426



## D2. 初級保健名錄

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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

### 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):  
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PROVIDER

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NPI: 1518133032


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PROVIDER

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Cultural Competency: N

Board Certified Specialty: No

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Board Certified Specialty: No

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#### **SPENCE, JAMIE**

Provider ID: 206426

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License Number: PA21723

NPI: 1518133032

 Provider English Spoken: Y




 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N



## D2. 初級保健名錄

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
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Min/Max Age: 0\150

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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  
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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**


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NPI: 1295147387


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## D2. 初級保健名錄

*Cultural Competency: N*

*Board Certified Specialty: No*


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## **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](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

### **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)  
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 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. 初級保健名錄

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](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*

### **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*

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 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **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>*

*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*

## D2. 初級保健名錄


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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **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  
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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


#### **GUADARRAMA, IGNACIO**

Provider ID: 227469

Provider Gender: Male

License Number: NP95003671

NPI: 1821331174

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **GUADARRAMA, IGNACIO**

Provider ID: 227469







## D2. 初級保健名錄


Provider Gender: Male  
License Number: NP95003671  
NPI: 1821331174  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HACINAS, REYNALDO**


Provider ID: 206292  
Provider Gender: Male  
License Number: NP95003024  
NPI: 1215304860  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
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  
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662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **IBARRA, MARTHA**

Provider ID: 206292  
Provider Gender: Female  
License Number: NP12112  
NPI: 1114957289  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **IBARRA, MARTHA**

Provider ID: 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



## D2. 初級保健名錄

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **CERTIFIED NURSE PRACTITIONER**

**IBARRA, MARTHA**

Provider ID: 227469

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**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**

**KANTAS, PARIS**

Provider ID: 206292

Provider Gender: Male

License Number: NP18661

NPI: 1114329612


Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**KANTAS, PARIS**

Provider ID: 206292

Provider Gender: Male

License Number: NP18661

NPI: 1114329612


Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150


## D2. 初級保健名錄

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.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




### **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.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


### **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.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





### **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.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


### **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](https://www.syhealth.org/locations)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT

## D2. 初級保健名錄

<p><i>PROVIDER</i></p> <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>SANCHEZ, MYRNA</b></p> <p>Provider ID: 227469</p> <p>Provider Gender: Female</p> <p>License Number: NP95003721</p> <p>NPI: 1548614506</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></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><i>alth.org/locations</i></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><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>VAZQUEZ-ERLBECK, MARTHA</b></p> <p>Provider ID: 227469</p> <p>Provider Gender: Female</p> <p>License Number: NP95001960</p> <p>NPI: 1669865960</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></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>Cultural Competency: N</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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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><b><u>CHIROPRACTOR</u></b></p> <p><b>OCHOA, RAUL</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Male</p> <p>License Number: DC33693</p> <p>NPI: 1518401827</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>VAZQUEZ-ERLBECK, MARTHA</b></p> <p>Provider ID: 227469</p> <p>Provider Gender: Female</p> <p>License Number: NP95001960</p> <p>NPI: 1669865960</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></p>	<p><b><u>CHIROPRACTOR</u></b></p> <p><b>OCHOA, RAUL</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Male</p> <p>License Number: DC33693</p> <p>NPI: 1518401827</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p>	

## D2. 初級保健名錄

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **CRUZ, MICHAEL**

Provider ID: 206292

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

##### **CRUZ, MICHAEL**

Provider ID: 206292

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### ALGHAMDI, ASMA

Provider ID: 227469

Provider Gender: Female

License Number: A167529

NPI: 1316310840

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

3364 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **ALGHAMDI, ASMA**

Provider ID: 227469

Provider Gender: Female

License Number: A167529

NPI: 1316310840

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

3364 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 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



## D2. 初級保健名錄

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

### **FAMILY PRACTICE**


#### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 206292

Provider Gender: Male

License Number: A157505

NPI: 1588197826

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

### **FAMILY PRACTICE**


#### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 206292

Provider Gender: Male

License Number: A157505

NPI: 1588197826

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **ALVAREZ-ESTRADA, MIGUEL**


Provider ID: 227411

Provider Gender: Male

License Number: A157505

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **ARRIETA, NOEMI**


Provider ID: 206292

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100



## D2. 初級保健名錄

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **ARRIETA, NOEMI**

Provider ID: 206292

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **BAUM, PETER**

Provider ID: 227411

Provider Gender: Male

License Number: 20A14949

NPI: 1174919971


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/maternal-child-health-center](http://www.syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **BAUM, PETER**

Provider ID: 227411

Provider Gender: Male

License Number: 20A14949

NPI: 1174919971


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)


662-4100

 Website: [www.syhealth.org/clinics/maternal-child-health-center](http://www.syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **BORSAN, COSMIN**

Provider ID: 206292

Provider Gender: Male

License Number: 20A17643

NPI: 1679060255


Provider English Spoken: Y


Provider Language(s)  
Spoken: Romanian


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **BORSAN, COSMIN**

## D2. 初級保健名錄

Provider ID: 206292

Provider Gender: Male

License Number: 20A17643

NPI: 1679060255

Provider English Spoken: Y

Provider Language(s)  
Spoken: Romanian

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### FAMILY PRACTICE

#### **CAMPOS, MELISSA**

Provider ID: 227411

Provider Gender: Female

License Number: A138474

NPI: 1427475318

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173



Phone: (619) 662-4100



After Hours Phone: (619)  
662-4100



Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **CAMPOS, MELISSA**

Provider ID: 227411

Provider Gender: Female

License Number: A138474

NPI: 1427475318

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **CARRIEDO CENICEROS, MARIA**

Provider ID: 206292

Provider Gender: Female

License Number: A78373

NPI: 1295746618

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **CARRIEDO CENICEROS, MARIA**

Provider ID: 206292

Provider Gender: Female

License Number: A78373

NPI: 1295746618

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No



4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341


After Hours Phone: (619)

## D2. 初級保健名錄

662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **CASTILLO, STEPHANIE**

Provider ID: 206292  
Provider Gender: Female  
License Number: A159673  
NPI: 1902330723  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **CASTILLO, STEPHANIE**



Provider ID: 206292  
Provider Gender: Female  
License Number: A159673



NPI: 1902330723  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)



Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM


### **FAMILY PRACTICE**

#### **CEVALLOS, JAMES**



Provider ID: 206292  
Provider Gender: Male  
License Number: A55469  
NPI: 1720181829  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N






Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341

 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)

[/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE** **CEVALLOS, JAMES**

Provider ID: 206292  
Provider Gender: Male  
License Number: A55469  
NPI: 1720181829  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE** **CORONADO, MYRNA**

Provider ID: 206292

## D2. 初級保健名錄

Provider Gender: Female

License Number: A112627

NPI: 1710147566

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **CORONADO, MYRNA**

Provider ID: 206292

Provider Gender: Female

License Number: A112627

NPI: 1710147566

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **CORONADO, MYRNA**

Provider ID: 227411

Provider Gender: Female

License Number: A112627

NPI: 1710147566

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/s/maternal-child-health-center](http://www.syhealth.org/clinics/s/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **CORONADO, MYRNA**

Provider ID: 227411

Provider Gender: Female

License Number: A112627

NPI: 1710147566

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/s/maternal-child-health-center](http://www.syhealth.org/clinics/s/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **DALUGDUGAN, ESTHER**

Provider ID: 206292

Provider Gender: Female

License Number: A112511

NPI: 1962662718

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT



## D2. 初級保健名錄

<p>PROVIDER</p> <p><b>FAMILY PRACTICE</b></p> <p><b>DALUGDUGAN, ESTHER</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A112511</p> <p>NPI: 1962662718</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Tagalog</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP CHULA VISTA MED CTR</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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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>MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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><b>FAMILY PRACTICE</b></p> <p><b>HEINRICI, ALEKA</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A125329</p> <p>NPI: 1780979120</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</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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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><input type="checkbox"/> Phone: (619) 662-4100</p> <p><input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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><b>FAMILY PRACTICE</b></p> <p><b>ESTRADA, JOHANNA</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A127188</p> <p>NPI: 1255698155</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, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>ESTRADA, JOHANNA</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A127188</p> <p>NPI: 1255698155</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, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p>	<p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A127188</p> <p>NPI: 1255698155</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, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p>	



## D2. 初級保健名錄

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**

Provider ID: 206292

Provider Gender: Female

License Number: A125329

NPI: 1780979120

Provider English Spoken: Y

Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **HENDRIX, JEFFERSON**

Provider ID: 227469

Provider Gender: Male

License Number: A32571

NPI: 1235142738


Provider English Spoken: Y


Provider Language(s)

Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HENDRIX, JEFFERSON**

Provider ID: 227469

Provider Gender: Male

License Number: A32571

NPI: 1235142738

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HERNANDEZ, RALPH**

Provider ID: 227469

Provider Gender: Male

License Number: C42207

NPI: 1285782151

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **HERNANDEZ, RALPH**

Provider ID: 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>

## D2. 初級保健名錄

[alth.org/locations](http://alth.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

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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **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

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 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **KAUFHOLD, ANNE**

Provider ID: 206292

Provider Gender: Female

License Number: A88893

NPI: 1164508073

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **KAUFHOLD, ANNE**

Provider ID: 206292

Provider Gender: Female

License Number: A88893

NPI: 1164508073

Provider English Spoken: Y


Provider Language(s)  
Spoken: Arabic, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **LARA, LESLEY**

Provider ID: 206292




Provider Gender: Female

License Number: A173435

NPI: 1184112682


Provider English Spoken: Y

## D2. 初級保健名錄

 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: SU 10:00AM-4:00PM*  
*M-F 8:30AM-5:30PM*  
*SA 8:00AM-2:30PM*

### **FAMILY PRACTICE**


#### **LARA, LESLEY**


*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A173435*  
*NPI: 1184112682*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: SU 10:00AM-4:00PM*  
*M-F 8:30AM-5:30PM*  
*SA 8:00AM-2:30PM*

### **FAMILY PRACTICE**

#### **LEE, JOSEPH**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A164201*  
*NPI: 1417480948*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: ST ELIZABETH HOSP*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6341*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM*  
*SA 8:30AM-2:00PM*

### **FAMILY PRACTICE**





#### **LEE, JOSEPH**

*Provider ID: 206292*



*Provider Gender: Male*  
*License Number: A164201*  
*NPI: 1417480948*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: ST ELIZABETH HOSP*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6341*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM*  
*SA 8:30AM-2:00PM*

### **FAMILY PRACTICE**

#### **LEE, JOSEPH**

*Provider ID: 227469*  
*Provider Gender: Male*  
*License Number: A164201*  
*NPI: 1417480948*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: ST ELIZABETH HOSP*  
*Board Certified Specialty: No*  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*






## D2. 初級保健名錄

662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **LEE, JOSEPH**



Provider ID: 227469  
Provider Gender: Male  
License Number: A164201  
NPI: 1417480948  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ST ELIZABETH HOSP  
Board Certified Specialty: No





 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FAMILY PRACTICE**

#### **LEPEZ, DAVID**





Provider ID: 206292  
Provider Gender: Male



License Number: A130348  
NPI: 1205196029  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **LEPEZ, DAVID**

Provider ID: 206292  
Provider Gender: Male  
License Number: A130348  
NPI: 1205196029  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **LEUTE, ERIC**

Provider ID: 206292  
Provider Gender: Male  
License Number: A80832  
NPI: 1720171507  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER



## D2. 初級保健名錄

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **LEUTE, ERIC**

Provider ID: 206292

Provider Gender: Male

License Number: A80832

NPI: 1720171507

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **MOYA, MARY**

Provider ID: 206292

Provider Gender: Female

License Number: A80185

NPI: 1093844417

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **MOYA, MARY**

Provider ID: 206292

Provider Gender: Female

License Number: A80185

NPI: 1093844417

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NAVARRO, VANESSA**

Provider ID: 227469

Provider Gender: Female

License Number: A113624

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER



## D2. 初級保健名錄

### **FAMILY PRACTICE**

#### **NAVARRO, VANESSA**

Provider ID: 227469

Provider Gender: Female

License Number: A113624

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, CARIE**

Provider ID: 206292

Provider Gender: Female

License Number: A106103

NPI: 1174781132

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **NGUYEN, CARIE**

Provider ID: 206292

Provider Gender: Female

License Number: A106103

NPI: 1174781132

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **NIKZAD, JASON**

Provider ID: 206292

Provider Gender: Male

License Number: 20A12653

NPI: 1508121674

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **NIKZAD, JASON**

Provider ID: 206292


Provider Gender: Male

License Number: 20A12653

NPI: 1508121674


Provider English Spoken: Y

## D2. 初級保健名錄

 *Provider Language(s)*  
*Spoken: Farsi, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: www.syhealth.org*  
*/clinics/san- ysidro- health*  
*- center*



*Medi-Cal Open Panel: 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*



*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*


*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*


*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **FAMILY PRACTICE**

#### **ORTIZ, KENNETH**




*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A156607*  
*NPI: 1356761571*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
*GROSSMONT HOSPITAL,*  
*SCRIPPS MEMORIAL*  
*HOSPITAL*

*Board Certified Specialty: No*





 4004 BEYER BLVD

## D2. 初級保健名錄

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **ORTIZ ILIZALITURRI, ANA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A178949  
NPI: 1316407026  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER



### **FAMILY PRACTICE**






#### **ORTIZ ILIZALITURRI, ANA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A178949  
NPI: 1316407026  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**







#### **ORTIZ ILIZALITURRI, ANA**

Provider ID: 227411  
Provider Gender: Female  
License Number: A178949  
NPI: 1316407026  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N


Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:00PM

### **FAMILY PRACTICE**

#### **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](http://syhealth.org/clinics)

## D2. 初級保健名錄


*s/maternal- child- health- center*  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:00PM

### **FAMILY PRACTICE**


#### **RAJAIPOUR, NEGIN**

Provider ID: 227469  
Provider Gender: Female  
License Number: A145480  
NPI: 1508286709  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: CHULA VISTA COMM HOSP

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>



Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


### **FAMILY PRACTICE**

#### **RAJAIPOUR, NEGIN**

Provider ID: 227469  
Provider Gender: Female



License Number: A145480  
NPI: 1508286709  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: CHULA VISTA COMM HOSP  
Board Certified Specialty: No





 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **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](http://www.syhealth.org)

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: CHULA VISTA COMM HOSP  
Board Certified Specialty: No

*/clinics/san- ysidro- health - center*  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM


### **FAMILY PRACTICE**

#### **RAJAIPOUR, NEGIN**

Provider ID: 206292  
Provider Gender: Female  
License Number: A145480  
NPI: 1508286709  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: CHULA VISTA COMM HOSP  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san- ysidro- health - center](http://www.syhealth.org/clinics/san- ysidro- health - center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**



## D2. 初級保健名錄

### **RITTER, STEVEN**

Provider ID: 206292

Provider Gender: Male


License Number: 20A7435


NPI: 1356556021


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **RITTER, STEVEN**

Provider ID: 206292

Provider Gender: Male


License Number: 20A7435


NPI: 1356556021


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
Cultural Competency: N  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**



#### **ROJAS, STEVEN**

Provider ID: 206292

Provider Gender: Male

License Number: A132982


NPI: 1801230297


 Provider English Spoken: Y  
 Provider Language(s)


Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**



#### **ROJAS, STEVEN**

Provider ID: 206292

Provider Gender: Male


License Number: A132982


NPI: 1801230297


 Provider English Spoken: Y  
 Provider Language(s)


Spoken: Spanish

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FAMILY PRACTICE**

#### **ROSENBAUM, HERBERT**

Provider ID: 206292

Provider Gender: Male

License Number: A169694


NPI: 1922532712


 Provider English Spoken: Y  
 Provider Language(s)


Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N



## D2. 初級保健名錄

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM*  
*SA 8:30AM-2:00PM*





### **FAMILY PRACTICE**

#### **ROSENBAUM, HERBERT**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A169694*  
*NPI: 1922532712*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*


*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*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) 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**

#### **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**


#### **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)*

## D2. 初級保健名錄

662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **SNYDER, CHRISTOPHER**

Provider ID: 206292

Provider Gender: Male

License Number: 20A7502

NPI: 1922041235

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIH

Hospital - Downey, JOHN F

KENNEDY MEMORIAL HOSP,

CEDARS SINAI MEDICAL

CENTER, SCRIPPS MEMORIAL


HOSPITAL ENCINITAS,


EISENHOWER MEDICAL CTR,


GROSSMONT HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **SNYDER, CHRISTOPHER**


Provider ID: 206292

Provider Gender: Male

License Number: 20A7502

NPI: 1922041235

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIH

Hospital - Downey, JOHN F

KENNEDY MEMORIAL HOSP,

CEDARS SINAI MEDICAL


CENTER, SCRIPPS MEMORIAL


HOSPITAL ENCINITAS,


EISENHOWER MEDICAL CTR,


GROSSMONT HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **STALEY, MICHAELA**

Provider ID: 206292

Provider Gender: Female


License Number: A157772


NPI: 1912438250


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **STALEY, MICHAELA**

Provider ID: 206292

Provider Gender: Female


License Number: A157772


NPI: 1912438250


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT


## D2. 初級保健名錄

PROVIDER		
<b><u>FAMILY PRACTICE</u></b> <b>SWEET, PATRICK</b> 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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a> Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM	<b>SWEET, PATRICK</b> 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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a> Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM	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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a> 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
<b><u>FAMILY PRACTICE</u></b>	<b><u>FAMILY PRACTICE</u></b> <b>TALAVERA, GREGORY</b> 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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a> Medi-Cal Open Panel: Y	

## D2. 初級保健名錄

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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **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](http://www.syhealth.org/clinics/san-ysidro-health-center)

- center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **VAN HOLLEBEKE, RACHEL**

Provider ID: 206292

Provider Gender: Female

License Number: A177337

NPI: 1497217756

 Provider English Spoken: Y

 Provider Language(s)








## D2. 初級保健名錄

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**

#### **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](http://www.syhealth.org/clinics/san-ysidro-health-center)

- center  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER






### **FAMILY PRACTICE**

#### **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](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


### **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/clinic](http://syhealth.org/clinic)








## D2. 初級保健名錄


*s/maternal- child- health- center*  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,**


Provider ID: 227411  
NPI: 1558852947  
 Provider English Spoken: Y  
Cultural Competency: N

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1967  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**


#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,**





Provider ID: 206292  
NPI: 1952364747  
 Provider English Spoken: Y


Cultural Competency: N  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **FQHC**

#### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,**

Provider ID: 206292  
NPI: 1952364747  
 Provider English Spoken: Y  
Cultural Competency: N


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)





Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM


SA 8:30AM-2:00PM

### **FQHC**

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,**


Provider ID: 227469  
NPI: 1801438239  
 Provider English Spoken: Y  
Cultural Competency: N


 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 600-4870  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **FQHC**

#### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,**

Provider ID: 227469  
NPI: 1801438239  
 Provider English Spoken: Y  
Cultural Competency: N

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 600-4870  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

## D2. 初級保健名錄

American Sign Language (ASL): Provider Gender: Male

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](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

### **GENERAL PRACTICE**

#### **REYNAGA, JOSUE**

Provider ID: 206292

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](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

### **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](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

### **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](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

### **GYNECOLOGY**

#### **CALDERON, JORGE**

Provider ID: 206292


Provider Gender: Male

License Number: A40480




NPI: 1407800881


Provider English Spoken: Y

## D2. 初級保健名錄

 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PARADISE VALLEY  
HOSPITAL, LOMPOC VALLEY  
MEDICAL CENTER*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san- ysidro- health  
- center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **GYNECOLOGY**


#### **CALDERON, JORGE**

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: A40480*

*NPI: 1407800881*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PARADISE VALLEY  
HOSPITAL, LOMPOC VALLEY  
MEDICAL CENTER*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san- ysidro- health  
- center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **INFECTIOUS DISEASE**


#### **PROMER, KATHERINE**


*Provider ID: 206292*

*Provider Gender: Female*

*License Number: A131952*

*NPI: 1306280607*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL*


*HOSPITAL, PALOMAR  
MEDICAL CENTER*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san- ysidro- health  
- center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM*

### **INFECTIOUS DISEASE**

#### **PROMER, KATHERINE**

*Provider ID: 206292*

*Provider Gender: Female*

*License Number: A131952*

*NPI: 1306280607*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL*


*HOSPITAL, PALOMAR  
MEDICAL CENTER*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san- ysidro- health  
- center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM*

## D2. 初級保健名錄

### 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

 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

#### **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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### INTERNAL MEDICINE

#### **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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### INTERNAL MEDICINE

#### **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



## D2. 初級保健名錄

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **CHEN, TSUH YIN**

Provider ID: 206292

Provider Gender: Female

License Number: C55563

NPI: 1093803520

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

/clinics/san-ysidro-health  
-center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **CHOW, MAN HUNG**

Provider ID: 227469

Provider Gender: Female

License Number: G66745

NPI: 1225149115

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **CHOW, MAN HUNG**

Provider ID: 227469

Provider Gender: Female

License Number: G66745

NPI: 1225149115

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

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SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### 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



## D2. 初級保健名錄

### MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### DE LA ROSA, JOSE

Provider ID: 206292

Provider Gender: Male


License Number: A49267

NPI: 1689646572

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE



#### DILLON, BENEDICT

Provider ID: 227411

Provider Gender: Male

License Number: A111118





NPI: 1710142708

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, CHULA VISTA  
COMM HOSP

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE



#### DILLON, BENEDICT

Provider ID: 227411

Provider Gender: Male

License Number: A111118

NPI: 1710142708





 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, CHULA VISTA  
COMM HOSP

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE



#### HURST, MICHAEL

Provider ID: 206292

Provider Gender: Male

License Number: 20A8081


NPI: 1205893104

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish



Cultural Competency: N

Hospital Affiliation: SUTTER  
TRACY COMMUNITY HOSP,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

## D2. 初級保健名錄

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-8:00PM  
SA 8:00AM-2:00PM

### INTERNAL MEDICINE


#### **HURST, MICHAEL**

Provider ID: 206292

Provider Gender: Male

License Number: 20A8081

NPI: 1205893104

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SUTTER


TRACY COMMUNITY HOSP,


SCRIPPS MEMORIAL


HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-8:00PM

SA 8:00AM-2:00PM

### INTERNAL MEDICINE


#### **KAUFER, DAVID**

Provider ID: 206292

Provider Gender: Male

License Number: G80107


NPI: 1710082789


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### INTERNAL MEDICINE


#### **KAUFER, DAVID**

Provider ID: 227469

Provider Gender: Male

License Number: G80107

NPI: 1710082789


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **KAUFER, DAVID**

Provider ID: 227469

Provider Gender: Male

License Number: G80107


NPI: 1710082789


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **KAUFER, DAVID**







Provider ID: 206292

Provider Gender: Male



License Number: G80107

NPI: 1710082789

## D2. 初級保健名錄

 *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*



### **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*  
 *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*

## D2. 初級保健名錄

PROVIDER	MEMORIAL HOSPITAL	INTERNAL MEDICINE
<b><u>INTERNAL MEDICINE</u></b> <b>PARK, DANIEL</b> Provider ID: 206292 Provider Gender: Male License Number: A99433 NPI: 1538371844 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL Board Certified Specialty: No <input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: www.syhealth.org /clinics/san-ysidro-health -center Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM	<b>MEMORIAL HOSPITAL</b> Board Certified Specialty: No <input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: www.syhealth.org /clinics/san-ysidro-health -center Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM	<b><u>INTERNAL MEDICINE</u></b> <b>POAST, JENNIFER</b> Provider ID: 206292 Provider Gender: Female License Number: 20A8245 NPI: 1164435681 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: www.syhealth.org /clinics/san-ysidro-health -center Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER
<b><u>INTERNAL MEDICINE</u></b> <b>PARK, DANIEL</b> Provider ID: 206292 Provider Gender: Male License Number: A99433 NPI: 1538371844 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS	<b><u>INTERNAL MEDICINE</u></b> <b>POAST, JENNIFER</b> Provider ID: 206292 Provider Gender: Female License Number: 20A8245 NPI: 1164435681 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No <input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173 <input type="checkbox"/> Phone: (619) 662-4100 <input type="checkbox"/> After Hours Phone: (619) 662-4100 <input type="checkbox"/> Website: www.syhealth.org /clinics/san-ysidro-health -center Medi-Cal Open Panel: Y Min/Max Age: 0\150 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER	<b><u>INTERNAL MEDICINE</u></b> <b>RAMIREZ SANCHEZ, CLAUDIA</b> Provider ID: 206292 Provider Gender: Female License Number: A160493 NPI: 1659720555 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA Board Certified Specialty: No <input type="checkbox"/> 4004 BEYER BLVD



## D2. 初級保健名錄

SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A160493  
NPI: 1659720555  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

PROVIDER

### **INTERNAL MEDICINE**

#### **SALERNO, MARIANA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A131021  
NPI: 1598921645  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Providence St. Joseph Hospital Eureka

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **SALERNO, MARIANA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A131021  
NPI: 1598921645  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Providence St. Joseph Hospital Eureka

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **SCHNEIDER-MUNOZ, MARGARITA**

Provider ID: 206292  
Provider Gender: Female  
License Number: G81461  
NPI: 1821299520  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **INTERNAL MEDICINE**

#### **SCHNEIDER-MUNOZ,**



## D2. 初級保健名錄

### MARGARITA

Provider ID: 206292

Provider Gender: Female

License Number: G81461

NPI: 1821299520

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### SHEIKH MOHAMED, AMIRA

Provider ID: 227469

Provider Gender: Female

License Number: A153975

NPI: 1831583079

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, French,  
Hindi, Italian, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

3364 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### SHEIKH MOHAMED, AMIRA

Provider ID: 227469

Provider Gender: Female

License Number: A153975

NPI: 1831583079

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, French,  
Hindi, Italian, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM

### INTERNAL MEDICINE

#### SY, RAMON

Provider ID: 227469

Provider Gender: Male

License Number: A51843

NPI: 1982617403

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### SY, RAMON

Provider ID: 227469


Provider Gender: Male





License Number: A51843

NPI: 1982617403

Provider English Spoken: Y




## D2. 初級保健名錄





 *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  
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 *After Hours Phone: (619)*  
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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*

### **INTERNAL MEDICINE**



#### **VELAZQUEZ CAMARENA, MARIA**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A56153*  
*NPI: 1518965714*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*



### **INTERNAL MEDICINE**

#### **VELAZQUEZ CAMARENA, MARIA**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A56153*  
*NPI: 1518965714*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA*


*Board Certified Specialty: No*





 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *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**

#### **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/clinic/s/maternal-child-health-center](http://syhealth.org/clinic/s/maternal-child-health-center)*





*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

### **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*  
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 *Website: [syhealth.org/clinic/s/maternal-child-health-center](http://syhealth.org/clinic/s/maternal-child-health-center)*





## D2. 初級保健名錄


Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
N  
 Accessibility: CONTACT PROVIDER

### INTERVENTIONAL

#### CARDIOLOGY

##### **MOUSSAVIAN, MEHRAN**

Provider ID: 206292  
Provider Gender: Male  
License Number: 20A7241  
NPI: 1689788234  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
Adventist Health and Rideout  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y


Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### INTERVENTIONAL

#### CARDIOLOGY





##### **MOUSSAVIAN, MEHRAN**

Provider ID: 206292  
Provider Gender: Male  
License Number: 20A7241  
NPI: 1689788234  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### OBSTETRICS / GYNECOLOGY

#### **BERGGREN, ERICA**





Provider ID: 227411  
Provider Gender: Female  
License Number: C158543  
NPI: 1912159674  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:00PM


### OBSTETRICS / GYNECOLOGY

#### **BERGGREN, ERICA**

## D2. 初級保健名錄

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

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662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:00PM


### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A104660  
NPI: 1083815823  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ST

JOSEPHS MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL





Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

Provider ID: 227411  
Provider Gender: Female  
License Number: A104660  
NPI: 1083815823  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ST  
JOSEPHS MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No  
 4050 BEYER BLVD  
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662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)


Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

Provider ID: 227411  
Provider Gender: Female  
License Number: A104660



## D2. 初級保健名錄

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

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**

#### **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



## D2. 初級保健名錄

### **OBSTETRICS / GYNECOLOGY**

#### **DANESHMAND, SHAHRAM**

Provider ID: 206292

Provider Gender: Male

License Number: A63844

NPI: 1891867412

Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

### **PROVIDER**

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **DANESHMAND, SHAHRAM**

Provider ID: 227411

Provider Gender: Male

License Number: A63844

NPI: 1891867412

Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **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)

## D2. 初級保健名錄

662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **OBSTETRICS / GYNECOLOGY** **DINH, MY**

Provider ID: 206292  
Provider Gender: Female  
License Number: 20A9907  
NPI: 1316146996

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY** **DINH, MY**

Provider ID: 227411  
Provider Gender: Female  
License Number: 20A9907

NPI: 1316146996  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



### **OBSTETRICS / GYNECOLOGY** **DINH, MY**

Provider ID: 206292  
Provider Gender: Female  
License Number: 20A9907  
NPI: 1316146996  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY** **DINH, MY**

Provider ID: 227411  
Provider Gender: Female  
License Number: 20A9907  
NPI: 1316146996  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY** **GOLDSTEIN, EDWARD**

Provider ID: 227411  
Provider Gender: Male  
License Number: G20087  
NPI: 1982617494  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL,

## D2. 初級保健名錄

SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **GOLDSTEIN, EDWARD**

Provider ID: 227411

Provider Gender: Male

License Number: G20087

NPI: 1982617494

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 227411

Provider Gender: Female

License Number: A175006

NPI: 1255878997

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 206292

Provider Gender: Female

License Number: A175006

NPI: 1255878997

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 227411

Provider Gender: Female

License Number: A175006

NPI: 1255878997

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

## D2. 初級保健名錄

*PROVIDER*  
*Hours: M-F 8:30AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**



#### **GOMEZ, DANIELA**


*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A175006*  
*NPI: 1255878997*

*Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *4004 BEYER BLVD*  
*SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org*  
*/clinics/san-ysidro-health-center*

*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*

*PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **MAJERSKI GONZALEZ, MANDY**



*Provider ID: 227411*  
*Provider Gender: Female*  
*License Number: A113914*  
*NPI: 1982812392*


*Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR*

*Board Certified Specialty: No*

 *4050 BEYER BLVD*  
*SAN YSIDRO, CA 92173*


 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinics/maternal-child-health-center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**






#### **MAJERSKI GONZALEZ, MANDY**

*Provider ID: 227411*  
*Provider Gender: Female*  
*License Number: A113914*  
*NPI: 1982812392*

*Provider English Spoken: Y*










## D2. 初級保健名錄

*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](http://syhealth.org/clinics/maternal-child-health-center)  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:00PM*

### **OBSTETRICS / GYNECOLOGY**



#### **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](http://syhealth.org/clinics/maternal-child-health-center)  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **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](http://syhealth.org/clinics/maternal-child-health-center)  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*


### **OBSTETRICS / GYNECOLOGY**

#### **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](http://www.syhealth.org/clinics/san-ysidro-health-center)





## D2. 初級保健名錄

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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**




#### **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](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

### **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

## D2. 初級保健名錄

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **OPHTHALMOLOGY**








#### **MANI, NASRIN**

Provider ID: 227469  
Provider Gender: Female  
License Number: A40473  
NPI: 1023061314  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Faroese, Farsi, Persian, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER



### **OPHTHALMOLOGY**


#### **SKAF, AYHAM**

Provider ID: 227469  
Provider Gender: Male  
License Number: A120584  
NPI: 1285888628  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Spanish  
Cultural Competency: N  
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **OPHTHALMOLOGY**






#### **SKAF, AYHAM**

Provider ID: 227469  
Provider Gender: Male  
License Number: A120584  
NPI: 1285888628  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N  
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **ACEVEDO, SUSANA**

Provider ID: 227411  
Provider Gender: Female  
License Number: A74960  
NPI: 1801971569  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinic-s/maternal-child-health-center](https://syhealth.org/clinic-s/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

## D2. 初級保健名錄

 *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](http://syhealth.org/clinics/maternal-child-health-center)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **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](http://syhealth.org/clinics/maternal-child-health-center)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **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](http://syhealth.org/clinics/maternal-child-health-center)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **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](http://www.syhealth.org/clinics/san-ysidro-health-center)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*

### **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*

## D2. 初級保健名錄

### CHULA VISTA MED CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Cultural Competency: N

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](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **CHAIT LLAMAS, LWBBA**

Provider ID: 227411

Provider Gender: Female

License Number: A138938

NPI: 1134567530

Provider English Spoken: Y

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](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **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](http://syhealth.org/clinics/maternal-child-health-center)


Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N



## D2. 初級保健名錄

 *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): 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): N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **GHAHREMANI, SIMIN**

*Provider ID: 206292*

*Provider Gender: Female*

*License Number: C51110*

*NPI: 1508904657*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Farsi*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL CHULA*


*VISTA, SHARP CHULA VISTA*


*MED CTR, SCRIPPS MERCY*


*HOSPITAL*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org/clinics/san- ysidro- health - center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT*

*PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

*SA 8:30AM-2:00PM*

### **PEDIATRICS**

#### **GHAHREMANI, SIMIN**

*Provider ID: 206292*

*Provider Gender: Female*

*License Number: C51110*

*NPI: 1508904657*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Farsi*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL CHULA*


*VISTA, SHARP CHULA VISTA*


*MED CTR, SCRIPPS MERCY*


*HOSPITAL*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org/clinics/san- ysidro- health - center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

*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*



## D2. 初級保健名錄

License Number: A72721  
NPI: 1518970037  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR, SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1948  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **HERMAN, ANDREA**

Provider ID: 227411  
Provider Gender: Female  
License Number: A72721  
NPI: 1518970037  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA

MED CTR, SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1948  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **NISSAN, BETI**

Provider ID: 206292  
Provider Gender: Female  
License Number: A64487  
NPI: 1396705299

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Persian  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, HOLLYWOOD  
PRESBYTERIAN MED CTR,  
SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

- center  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **PEDIATRICS**

#### **NISSAN, BETI**

Provider ID: 206292  
Provider Gender: Female  
License Number: A64487  
NPI: 1396705299

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Persian  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, HOLLYWOOD  
PRESBYTERIAN MED CTR,  
SHARP MEMORIAL HOSPITAL  
Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:30PM

## D2. 初級保健名錄

SA 8:30AM-2:00PM

### **PEDIATRICS**

#### **PIANSAY, MARIA CORAZON**

Provider ID: 206292

Provider Gender: Female

License Number: A93785

NPI: 1669680351

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **PIANSAY, MARIA CORAZON**

Provider ID: 206292

Provider Gender: Female

License Number: A93785

NPI: 1669680351

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**

Provider ID: 227411

Provider Gender: Male

License Number: A134995

NPI: 1508209651

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

enter

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**

Provider ID: 227411

Provider Gender: Male

License Number: A134995

NPI: 1508209651

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **RUELAS, ROBERTO**

Provider ID: 227411

Provider Gender: Male

License Number: A170141


## D2. 初級保健名錄


NPI: 1194257386


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): DIEGO

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **RUELAS, ROBERTO**

Provider ID: 227411


Provider Gender: Male


License Number: A170141


NPI: 1194257386


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS


#### **SAHMS, TIMOTHY**

Provider ID: 206292

Provider Gender: Male

License Number: G51462

NPI: 1780697276

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN


DIEGO

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-7:30PM

SA 8:30AM-2:00PM

### PEDIATRICS


#### **SAHMS, TIMOTHY**


Provider ID: 227411

Provider Gender: Male

License Number: G51462

NPI: 1780697276


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **SAHMS, TIMOTHY**

Provider ID: 227411

Provider Gender: Male

License Number: G51462

NPI: 1780697276


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100



 Website: [syhealth.org/clinics](http://syhealth.org/clinics)

## D2. 初級保健名錄

*s/maternal- child- health- center*  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **SAHMS, TIMOTHY**

Provider ID: 206292  
Provider Gender: Male  
License Number: G51462  
NPI: 1780697276  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-7:30PM  
SA 8:30AM-2:00PM

### **PEDIATRICS**


#### **SHAHIDYAZDANI, TINA**

Provider ID: 227411  
Provider Gender: Female  
License Number: A94813  
NPI: 1891924858  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **SHAHIDYAZDANI, TINA**

Provider ID: 227411  
Provider Gender: Female  
License Number: A94813  
NPI: 1891924858  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER





### **PEDIATRICS**

#### **SULLIVAN, ELISSA**

Provider ID: 227411  
Provider Gender: Female  
License Number: A169577  
NPI: 1790216422  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:00PM


### **PEDIATRICS**

#### **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)








## D2. 初級保健名錄

662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:00PM

### PEDIATRICS

#### **TAYLOR, TASHA**




Provider ID: 227411  
Provider Gender: Female  
License Number: A82187  
NPI: 1528144433  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR  
Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1948  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### PEDIATRICS




#### **TAYLOR, TASHA**



Provider ID: 227411  
Provider Gender: Female  
License Number: A82187  
NPI: 1528144433  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR  
Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1948  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### **BUCKNER, JOSEPH**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA18363  
NPI: 1215909205  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### **BUCKNER, JOSEPH**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA18363  
NPI: 1215909205  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### **GI, HUNG**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA16994  
NPI: 1023207404  
 Provider English Spoken: Y  
 Provider Language(s)




## D2. 初級保健名錄

Spoken: Chinese, French, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **GI, HUNG**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA16994  
NPI: 1023207404  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Chinese, French, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER





### **PHYSICIANS ASSISTANT**


#### **HARMIS, NATASHA**

Provider ID: 227469  
Provider Gender: Female  
License Number: PA58672  
NPI: 1013516996  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**








#### **HARMIS, NATASHA**

Provider ID: 227469  
Provider Gender: Female  
License Number: PA58672  
NPI: 1013516996  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>

[alth.org/locations](http://www.syhealth.org/locations)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **KAMOTO, LYNN**



Provider ID: 206292  
Provider Gender: Female  
License Number: PA17162  
NPI: 1447326459  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**


#### **KAMOTO, LYNN**

Provider ID: 206292  
Provider Gender: Female  
License Number: PA17162  
NPI: 1447326459

## D2. 初級保健名錄






 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER


**PHYSICIANS ASSISTANT**  
**PORTO MADURSKI, KRISTINE**  
Provider ID: 227411  
Provider Gender: Female  
License Number: PA16269  
NPI: 1053403782

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT



PROVIDER

**PHYSICIANS ASSISTANT**  
**PORTO MADURSKI, KRISTINE**



Provider ID: 227411  
Provider Gender: Female  
License Number: PA16269  
NPI: 1053403782  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER




**PHYSICIANS ASSISTANT**  
**ROSS, COLLIN**


Provider ID: 206292  
Provider Gender: Male  
License Number: PA16058  
NPI: 1629182050  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
**ROSS, COLLIN**





Provider ID: 206292  
Provider Gender: Male  
License Number: PA16058  
NPI: 1629182050  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
**SHARPE, NORMA**

Provider ID: 206292  
Provider Gender: Female  
License Number: PA20490  
NPI: 1619100237





## D2. 初級保健名錄

 *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*  
*Board Certified Specialty: No*  
 4004 BEYER 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**

#### **SUNA SITTO, MOHEEN**

*Provider ID: 227469*  
*Provider Gender: Female*  
*License Number: PA22855*  
*NPI: 1497196729*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: https://www.syhealth.org/locations*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*




### **PHYSICIANS ASSISTANT**

#### **SUNA SITTO, MOHEEN**

*Provider ID: 227469*  
*Provider Gender: Female*  
*License Number: PA22855*  
*NPI: 1497196729*






 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*

## D2. 初級保健名錄

 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**







#### **TRUJILLO, MIGUEL**

Provider ID: 206292  
Provider Gender: Male  
License Number: PA15656  
NPI: 1285806794  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**






#### **TRUJILLO, MIGUEL**


Provider ID: 206292  
Provider Gender: Male  
License Number: PA15656

NPI: 1285806794  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PODIATRIST**


#### **MANCHEL, BRUCE**

Provider ID: 206292  
Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PODIATRIST**

#### **MANCHEL, BRUCE**

Provider ID: 206292  
Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER







### **PODIATRIST**

#### **MANCHEL, BRUCE**

Provider ID: 227469  
Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788



## D2. 初級保健名錄

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PODIATRIST**







#### **MANCHEL, BRUCE**

Provider ID: 227469  
Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**




#### **CLARK, SKYLAR**

Provider ID: 227469  
Provider Gender: Female  
License Number: PT302385  
NPI: 1457089187  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**







#### **CLARK, SKYLAR**

Provider ID: 227469  
Provider Gender: Female  
License Number: PT302385  
NPI: 1457089187  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

### **REGISTERED PHYSICAL THERAPIST**

#### **TORRES, JOANN**

Provider ID: 206292  
Provider Gender: Female  
License Number: PT296607  
NPI: 1134732522  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**


#### **TORRES, JOANN**



Provider ID: 206292



## D2. 初級保健名錄

Provider Gender: Female  
License Number: PT296607  
NPI: 1134732522

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER

### **SPEECH PATHOLOGIST**


#### **HILL, CARLA**

Provider ID: 206292  
Provider Gender: Female  
License Number: SP9075  
NPI: 1043950751

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER

### **SPEECH PATHOLOGIST**

#### **HILL, CARLA**

Provider ID: 206292  
Provider Gender: Female  
License Number: SP9075  
NPI: 1043950751

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 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

### **SURGERY GENERAL**


#### **OKWUOSA, CHRIS**

Provider ID: 206292  
Provider Gender: Male  
License Number: A170738  
NPI: 1114336260


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Providence  
St Mary Medical Center  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

### **SURGERY GENERAL**


#### **OKWUOSA, CHRIS**

Provider ID: 206292  
Provider Gender: Male  
License Number: A170738  
NPI: 1114336260

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Providence  
St Mary Medical Center  
Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

## D2. 初級保健名錄

### **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  
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)

## D2. 初級保健名錄

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  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619)  
515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **BACHARACH, REBECCA**

Provider ID: 206361  
Provider Gender: Female  
License Number: 20A15459  
NPI: 1225442643  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619)  
515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **BACHARACH, REBECCA**

Provider ID: 206361  
Provider Gender: Female  
License Number: 20A15459  
NPI: 1225442643  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619)  
515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CARDONES, ARTHUR**

Provider ID: 206361  
Provider Gender: Male  
License Number: A55932  
NPI: 1962436451  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Board Certified Specialty: No  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619)  
515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CARDONES, ARTHUR**

Provider ID: 206361  
Provider Gender: Male  
License Number: A55932  
NPI: 1962436451  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N

## D2. 初級保健名錄

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](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **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](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 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

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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 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

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **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

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM



## D2. 初級保健名錄

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](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **FQHC**

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,**

Provider ID: 206361

NPI: 1508801069

Provider English Spoken: Y  
Cultural Competency: N

8788 JAMACHA RD  
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Phone: (619) 515-2555

Fax: (619) 462-5584

After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1619397031

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206361

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **ALIMONOS, LYSISTRATI**

Provider ID: 206361

Provider Gender: Female

License Number: 20A14919

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **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





## D2. 初級保健名錄


*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](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


**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*

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


**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*

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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 Accessibility: CONTACT  
PROVIDER

*Hours: M 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*

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 Accessibility: CONTACT  
PROVIDER

*Hours: M 8:30AM-5:30PM*

*TU 8:30AM-7:00PM*

*W-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

**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*

## D2. 初級保健名錄

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 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **CERVANTES, SANDRA**

Provider ID: 206361

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

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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**

#### **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

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**

#### **CHAKRABARTI, PRIYA**

Provider ID: 206361

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Website: www.fhcsd.org  
Email: angelad@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 206361

Provider Gender: Male

License Number: A108228

NPI: 1629277322

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

## D2. 初級保健名錄

☎ After Hours Phone: (619) 515-2555

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No

N

♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 206361

Provider Gender: Male

License Number: A108228

NPI: 1629277322

☐ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 206361

Provider Gender: Female

License Number: A178499

NPI: 1033613732

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

📍 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

☎ Phone: (619) 515-2555

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 206361

Provider Gender: Female

License Number: A178499

NPI: 1033613732

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

📍 8788 JAMACHA RD  
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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206361

Provider Gender: Female

License Number: A148014

NPI: 1457794752

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish, Yue Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

Sharp Grossmont Hospital,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

📍 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

☎ Phone: (619) 515-2555

☎ After Hours Phone: (619) 515-2555

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

## D2. 初級保健名錄

### **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

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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

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

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Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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

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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**

#### **LIPSCHITZ, LISA**

Provider ID: 206361

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Min/Max Age: 0\150

American Sign Language (ASL):

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W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**



## D2. 初級保健名錄

### 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

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After Hours Phone: (619)  
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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

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

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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

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

#### MELLENDEZ BERRIOS, IARA DEL

Provider ID: 206361

Provider Gender: Female

License Number: A114181

NPI: 1740514249

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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):



## D2. 初級保健名錄

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

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206361

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP


CORONADO HOSP AND


HEALTHCARE CTR,


GROSSMONT HOSPITAL

Board Certified Specialty: No

 8788 JAMACHA RD  
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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206361

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP


CORONADO HOSP AND


HEALTHCARE CTR,


GROSSMONT HOSPITAL

Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **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

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515-2555

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

## D2. 初級保健名錄

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*

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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**

#### **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  
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 *Phone: (619) 515-2555*

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 *Website: www.fhcsd.org*

*Email: angelad@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

*Provider ID: 206361*

*Provider Gender: Female*

*License Number: 20A11535*

*NPI: 1811162456*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP*

*CORONADO HOSP AND*


*HEALTHCARE CTR,*


*GROSSMONT HOSPITAL,*

*DESERT REGIONAL MED CTR*

*Board Certified Specialty: No*

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 *Phone: (619) 515-2555*

 *After Hours Phone: (619) 515-2555*

 *Website: www.fhcsd.org*

*Email: angelad@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-5:30PM*

*TU 8:30AM-7:00PM*

*W-F 8:30AM-5:30PM*

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

*Provider ID: 206361*

*Provider Gender: Female*

*License Number: 20A11535*





*NPI: 1811162456*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*


## D2. 初級保健名錄

*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  
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515-2555  
 Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 Accessibility: CONTACT

PROVIDER

*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  
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 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555

 Website: www.fhcsd.org

Email: angelad@fhcsd.org

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 Accessibility: CONTACT

PROVIDER

*Hours: M-F 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)  
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

## D2. 初級保健名錄

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619) 515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TRAN, TU-UYEN**

*Provider ID: 206361*  
*Provider Gender: Female*  
*License Number: PA54588*  
*NPI: 1598293748*  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Vietnamese  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619) 515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT

*PROVIDER*  
*Hours: M 8:30AM-5:30PM*  
*TU 8:30AM-7:00PM*  
*W-F 8:30AM-5:30PM*

### **PHYSICIANS ASSISTANT**

#### **TRAN, TU-UYEN**

*Provider ID: 206361*  
*Provider Gender: Female*  
*License Number: PA54588*  
*NPI: 1598293748*  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Vietnamese  
*Cultural Competency: N*

*Board Certified Specialty: No*  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
Phone: (619) 515-2555  
After Hours Phone: (619) 515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

*Hours: M 8:30AM-5:30PM*  
*TU 8:30AM-7:00PM*  
*W-F 8:30AM-5:30PM*

## **VALLEY CENTER**

### **CLINIC OUTPATIENT**

#### **NEIGHBORHOOD**

#### **HEALTHCARE,**

*Provider ID: 519918*  
*NPI: 1437335148*

Provider English Spoken: Y

*Cultural Competency: N*  
28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
Phone: (760) 742-9919  
Fax: (360) 462-2750  
After Hours Phone: (760) 742-9919  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
*Hours: M-F 8:00AM-5:00PM*

### **CLINIC OUTPATIENT**

#### **NEIGHBORHOOD**

#### **HEALTHCARE,**

*Provider ID: 519918*  
*NPI: 1437335148*  
Provider English Spoken: Y  
*Cultural Competency: N*  
28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
Phone: (760) 742-9919  
Fax: (360) 462-2750

After Hours Phone: (760) 742-9919  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

*Hours: M-F 8:00AM-5:00PM*

### **FAMILY PRACTICE**

#### **AYON MARTINEZ, CARLOS**

*Provider ID: 519918*  
*Provider Gender: Male*



## D2. 初級保健名錄

License Number: A114419

NPI: 1154583128

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **AYON MARTINEZ, CARLOS**

Provider ID: 519918

Provider Gender: Male

License Number: A114419

NPI: 1154583128

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

### FAMILY PRACTICE

#### **CASTANER, ZALYA**

Provider ID: 519918

Provider Gender: Female

License Number: A139490

NPI: 1487072179

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9912

After Hours Phone: (760)  
742-9912

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### FAMILY PRACTICE

#### **CASTANER, ZALYA**

Provider ID: 519918

Provider Gender: Female

License Number: A139490

NPI: 1487072179

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9912

After Hours Phone: (760)  
742-9912

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### FAMILY PRACTICE

#### **SCHULTZ, JAMES**

Provider ID: 519918

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Greek,  
Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

PALOMAR MEDICAL CENTER

Board Certified Specialty: No

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER



## D2. 初級保健名錄

### **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

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Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PEDIATRICS**

#### **CRAYCHEE, LEO**

Provider ID: 71887

Provider Gender: Male

NPI: 1265432710

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

28714 VALLEY CENTER RD  
STE L

VALLEY CENTER, CA 92082

Phone: (760) 749-7770

Fax: (760) 751-9988

After Hours Phone: (760)  
749-7770

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **AGUEY, OMAR**

Provider ID: 519918

Provider Gender: Male

License Number: PA18708

NPI: 1851479372

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

After Hours Phone: (760)  
742-9919


Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):



## D2. 初級保健名錄

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*


### **PHYSICIANS ASSISTANT**

#### **AGUEY, OMAR**


*Provider ID: 519918*  
*Provider Gender: Male*  
*License Number: PA18708*  
*NPI: 1851479372*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
 *Phone: (760) 742-9919*  
 *After Hours Phone: (760) 742-9919*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*



## VISTA

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HALGEDAHL, YI**

*Provider ID: 400339*  
*Provider Gender: Female*  
*License Number: NP95006826*  
*NPI: 1619246907*


 *Provider English Spoken: Y*  
 *Provider Language(s)*

*Spoken: Mandarin*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 134 GRAPEVINE RD  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*  
 *Website: www.vistacommunityclinic.org*

*Email: credentialing@vcc.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*



*Hours: M 8:00AM-5:00PM*  
*TU 10:30AM-7:30PM*  
*W-F 8:00AM-5:00PM*

### **CERTIFIED NURSE**




#### **PRACTITIONER**

#### **HALGEDAHL, YI**

*Provider ID: 400339*  
*Provider Gender: Female*  
*License Number: NP95006826*  
*NPI: 1619246907*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Mandarin*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*  
 *Website: www.vistacommunityclinic.org*

*Email: credentialing@vcc.org*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*


*Hours: M 8:00AM-5:00PM*  
*TU 10:30AM-7:30PM*  
*W-F 8:00AM-5:00PM*

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **SCHAEPE, RHODORA**

*Provider ID: 400339*  
*Provider Gender: Female*  
*License Number: RN410247*  
*NPI: 1700974789*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 134 GRAPEVINE RD  
VISTA, CA 92083  
 *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*


## D2. 初級保健名錄

Provider Gender: Female  
License Number: NP7791  
NPI: 1700974789  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

### **CERTIFIED NURSE PRACTITIONER**






#### **SCHAEPE, RHODORA**


Provider ID: 400339  
Provider Gender: Female  
License Number: RN410247  
NPI: 1700974789  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
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 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

### **CERTIFIED NURSE PRACTITIONER**






#### **SCHAEPE, RHODORA**


Provider ID: 400339  
Provider Gender: Female  
License Number: NP7791  
NPI: 1700974789  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
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 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

### **CERTIFIED NURSE PRACTITIONER**

#### **WILLIAMS, JINA**

Provider ID: 400339  
Provider Gender: Female  
License Number: NP95020624  
NPI: 1225500259  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


### **CERTIFIED NURSE PRACTITIONER**

#### **WILLIAMS, JINA**

Provider ID: 400339  
Provider Gender: Female  
License Number: NP95020624  
NPI: 1225500259  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
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 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

## D2. 初級保健名錄

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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **CHIROPRACTOR**


**JU, NATHANIEL**


Provider ID: 400339

Provider Gender: Male

License Number: DC32054


NPI: 1972883882


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **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](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM


### **FQHC**


**VCC DURIAN,**

Provider ID: 411518


NPI: 1851300123


 Provider English Spoken: Y  
Cultural Competency: N

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (844) 308-5003

Fax: (760) 414-3892


 After Hours Phone: (844)  
308-5003

 Website: [www.vistacommunityclinic.org](http://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**



## D2. 初級保健名錄

### **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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

### **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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Male

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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **GENERAL PRACTICE**

#### **RONAN, KEVIN**

Provider ID: 400339

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](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### **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



## D2. 初級保健名錄

Fax: (760) 439-4841

☎ After Hours Phone: (760) 439-4839

🌐 Website: N/A

Email:

RAMINAMANIMD@GMAIL.COM

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-TU 9:00AM-4:00PM

W 9:00AM-0:00PM

TH-F 9:00AM-4:00PM

### PEDIATRICS

#### **AMBO, STANLEY**

Provider ID: 52269

Provider Gender: Male

NPI: 1891735676

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

📍 2067 W VISTA WAY STE 180  
VISTA, CA 92083

☎ Phone: (760) 945-3434

Fax: (760) 945-6761

☎ After Hours Phone: (760) 945-3434

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

### **PROVIDER**

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **ASSELIN, LYNETTE**

Provider ID: 65507

Provider Gender: Female

NPI: 1053484568

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No

📍 2067 W VISTA WAY STE 280  
VISTA, CA 92083

☎ Phone: (760) 941-3630

Fax: (760) 941-1214

☎ After Hours Phone: (760) 941-3630

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-6:00PM

SA 9:00AM-1:00PM

### PEDIATRICS

#### **BEDROSIAN, DIANE**

Provider ID: 80272

Provider Gender: Female

NPI: 1447323951

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

### **MEDICAL CTR**

Board Certified Specialty: No

📍 2067 W VISTA WAY STE 280  
VISTA, CA 92083

☎ Phone: (760) 941-3630

Fax: (760) 941-1214

☎ After Hours Phone: (760) 941-3630

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-6:00PM

SA 9:00AM-1:00PM

### PEDIATRICS

#### **CASTRO, JORGE**

Provider ID: 100779

Provider Gender: Male

NPI: 1326082868

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

📍 2067 W VISTA WAY STE 180  
VISTA, CA 92083

☎ Phone: (760) 945-3434

Fax: (760) 945-6761

☎ After Hours Phone: (760) 945-3434

🌐 Website: N/A


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):






## D2. 初級保健名錄

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.vistacommu  
nityclinic.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **HARTFORD, NICOLE**

*Provider ID: 411518*  
*Provider Gender: Female*  
*License Number: 20A14390*  
*NPI: 1346530466*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 105 DURIAN ST STE A  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommu  
nityclinic.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*




*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **KARP, MICHAEL**

*Provider ID: 95672*  
*Provider Gender: Male*  
*NPI: 1295808632*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY  
MEDICAL CTR*  
*Board Certified Specialty: No*  
 2067 W VISTA WAY STE 280  
VISTA, CA 92083  
 *Phone: (760) 941-3630*  
*Fax: (760) 941-1214*

 *After Hours Phone: (760) 941-3630*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-6:00PM  
SA 9:00AM-1:00PM*

### **PEDIATRICS**

#### **KRAK, MICHAEL**

*Provider ID: 23455*  
*Provider Gender: Male*  
*NPI: 1003989419*  
 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL*

*ENCINITAS, TRI CITY MEDICAL  
CTR*

*Board Certified Specialty: Yes*

 2067 W VISTA WAY STE 280  
VISTA, CA 92083

 *Phone: (760) 941-3630*

*Fax: (760) 941-1214*

 *After Hours Phone: (760) 941-3630*


 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*






N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-6:00PM  
SA 9:00AM-1:00PM*

### **PEDIATRICS**

#### **LUSCHWITZ, BRIAN**

*Provider ID: 400339*  
*Provider Gender: Male*  
*License Number: A60517*  
*NPI: 1205868510*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY  
MEDICAL CTR*  
*Board Certified Specialty: No*  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*

## D2. 初級保健名錄

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

### PEDIATRICS


#### **LUSCHWITZ, BRIAN**

Provider ID: 400339

Provider Gender: Male

License Number: A60517

NPI: 1205868510

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760) 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM


### PEDIATRICS

#### **NAUDIN, VERONICA**

Provider ID: 84118

Provider Gender: Female

NPI: 1093755878

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

 2067 W VISTA WAY STE 180  
VISTA, CA 92083

 Phone: (760) 945-3434

Fax: (760) 945-6761

 After Hours Phone: (760) 945-3434

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM


### PEDIATRICS

#### **PERTL, URSULA**

Provider ID: 593894

Provider Gender: Female

NPI: 1609947464

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS


HOSPITAL SAN DIEGO,

CHILDRENS HOSP OF LOS

ANGELES

Board Certified Specialty: No

 2067 W VISTA WAY STE 180  
VISTA, CA 92083

 Phone: (760) 945-3434

Fax: (760) 945-6761

 After Hours Phone: (760) 945-3434

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: SU 10:00AM-2:00PM

M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

### PHYSICIANS ASSISTANT

#### **WEAVER, APRIL**

Provider ID: 400339

Provider Gender: Female

License Number: PA20775


NPI: 1063552800


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760) 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

## D2. 初級保健名錄

---

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 9:00AM-2:00PM

F 8:00AM-5:00PM

SA 8:00AM-4:00PM

### **PHYSICIANS ASSISTANT**


#### **WEAVER, APRIL**

Provider ID: 400339

Provider Gender: Female

License Number: PA20775


NPI: 1063552800


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 9:00AM-2:00PM

F 8:00AM-5:00PM

SA 8:00AM-4:00PM

## D3. 專業提供者目錄

### 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. 專業提供者目錄

 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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

☎ 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. 專業提供者目錄

Min/Max Age: 18\999

American Sign Language (ASL): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY PAIN MANAGEMENT**

##### **DAIRO, BRANDON**

Provider ID: 299879

Board Certified Specialty: No

 340 4TH AVE STE 19  
CHULA VISTA, CA 91910

 Phone: (619) 761-5308

Fax: (619) 591-1910

 After Hours Phone: (619)  
761-5308

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA


VISTA


Medi-Cal Open Panel: Y

Min/Max Age: 18\100

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CARDIOLOGY**


##### **MOHAMEDALI, BURHAN**

Provider ID: 245576


Board Certified Specialty: No

 765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911


 Phone: (619) 616-2100


Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1831393289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Swahili  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,

Adventist Health and Rideout  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

#### **CARDIOLOGY**


##### **NAGHI, JESSE**

Provider ID: 247625

Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 207

CHULA VISTA, CA 91911


 Phone: (619) 867-0557


Fax: (619) 867-0558

 After Hours Phone: (619)  
867-0557

Provider Gender: Male

NPI: 1386896736

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Bulgarian,  
Russian, Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL

HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL

HOSPITAL, ALVARADO  
HOSPITAL LLC, SHARP CHULA


VISTA MED CTR, SHARP  
CHULA VISTA MED CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CARDIOLOGY**


##### **ROUGH, STEVEN**

Provider ID: 302985

Board Certified Specialty: No

 754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

 Phone: (619) 434-4288

Fax: (619) 434-4315

 After Hours Phone: (619)  
434-4288

Provider Gender: Male

NPI: 1386821460

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP





## D3. 專業提供者目錄

CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
ALVARADO HOSP MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **CARDIOLOGY**


#### **ROUGH, STEVEN**

Provider ID: 298442


Board Certified Specialty: No

 754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

 Phone: (619) 434-4288

Fax: (619) 434-4315

 After Hours Phone: (619)  
434-4288

Provider Gender: Male

NPI: 1386821460

 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: 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

### D3. 專業提供者目錄

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


#### **CARDIOLOGY**

##### **YAU, STEPHEN**


Provider ID: 296946

Board Certified Specialty: No

 450 4TH AVE STE 215  
CHULA VISTA, CA 91910

 Phone: (619) 434-0204

Fax: (619) 337-0191

 After Hours Phone: (619)  
434-0204

Provider Gender: Male

NPI: 1689037376

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A

#### **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. 專業提供者目錄

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **CERTIFIED ACUPUNCTURIST** **WILCOX, WENONAH**

Provider ID: 290591  
Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
Fax: (619) 425-1184  
 After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1598037178

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

### **CERTIFIED NURSE**

### **PRACTITIONER** **BRAYTENBAH, MELANIE**


Provider ID: 262342  
Board Certified Specialty: No  
 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
 Phone: (619) 421-3361  
Fax: (619) 869-4378  
 After Hours Phone: (619)  
421-3361

Provider Gender: Female  
NPI: 1508370875

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

### **CERTIFIED NURSE**


### **PRACTITIONER**

### **BRAYTENBAH, MELANIE**

Provider ID: 295830  
Board Certified Specialty: No  
 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
 Phone: (619) 421-3361  
Fax: (619) 869-4378


 After Hours Phone: (619)  
421-3361


Provider Gender: Female  
NPI: 1508370875

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM


 Website: N/A


### **CERTIFIED NURSE**

### **PRACTITIONER**

### **BRAYTENBAH, MELANIE**


Provider ID: 268746

Board Certified Specialty: No  
 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911

 Phone: (619) 421-3361  
Fax: (619) 869-4378


 After Hours Phone: (619)  
421-3361

Provider Gender: Female  
NPI: 1508370875

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM


 Website: N/A

### **CERTIFIED NURSE**


### **PRACTITIONER**

### **CARAPIA, FABIOLA**

Provider ID: 54496  
Board Certified Specialty: No  
 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
 Phone: (619) 427-1144  
Fax: (619) 427-1185

 After Hours Phone: (619)  
427-1144



Provider Gender: Female  
NPI: 1184905994

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### D3. 專業提供者目錄


 *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. 專業提供者目錄

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. 專業提供者目錄

*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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **FAMILY PRACTICE**

##### **VELASQUEZ, SHARON**

*Provider ID: 299164*

*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910


 *Phone: (619) 662-4100*

*Fax: (619) 425-1184*

 *After Hours Phone: (619)  
662-4100*

*Provider Gender: Female*

*NPI: 1972732584*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA*


*Medi-Cal Open Panel: Y*


*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM*

 *Website: N/A*

#### **GASTROENTEROLOGY**


##### **NOVO, MEGAN**

*Provider ID: 296068*


*Board Certified Specialty: No*

 296 H ST STE 301

CHULA VISTA, CA 91910

 *Phone: (619) 266-3332*

*Fax: (619) 266-6000*

 *After Hours Phone: (619)  
266-3332*

*Provider Gender: Female*

*NPI: 1770961971*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, UNIVERSITY OF  
CALIFORNIA IRVINE MED CTR,  
PARADISE VALLEY HOSPITAL,  
TRI CITY MEDICAL CTR,  
SCRIPPS MEMORIAL*

*HOSPITAL ENCINITAS,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL*


*CHULA VISTA*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 18\999*

*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


#### **GASTROENTEROLOGY**

##### **WIENER, GREGORY**

*Provider ID: 257480*

*Board Certified Specialty: Yes*

 353 CHURCH AVE STE A  
CHULA VISTA, CA 91910

 *Phone: (619) 585-8883*

*Fax: (619) 585-8892*


 *After Hours Phone: (619)*

*585-8883*

*Provider Gender: Male*

*NPI: 1811099534*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: French, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL*

*HOSPITAL, SCRIPPS MERCY*

*HOSPITAL, SHARP CHULA*

*VISTA MED CTR, SCRIPPS*

*MERCY HOSPITAL CHULA*

*VISTA*


*Medi-Cal Open Panel: Y*


*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH  
8:30AM-4:30PM  
F 8:30AM-3:00PM*

 *Website: N/A*


#### **GENERAL PRACTICE**

##### **SAMI, REMAN**

*Provider ID: 295214*

*Board Certified Specialty: No*

 678 3RD AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*

*Fax: (619) 425-1184*

 *After Hours Phone: (619)  
662-4100*

*Provider Gender: Female*

*NPI: 1295362242*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*



### D3. 專業提供者目錄


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **HEARING AID DEALER / SUPPLIER**

**ANDERSON, ELAINE**


Provider ID: 268688

Board Certified Specialty: No

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910

 Phone: (619) 426-0841

Fax: (619) 426-9197

 After Hours Phone: (619)  
426-0841

Provider Gender: Female

NPI: 1063558856

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **HEARING AID DEALER / SUPPLIER**

**DAVIS, KELLE**


Provider ID: 268651

Board Certified Specialty: No

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910

 Phone: (619) 426-0841

Fax: (619) 426-9197

 After Hours Phone: (619)  
426-0841

Provider Gender: Female

NPI: 1902853344

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A


#### **HEMATOLOGY / ONCOLOGY**

**ITURBE-ALESSIO, IGNACIO**

Provider ID: 297145

Board Certified Specialty: No

 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911

 Phone: (619) 745-1031

Fax: (619) 745-1032

 After Hours Phone: (619)  
745-1031

Provider Gender: Male

NPI: 1972513695

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY

HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **HEMATOLOGY / ONCOLOGY**

**ITURBE-ALESSIO, IGNACIO**

Provider ID: 295662

Board Certified Specialty: No

 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911


 Phone: (619) 745-1031

Fax: (619) 745-1032

 After Hours Phone: (619)  
745-1031

Provider Gender: Male

NPI: 1972513695

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY

HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **HEMATOLOGY / ONCOLOGY**




**JOHNSON, KENNETH**

Provider ID: 262288

Board Certified Specialty: No




### D3. 專業提供者目錄

 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. 專業提供者目錄


 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. 專業提供者目錄

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. 專業提供者目錄

 *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. 專業提供者目錄

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. 專業提供者目錄

### 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: 65646

Board Certified Specialty: No

752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)  
421-3361

Provider Gender: Male

NPI: 1043318199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

### NEPHROLOGY

#### **VIDEEN, JOHN**








Provider ID: 290110

Board Certified Specialty: No

752 MEDICAL CENTER CT  
STE 302






CHULA VISTA, CA 91911

### D3. 專業提供者目錄

 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: 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**

##### **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. 專業提供者目錄

### **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: 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**

#### **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**

#### **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

### D3. 專業提供者目錄


 SA 8:00AM-5:00PM  
 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**


##### **SHORT, ABIADÉ**

Provider ID: 290872

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910


 Phone: (619) 662-4100


Fax: (619) 425-6941

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1750559589

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY

HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-8:00PM

SA 8:00AM-4:00PM

 Website: N/A

#### **OCCUPATIONAL THERAPIST**

##### **MORRIS, SHEILA**


Provider ID: 268926

Board Certified Specialty: No

 1020 TIERRA DEL REY STE

A-1

CHULA VISTA, CA 91910


 Phone: (619) 585-7104

Fax: (619) 585-7106

 After Hours Phone: (619)  
585-7104

Provider Gender: Female

NPI: 1689039877

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

7:00AM-6:00PM

SA 7:00AM-2:00PM

 Website: N/A

#### **ONCOLOGY MEDICAL**

##### **SONG, SEUNG-YIL**


Provider ID: 290500


Board Certified Specialty: No

 750 MEDICAL CENTER CT

STE 9

CHULA VISTA, CA 91911


 Phone: (858) 571-2811

 After Hours Phone: (858)  
571-2811

Provider Gender: Male

NPI: 1578677860

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Korean, Russian,

Spanish, Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

9:00AM-5:00PM

 Website: N/A

#### **OPHTHALMOLOGY**

##### **BRYANT, DUANE**

Provider ID: 244753



### D3. 專業提供者目錄

Board Certified Specialty: No

342 F ST  
CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-0450

After Hours Phone: (619)  
422-1471

Provider Gender: Male

NPI: 1023117124

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 13\130

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W 8:00AM-5:00PM  
TH-F 7:00AM-5:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **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




### D3. 專業提供者目錄

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A



#### **OPTOMETRIST**






##### **KOO, ANITA**

Provider ID: 304537  
Board Certified Specialty: No  
 835 THIRD AVE STE A  
CHULA VISTA, CA 91911  
 Phone: (619) 425-7755  
Fax: (619) 425-2138  
 After Hours Phone: (619)  
425-7755  
Provider Gender: Female  
NPI: 1669825667  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OPTOMETRIST**








##### **MASCARENO, EFRAIN**

Provider ID: 268679  
Board Certified Specialty: No  
 2260 OTAY LAKES RD STE  
111  
CHULA VISTA, CA 91915  
 Phone: (619) 421-5550

Fax: (866) 254-5707  
 After Hours Phone: (619)  
421-5550  
Provider Gender: Male  
NPI: 1457507279  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-6:00PM  
 Website: N/A






#### **OPTOMETRIST**

##### **MASCARENO, EFRAIN**

Provider ID: 262228  
Board Certified Specialty: No  
 2260 OTAY LAKES RD STE  
111  
CHULA VISTA, CA 91915  
 Phone: (619) 421-5550  
Fax: (866) 254-5707  
 After Hours Phone: (619)  
421-5550  
Provider Gender: Male  
NPI: 1457507279  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-6:00PM  
 Website: N/A




#### **OPTOMETRIST**

##### **MASCARENO, EFRAIN**




Provider ID: 268680  
Board Certified Specialty: No  
 440 4TH AVE STE 9  
CHULA VISTA, CA 91910  
 Phone: (619) 427-2020  
Fax: (866) 254-5707  
 After Hours Phone: (619)  
427-2020  
Provider Gender: Male  
NPI: 1457507279  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-6:00PM  
 Website: N/A

#### **OPTOMETRIST**

##### **MASCARENO, EFRAIN**

Provider ID: 262229  
Board Certified Specialty: No  
 440 4TH AVE STE 9  
CHULA VISTA, CA 91910  
 Phone: (619) 427-2020  
Fax: (866) 254-5707  
 After Hours Phone: (619)  
427-2020  
Provider Gender: Male  
NPI: 1457507279  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N



### D3. 專業提供者目錄

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
9:00AM-6:00PM  
 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**



##### **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**

##### **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


### D3. 專業提供者目錄

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1134144454

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPTOMETRIST**

##### **TRAN, JESSICA**

Provider ID: 304888

Board Certified Specialty: No

 340 FOURTH AVESTE 19  
CHULA VISTA, CA 91910

 Phone: (619) 761-5308

Fax: (619) 591-1910

 After Hours Phone: (619)  
761-5308

Provider Gender: Female


NPI: 1457922957

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**


##### **MCCALLION, PATRICK**

Provider ID: 290541

Board Certified Specialty: No

 765 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911


 Phone: (619) 482-0565


Fax: (619) 482-2775

 After Hours Phone: (619)  
482-0565

Provider Gender: Male

NPI: 1134144454

 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

### D3. 專業提供者目錄

Board Certified Specialty: No

📍 386 E H ST STE 202  
CHULA VISTA, CA 91910

☎ Phone: (858) 966-1720

Fax: (858) 966-1725

🕒 After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1285014498

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

🌐 Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **DEVERA, GEMMIE**

Provider ID: N/A

Board Certified Specialty: No

📍 386 E H ST STE 202  
CHULA VISTA, CA 91910

☎ Phone: (858) 966-1720

🕒 After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1366622078

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **GROSS, MATTHEW**

Provider ID: 297176

Board Certified Specialty: No

📍 386 E H ST STE 202  
CHULA VISTA, CA 91910

☎ Phone: (858) 966-1720

Fax: (858) 966-1725  
🕒 After Hours Phone: (858)  
966-1720

Provider Gender: Male

NPI: 1942223664

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

🌐 Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **MENDES, CHANTAL**

Provider ID: 295669

Board Certified Specialty: No

📍 386 E H ST STE 202  
CHULA VISTA, CA 91910

☎ Phone: (858) 966-1720

Fax: (858) 966-1725

🕒 After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1134681265

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

🌐 Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**

#### **MINKA, GENEVIEVE**

Provider ID: 289468

Board Certified Specialty: No

📍 386 E H ST STE 202  
CHULA VISTA, CA 91910

☎ Phone: (858) 966-1720

Fax: (858) 966-1725

🕒 After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1689646689

🗣 Provider English Spoken: Y




🗣 Provider Language(s)  
Spoken: French



### D3. 專業提供者目錄




Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **OZAKI, YOSHIHIRO**




Provider ID: 241923  
Board Certified Specialty: No  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 Phone: (858) 966-1720  
Fax: (858) 966-1725  
 After Hours Phone: (858)  
966-1720

Provider Gender: Male  
NPI: 1467898239

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Japanese


Cultural Competency: N  
Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**




##### **TYGART, MELISSA**

Provider ID: 294098  
Board Certified Specialty: No  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 Phone: (858) 966-1720  
Fax: (858) 966-1725

 After Hours Phone: (858)  
966-1720  
Provider Gender: Female  
NPI: 1336602507

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: N  
Min/Max Age: 0\19

American Sign Language (ASL):  
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



## D3. 專業提供者目錄


### CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PHYSICIANS ASSISTANT

#### BEITTER, KEERSTIN

Provider ID: 300093

Board Certified Specialty: No

 340 4TH AVE STE 19  
CHULA VISTA, CA 91910

 Phone: (619) 761-5308

Fax: (619) 591-1910

 After Hours Phone: (619)  
761-5308

Provider Gender: Female

NPI: 1477129302

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PHYSICIANS ASSISTANT

#### DOUGHERTY, CLARA


Provider ID: 301592

Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911


 Phone: (619) 397-4500

Fax: (858) 429-7931

 After Hours Phone: (619)  
397-4500

Provider Gender: Female

NPI: 1609987619

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL


ENCINITAS, SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PHYSICIANS ASSISTANT

#### GI, HUNG


Provider ID: 302126

Board Certified Specialty: No

 280 E ST  
CHULA VISTA, CA 91910


 Phone: (619) 662-4100


Fax: (619) 662-4196

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1023207404

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, French,  
Spanish


Cultural Competency: N

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PHYSICIANS ASSISTANT

#### GUTH, CARA

Provider ID: 299110

Board Certified Specialty: No

 480 4TH AVE STE 501  
CHULA VISTA, CA 91910

 Phone: (619) 425-9510

Fax: (619) 425-0539

 After Hours Phone: (619)  
425-9510

Provider Gender: Female

NPI: 1992177182


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 21\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

### PHYSICIANS ASSISTANT

#### VARGAS, CHRISTOPHER

Provider ID: 295945

Board Certified Specialty: No

### D3. 專業提供者目錄

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

##### **VARGAS, CHRISTOPHER**

Provider ID: 268744

Board Certified Specialty: No

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

Phone: (619) 600-5309

Fax: (619) 655-4700

After Hours Phone: (619)  
600-5309

Provider Gender: Male

NPI: 1922505775

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### PHYSICIANS ASSISTANT

##### **WRIGHT, DEREK**

Provider ID: 302389

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: 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

### D3. 專業提供者目錄

VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

9:00AM-4:30PM

 Website: N/A


#### **PODIATRIST**

##### **READ, TRENTON**

Provider ID: 296655

Board Certified Specialty: No

 855 3RD AVE STE 1100  
CHULA VISTA, CA 91911


 Phone: (619) 631-4033

Fax: (619) 880-5057

 After Hours Phone: (619)  
631-4033

Provider Gender: Male

NPI: 1952963431

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

9:00AM-5:00PM


 Website: N/A

#### **PSYCHOLOGIST**


##### **BAYLON, ALDO**

Provider ID: 290243


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (619) 425-6941

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1649429150

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-8:00PM

SA 8:00AM-4:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **CELAYA, PATRICIA**

Provider ID: 294875

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1952656902

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-8:00PM

SA 8:00AM-4:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **GALLO, LINDA**

Provider ID: 296782

Board Certified Specialty: No

 780 BAY BLVD STE 200  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 240-7852

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1427773621

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **GOULD, HILARY**

Provider ID: 290467

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 271-0260

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1104297696

 Provider English Spoken: Y

### D3. 專業提供者目錄


*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 10:00AM-4:00PM*  
*M-F 8:30AM-5:30PM*  
*SA 8:00AM-2:30PM*  
 *Website: N/A*

#### **PSYCHOLOGIST**

##### **WIJAYARATNE, IMANIE**


*Provider ID: 290092*  
*Board Certified Specialty: No*  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 271-0260*  
 *After Hours Phone: (619)*  
*662-4100*

*Provider Gender: Male*  
*NPI: 1932358355*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*

#### **RADIATION ONCOLOGY**


##### **CARMONA, RUBEN**

*Provider ID: 303101*  
*Board Certified Specialty: No*  
 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

 *Phone: (858) 939-5010*  
*Fax: (619) 740-8499*

 *After Hours Phone: (858)*  
*939-5010*


*Provider Gender: Male*  
*NPI: 1275929242*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR, Sharp*  
*Grossmont Hospital, SHARP*  
*MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*



 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*



#### **RADIATION ONCOLOGY**

##### **COLEMAN, LORI**

*Provider ID: 206393*  
*Board Certified Specialty: No*  
 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
 *Phone: (619) 502-5851*  
*Fax: (619) 502-5865*

 *After Hours Phone: (619)*  
*502-5851*


*Provider Gender: Female*  
*NPI: 1053348920*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR,*  
*SHARP MEMORIAL HOSPITAL,*  
*GROSSMONT HOSPITAL,*

*PALOMAR MEDICAL CENTER,*  
*Sharp Grossmont Hospital*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 19\100*  
*American Sign Language (ASL):*  
*N*




 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*



 *Website: N/A*

#### **RADIATION ONCOLOGY**

##### **VOLPP, PAUL**

*Provider ID: 221102*  
*Board Certified Specialty: No*  
 769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
 *Phone: (619) 502-5851*  
*Fax: (619) 502-5865*  
 *After Hours Phone: (619)*  
*502-5851*


*Provider Gender: Male*  
*NPI: 1225186232*


 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL, SHARP*  
*CHULA VISTA MED CTR,*  
*GROSSMONT HOSPITAL,*  
*PALOMAR MEDICAL CENTER*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 19\100*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*



### D3. 專業提供者目錄

#### **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: 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**

##### **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**

##### **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. 專業提供者目錄

*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: 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**









##### **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**

##### **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. 專業提供者目錄

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: 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**  
**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**  
**NGUYEN, TIA**  
Provider ID: 305014  
Board Certified Specialty: No  
 1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
Fax: (619) 482-3001  
 After Hours Phone: (619)  
482-3000  
Provider Gender: Female  
NPI: 1457136269  
 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-4:00PM  
 Website: N/A

**REGISTERED PHYSICAL  
THERAPIST**  
**NGUYEN, TIA**  
Provider ID: 305013  
Board Certified Specialty: No  
 1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
Fax: (619) 482-3001  
 After Hours Phone: (619)  
482-3000  
Provider Gender: Female  
NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
7:00AM-7:00PM  
F 7:00AM-4:00PM  
 Website: N/A

**REGISTERED PHYSICAL  
THERAPIST**  
**NOVENCIDO, ANDREW**  
Provider ID: 301994

### D3. 專業提供者目錄

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. 專業提供者目錄

American Sign Language (ASL):  Phone: (619) 623-3000  
N  Fax: (619) 623-3001

 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

 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. 專業提供者目錄

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. 專業提供者目錄


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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄


#### MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### SURGERY ORTHOPEDIC

##### **PALLIA, CHRISTOPHER**

Provider ID: 302102

Board Certified Specialty: Yes

 230 PROSPECT PL STE 230  
CORONADO, CA 92118


 Phone: (619) 435-7282

Fax: (619) 435-3723

 After Hours Phone: (619)  
435-7282

Provider Gender: Male

NPI: 1497751457

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS


MEMORIAL HOSPITAL, SHARP


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


Email: INFO@PALLIAMD.COM


#### UROLOGY

##### **SALMASI, AMIRALI**

Provider ID: 302911


Board Certified Specialty: No  
 230 PROSPECT PL STE 210  
CORONADO, CA 92118

 Phone: (619) 299-0670

 After Hours Phone: (619)  
299-0670

Provider Gender: Male

NPI: 1609187962

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON,


GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### EL CAJON


#### CARDIOLOGY


##### **SHEREV, DIMITRI**

Provider ID: 302988

Board Certified Specialty: No


 1380 EL CAJON BLVD  
EL CAJON, CA 92020


 Phone: (619) 867-0557

 After Hours Phone: (619)  
867-0557

Provider Gender: Male

NPI: 1154323996

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Bulgarian, Russian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL,

ALVARADO COMMUNITY

HOSPITAL, SHARP MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

ALVARADO HOSPITAL LLC,

SHARP CHULA VISTA MED

CTR, SHARP CHULA VISTA

MED CTR, TRI CITY MEDICAL

CTR, SCRIPPS MERCY

HOSPITAL CHULA VISTA, Sharp

Grossmont Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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: 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**

##### **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**

##### **GONZALEZ, JOSE**

### D3. 專業提供者目錄

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: 302915



### D3. 專業提供者目錄

Board Certified Specialty: No

292 AVOCADO AVE  
EL CAJON, CA 92020

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619)  
267-8303

Provider Gender: Male

NPI: 1659344513

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: NAVAL  
MEDICAL CTR SD RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

#### DERMATOLOGY

##### **UEBELHOER, NATHAN**

Provider ID: 125012

Board Certified Specialty: No

292 AVOCADO AVE  
EL CAJON, CA 92020

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619)  
267-8303

Provider Gender: Male

NPI: 1659344513

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: NAVAL  
MEDICAL CTR SD RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

#### FAMILY PRACTICE

##### **ALGHAMDI, ASMA**

Provider ID: 300231

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1316310840

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

#### FAMILY PRACTICE

##### **RONQUILLO, KAREN AN**

Provider ID: 304781

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619)  
440-2751

Provider Gender: Female

NPI: 1275160012

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### GASTROENTEROLOGY

##### **NOVO, MEGAN**

Provider ID: 296067

Board Certified Specialty: No

2732 NAVAJO RD STE 200  
EL CAJON, CA 92020

Phone: (619) 266-3332

Fax: (619) 266-6000

After Hours Phone: (619)  
266-3332

Provider Gender: Female

NPI: 1770961971

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, UNIVERSITY OF

CALIFORNIA IRVINE MED CTR,  
PARADISE VALLEY HOSPITAL,

TRI CITY MEDICAL CTR,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA



### D3. 專業提供者目錄


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE**


Provider ID: 268692

Board Certified Specialty: No

 1767 E MAIN ST  
EL CAJON, CA 92021

 Phone: (619) 440-6516

Fax: (619) 440-6547

 After Hours Phone: (619)  
440-6516

Provider Gender: Female

NPI: 1063558856

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### HEARING AID DEALER / SUPPLIER

**DAVIS, KELLE**

Provider ID: 268650

Board Certified Specialty: No

 1767 E MAIN ST  
EL CAJON, CA 92021

 Phone: (619) 440-6516

Fax: (619) 440-6547

 After Hours Phone: (619)  
440-6516

Provider Gender: Female

NPI: 1902853344

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE

**AWDISHO, ALAN**

Provider ID: 291282

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1164795498

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE

**MANSOUR, DAVID**

Provider ID: 291543

Board Certified Specialty: No

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 440-2751

Fax: (360) 462-2746

 After Hours Phone: (619)  
440-2751

Provider Gender: Male

NPI: 1689164949

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 14\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE

**MAY, LOUIS**


Provider ID: 294916

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100




Provider Gender: Male

NPI: 1720497514

 Provider English Spoken: Y









 Provider Language(s)

### D3. 專業提供者目錄

*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. 專業提供者目錄

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. 專業提供者目錄

### 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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

 *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. 專業提供者目錄

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. 專業提供者目錄

EISENHOWER MEDICAL CTR N  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**




##### **HULL, ANDREW**

Provider ID: 209483  
Board Certified Specialty: No  
 781 GARDEN VIEW CT STE  
200  
ENCINITAS, CA 92024  
 Phone: (858) 657-7200  
 After Hours Phone: (858)  
657-7200  
Provider Gender: Male  
NPI: 1902862121  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **MATERNAL AND FETAL MEDICINE**

##### **LAURENT, LOUISE**

Provider ID: 208641  
Board Certified Specialty: No  
 781 GARDEN VIEW CT STE  
200  
ENCINITAS, CA 92024  
 Phone: (858) 657-7200  
 After Hours Phone: (858)  
657-7200  
Provider Gender: Female  
NPI: 1770532707  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A





#### **MATERNAL AND FETAL MEDICINE**

##### **MOORE, THOMAS**

Provider ID: 208645  
Board Certified Specialty: No  
 781 GARDEN VIEW CT STE  
200  
ENCINITAS, CA 92024  
 Phone: (858) 657-7200  
 After Hours Phone: (858)  
657-7200  
Provider Gender: Male  
NPI: 1184682379  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **RICHARDSON, ALVIE**

Provider ID: 277315  
Board Certified Specialty: No  
 477 N EL CAMINO REAL  
BLDG D STE 302  
ENCINITAS, CA 92024  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
Provider Gender: Male  
NPI: 1154305977  
 Provider English Spoken: Y  
Cultural Competency: N



### D3. 專業提供者目錄


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. 專業提供者目錄

 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. 專業提供者目錄

☎ 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. 專業提供者目錄

#### **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: 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: 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. 專業提供者目錄

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):  Website: N/A

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. 專業提供者目錄

CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: 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. 專業提供者目錄

**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. 專業提供者目錄

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

📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
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. 專業提供者目錄



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. 專業提供者目錄

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. 專業提供者目錄

### **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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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: 300090  
Board Certified Specialty: No  
📍 1955 CITRACADO PKWY STE 203 ESCONDIDO, CA 92029  
☎ Phone: (760) 738-5533  
☎ Fax: (760) 738-3835  
🕒 After Hours Phone: (760) 738-5533  
Provider Gender: Male  
NPI: 1689092470  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **ANESTHESIOLOGY PAIN MANAGEMENT**

##### **DAIRO, BRANDON**

Provider ID: 299881  
Board Certified Specialty: No

## D3. 專業提供者目錄

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

#### **ROBINSON, COLE**

Provider ID: 300171

Board Certified Specialty: No

160 N DATE ST  
ESCONDIDO, CA 92025

Phone: (888) 873-6220

Fax: (888) 873-6220

After Hours Phone: (888)  
873-6220

Provider Gender: Male

NPI: 1871799528

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 21\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
7:00AM-4:00PM  
SA 7:00AM-4:00PM

Website: N/A

### CARDIOLOGY

#### **BAYAT, HAMED**

Provider ID: 296842

Board Certified Specialty: No

2130 CITRACADO PKWYSTE  
220

ESCONDIDO, CA 92029

Phone: (760) 743-0546

Fax: (760) 743-8837

After Hours Phone: (760)  
743-0546

Provider Gender: Male

NPI: 1356344196

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### CARDIOLOGY

#### **BAYAT, HAMED**

Provider ID: 296843

Board Certified Specialty: No

2130 CITRACADO PKWYSTE  
220

ESCONDIDO, CA 92029

Phone: (760) 743-0546

Fax: (760) 743-8837

After Hours Phone: (760)  
743-0546

Provider Gender: Male

NPI: 1356344196

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### CARDIOLOGY

#### **CHEN, ANDREW**

Provider ID: 296830

Board Certified Specialty: No

2130 CITRACADO PKWYSTE  
220

ESCONDIDO, CA 92029

Phone: (760) 743-4789

Fax: (760) 743-8005

After Hours Phone: (760)  
743-4789

Provider Gender: Male

NPI: 1134357007

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, PALOMAR  
HEALTH, PALOMAR MEDICAL



### D3. 專業提供者目錄

#### 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. 專業提供者目錄

### **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. 專業提供者目錄

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. 專業提供者目錄

 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. 專業提供者目錄

☎ After Hours Phone: (760)  
743-1431

Provider Gender: Female

NPI: 1083069611

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **FAMILY PRACTICE**

##### **ORTIZ, KENNETH**

Provider ID: 301799

Board Certified Specialty: No

📍 704 E GRAND AVE  
ESCONDIDO, CA 92025

☎ Phone: (619) 662-4100

Fax: (619) 662-4196

☎ After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1356761571

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **CHELIMILLA, HARITHA**

Provider ID: 269204

Board Certified Specialty: No

📍 735 E OHIO AVE STE 204  
ESCONDIDO, CA 92025

☎ Phone: (760) 294-7600

Fax: (760) 294-7603

☎ After Hours Phone: (760)  
294-7600

Provider Gender: Female

NPI: 1528235892

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Hindi, Telugu

Cultural Competency: N

Hospital Affiliation: Hemet

Global Medical Center,

PALOMAR MEDICAL CENTER,

KINDRED HOSPITAL

RIVERSIDE, KINDRED

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **GARA, NAVEEN**

Provider ID: 269145

Board Certified Specialty: No

📍 661 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 690-2800

Fax: (760) 690-2801

☎ After Hours Phone: (760)  
690-2800

Provider Gender: Male

NPI: 1942406533

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Hindi, Telugu

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, PALOMAR

MEDICAL CENTER, PALOMAR

HEALTH

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **HEARING AID DEALER / SUPPLIER**

##### **ANDERSON, ELAINE**

Provider ID: 268690

Board Certified Specialty: No

📍 330 W FELICITA AVE STE  
A4

ESCONDIDO, CA 92025

☎ Phone: (760) 489-1323

Fax: (760) 489-0975

☎ After Hours Phone: (760)  
489-1323

Provider Gender: Female

NPI: 1063558856

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):



## D3. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

 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. 專業提供者目錄




 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: 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

### D3. 專業提供者目錄




*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: 277041*  
*Board Certified Specialty: No*  
 488 E VALLEY PKWY STE 400  
ESCONDIDO, CA 92025  
 *Phone: (760) 658-6101*  
*Fax: (760) 658-6106*  
 *After Hours Phone: (760) 658-6101*  
*Provider Gender: Male*  
*NPI: 1215170717*





 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR MEDICAL CENTER*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 9:00AM-4:30PM F 9:00AM-2:00PM*  
 *Website: N/A*

#### **OBSTETRICS / GYNECOLOGY**

**HINSHAW, PAUL**  
*Provider ID: 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** **HINSHAW, PAUL**

*Provider ID: 277040*  
*Board Certified Specialty: No*  
 1955 CITRACADO PKWY STE 302  
ESCONDIDO, CA 92029  
 *Phone: (760) 233-1896*  
 *After Hours Phone: (760) 233-1896*  
*Provider Gender: Male*  
*NPI: 1215170717*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR*

*MEDICAL CENTER*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 9:00AM-4:30PM F 9:00AM-2:00PM*  
 *Website: N/A*

#### **OBSTETRICS / GYNECOLOGY** **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. 專業提供者目錄

 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. 專業提供者目錄

 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. 專業提供者目錄

 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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

### 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. 專業提供者目錄

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. 專業提供者目錄


 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. 專業提供者目錄

#### **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. 專業提供者目錄

### **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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

*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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

### **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. 專業提供者目錄

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: 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




## D3. 專業提供者目錄

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

### CERTIFIED NURSE


#### PRACTITIONER

#### **KELLEHER, BRIDGET**

Provider ID: 299775

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028


 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

Provider Gender: Female

NPI: 1245695006

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR


Medi-Cal Open Panel: N


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

### CERTIFIED NURSE


#### PRACTITIONER

#### **STOJANOVSKA, JOVANA**

Provider ID: 301367

Board Certified Specialty: No

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4730

Fax: (760) 451-4700

 After Hours Phone: (760)  
451-4730

Provider Gender: Female

NPI: 1215638499

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### CERTIFIED NURSE


#### PRACTITIONER

#### **TAYLOR, CHRISTOPHER**


Provider ID: 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 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 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. 專業提供者目錄

☎ 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. 專業提供者目錄

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH

8:00AM-4:00PM

 Website: N/A


### **PHYSICIANS ASSISTANT**

#### **SERING, MALIA**

Provider ID: 297121

Board Certified Specialty: No

 1309 S MISSION RD STE A  
FALLBROOK, CA 92028

 Phone: (760) 757-7546

Fax: (760) 828-9138

 After Hours Phone: (760)  
757-7546

Provider Gender: Female

NPI: 1013198720


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


### **PHYSICIANS ASSISTANT**

#### **SERING, MALIA**

Provider ID: 269279

Board Certified Specialty: No

 1309 S MISSION RD STE A  
FALLBROOK, CA 92028

 Phone: (760) 757-7546

Fax: (760) 828-9138

 After Hours Phone: (760)  
757-7546

Provider Gender: Female

NPI: 1013198720

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


### **PODIATRIST**

#### **NEGRON, RICARDO**

Provider ID: 290469

Board Certified Specialty: No

 1309 S MISSION RD  
FALLBROOK, CA 92028



 Phone: (760) 690-5900

Fax: (360) 462-2745

 After Hours Phone: (760)  
690-5900

Provider Gender: Male

NPI: 1932548393

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Providence  
St Joseph Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

## HEMET


### **CERTIFIED NURSE PRACTITIONER**

#### **SHARTZER, ANNA**

Provider ID: 293202

Board Certified Specialty: No

 422 N SAN JACINTO ST  
HEMET, CA 92543

 Phone: (951) 652-8700


Fax: (888) 696-2590

 After Hours Phone: (951)  
652-8700

Provider Gender: Female

NPI: 1235807975

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

### **CERTIFIED NURSE PRACTITIONER**

#### **SHARTZER, ANNA**


Provider ID: 293203

Board Certified Specialty: No

 903 E DEVONSHIRE AVE  
STE D  
HEMET, CA 92543



 Phone: (951) 216-6100



Fax: (951) 765-3075

 After Hours Phone: (951)

## D3. 專業提供者目錄

216-6100  
Provider Gender: Female  
NPI: 1235807975

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
9:00AM-5:00PM  
 Website: N/A

### PHYSICIANS ASSISTANT

#### **SMITH, KELLI**

Provider ID: 272953  
Board Certified Specialty: No

 3853 W STETSON AVE STE 200  
HEMET, CA 92545  
 Phone: (951) 225-6802  
 After Hours Phone: (951) 225-6802

Provider Gender: Female  
NPI: 1841771664

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




**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. 專業提供者目錄

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. 專業提供者目錄

#### **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: 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**

##### **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**

##### **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. 專業提供者目錄

**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. 專業提供者目錄



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. 專業提供者目錄

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. 專業提供者目錄

*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* **OKAMOTO, VINCENT**


*JOHN SALLY THORNTON*

*Medi-Cal Open Panel: 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**

*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. 專業提供者目錄


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: 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. 專業提供者目錄


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: 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. 專業提供者目錄

#### **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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

#### **CERTIFIED ACUPUNCTURIST** **ARELLANO, JACQUELINE**

Provider ID: 304140

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED ACUPUNCTURIST** **ARELLANO, JACQUELINE**

Provider ID: 304141

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED ACUPUNCTURIST** **ARELLANO, JACQUELINE**

Provider ID: 304136

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED ACUPUNCTURIST** **JULIAN, FIDES**

Provider ID: 304135

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

🗣 Provider English Spoken: Y  
Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CERTIFIED ACUPUNCTURIST** **JULIAN, FIDES**

Provider ID: 304130

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

🗣 Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A


#### **CERTIFIED ACUPUNCTURIST** **JULIAN, FIDES**

Provider ID: 304134

### D3. 專業提供者目錄

*Board Certified Specialty: No*

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **AGYEMANG, ALBERTA**

Provider ID: 265130

*Board Certified Specialty: No*

 9350 CAMPUS POINT DR  
STE 2B  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023400082

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **AGYEMANG, ALBERTA**

Provider ID: 265131

*Board Certified Specialty: No*

 8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8000

Fax: (858) 657-8387

 After Hours Phone: (858)  
657-8000

Provider Gender: Female

NPI: 1023400082

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **BOUTELLE, AMY**

Provider ID: 243485

*Board Certified Specialty: No*

 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1609117704


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **BRADY, KATELYN**

Provider ID: 209017

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1952797540

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

### D3. 專業提供者目錄

N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **BUENROSTRO, CHRISTINA**

Provider ID: 243717

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851749253

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CAPOZZI, JENNIFER**

Provider ID: 241030

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336258276

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CONNER, PAMELA**

Provider ID: 299931

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770558967

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CONNER, PAMELA**

Provider ID: 299932

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770558967

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CONNOR, CAROLINE**

Provider ID: 279834

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

### D3. 專業提供者目錄

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: 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**

##### **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**

##### **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. 專業提供者目錄


 *PROVIDER*  
*Website: N/A*


**CERTIFIED NURSE**  
**PRACTITIONER**


**DIMAIRA, FRANCESCA**

*Provider ID: 245580*

*Board Certified Specialty: No*

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1346670718*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


**CERTIFIED NURSE**  
**PRACTITIONER**


**DIMAIRA, FRANCESCA**

*Provider ID: 245579*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1346670718*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*


 *Website: N/A*


**CERTIFIED NURSE**  
**PRACTITIONER**

**DRISCOLL, KARRIE**

*Provider ID: 286376*

*Board Certified Specialty: No*

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 *Phone: (858) 822-6277*

*Fax: (858) 228-1731*

 *After Hours Phone: (858)  
822-6277*

*Provider Gender: Female*

*NPI: 1396085098*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*


**CERTIFIED NURSE**  
**PRACTITIONER**

**GARTH, MELISSA**

*Provider ID: 268991*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1689232977*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


**CERTIFIED NURSE**  
**PRACTITIONER**

**GARTH, MELISSA**

*Provider ID: 268992*

*Board Certified Specialty: No*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*



### D3. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689232977

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **GIOVANNETTI, ERIN**

Provider ID: 276002

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1013317767

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **GOMEZ, LESLIE**

Provider ID: 299469

Board Certified Specialty: No

📍 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1528578713

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **GOMEZ, LESLIE**

Provider ID: 299470

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1528578713

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **GOMEZ, LESLIE**

Provider ID: 299465

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1528578713

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### **CERTIFIED NURSE**

### D3. 專業提供者目錄

#### **PRACTITIONER**

##### **GOMEZ, LESLIE**

Provider ID: 299464

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528578713

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **HANNA, LINDSAY**

Provider ID: 284967

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1699257907

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **HARKNESS, RUMIKO**

Provider ID: 208840

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487785093

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **IYER, VICTORIA**

Provider ID: 265624

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE 2B  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871738864

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **JONES, CHRISTA**

Provider ID: 275564

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (800) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396371431

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

### D3. 專業提供者目錄

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. 專業提供者目錄



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 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: 299651  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **CERTIFIED NURSE**



#### **PRACTITIONER**

**MICK, SHARON**

Provider ID: 299646

Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1891061966  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**MICK, SHARON**

Provider ID: 299645  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL



### D3. 專業提供者目錄

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. 專業提供者目錄







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. 專業提供者目錄

**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. 專業提供者目錄


JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄


*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. 專業提供者目錄

 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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

 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. 專業提供者目錄

**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. 專業提供者目錄

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. 專業提供者目錄

 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. 專業提供者目錄

#### **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. 專業提供者目錄

 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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

8:00AM-5:00PM  
 Website: N/A


#### **GASTROENTEROLOGY**

##### **YOUSSEF, FADY**

Provider ID: 300023

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265887723

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **GASTROENTEROLOGY**

##### **YOUSSEF, FADY**

Provider ID: 300025

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265887723

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **HEMATOLOGY / ONCOLOGY**


##### **ASIMAKOPOULOS, FOTIOS**


Provider ID: 246594

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (858) 822-6100

 After Hours Phone: (858)  
822-6100

Provider Gender: Male

NPI: 1518134923

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **HEMATOLOGY / ONCOLOGY**

##### **CHEN, YU-WEI**

Provider ID: 303058

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1245694801


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **HEMATOLOGY / ONCOLOGY**

##### **CHEN, YU-WEI**

Provider ID: 303057

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1245694801


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **HEMATOLOGY / ONCOLOGY**

##### **HAMDAN, AYAD**

Provider ID: 241429

Board Certified Specialty: No

 3960 HEALTH SCIENCES  
DRIVE

### D3. 專業提供者目錄

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. 專業提供者目錄


 *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**

##### **RUBENZI, TAMARA**

*Provider ID: 245574*

*Board Certified Specialty: No*

 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1811200652*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **INFECTIOUS DISEASE**


##### **KUPPALLI, KRUTIKA**

*Provider ID: 301057*

*Board Certified Specialty: No*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


### D3. 專業提供者目錄

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1538346317

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, Stanford Health  
CARE TRI-VALLEY

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **INFECTIOUS DISEASE**

##### **KUPPALLI, KRUTIKA**

Provider ID: 301059

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1538346317

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, Stanford Health  
CARE TRI-VALLEY

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **INFECTIOUS DISEASE**

##### **RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 299947

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1659720555

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **INFECTIOUS DISEASE**

##### **TANG, MICHAEL**

Provider ID: 300063

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1982018545

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **INTERNAL MEDICINE**

##### **BORDIN-WOSK, TALYA**

Provider ID: 273984

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (760) 471-9186

Fax: (619) 543-8255

 After Hours Phone: (760) 471-9186

Provider Gender: Female

NPI: 1801184973

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INTERNAL MEDICINE**



## D3. 專業提供者目錄

### **BORDIN-WOSK, TALYA**

Provider ID: 273985

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801184973

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **INTERNAL MEDICINE**

#### **CHENG, GEORGE**

Provider ID: 247640

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1316174568

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **INTERNAL MEDICINE**

#### **DJEKIC, KRISTINA**

Provider ID: 286669

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417343732

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **INTERNAL MEDICINE**

### **GELBERG, ANNA**

Provider ID: 285639

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104004258

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL

CENTER, HOAG MEMORIAL  
HOSPITAL PRESBYTERIAN,

UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **INTERNAL MEDICINE**

#### **HOGARTH, MICHAEL**

Provider ID: 214385

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273


📞 After Hours Phone: (800)  
926-8273


Provider Gender: Male



### D3. 專業提供者目錄

NPI: 1225019193

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON, UC

DAVIS MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE

#### **IVANOV, MARGARET**

Provider ID: 272876

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326427014

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE


#### **JABBOUR, MOUSSA**

Provider ID: 256658

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1255741633

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 18\999


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE


#### **KATZ, YISRAEL**

Provider ID: 272937

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1730507872

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE


#### **KVIATKOVSKY, MILLA**

Provider ID: 274002

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (858) 657-7000

 After Hours Phone: (858)  
657-7000

Provider Gender: Female

NPI: 1366855355

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Finnish, French,  
Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y



Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER



### D3. 專業提供者目錄

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **INTERNAL MEDICINE**


##### **KVIATKOVSKY, MILLA**


Provider ID: 274004  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1366855355

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Finnish, French,  
Hebrew, Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM



 Website: N/A

#### **INTERNAL MEDICINE**

##### **LAGO HERNANDEZ, CARLOS**

Provider ID: 238623  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)


926-8273  
Provider Gender: Male  
NPI: 1558756270

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM



 Website: N/A

#### **INTERNAL MEDICINE**

##### **LAGO HERNANDEZ, CARLOS**

Provider ID: 238624  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273


Provider Gender: Male  
NPI: 1558756270

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM



 Website: N/A

#### **INTERNAL MEDICINE**

##### **LAM, MICHAEL**


Provider ID: 274409  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1578974259

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INTERNAL MEDICINE**

##### **MAJITHIA, AMIT**

Provider ID: 255881  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)

## D3. 專業提供者目錄

926-8273

Provider Gender: Male

NPI: 1801091459

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### INTERNAL MEDICINE

#### **MARTINEZ, ARMANDO**

Provider ID: 291422

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Male


NPI: 1598261091


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

### INTERNAL MEDICINE

#### **NOKES, BRANDON**

Provider ID: 287581

Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1487040051

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### INTERNAL MEDICINE

#### **SEBASKY, MEGHAN**

Provider ID: 273963

Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (619) 471-9186

 After Hours Phone: (619)  
471-9186

Provider Gender: Female

NPI: 1538351408

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### INTERNAL MEDICINE

#### **SEBASKY, MEGHAN**

Provider ID: 273964

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538351408

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### INTERNAL MEDICINE

#### **SMITH, CHELSEY**

## D3. 專業提供者目錄

Provider ID: 239921

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE 2B  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013264506

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### INTERNAL MEDICINE

#### **TAYLOR, DAVID**

Provider ID: 274470

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033572995

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### INTERNAL MEDICINE

#### **WANG, ANGELA**

Provider ID: 259536

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730133976

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### INTERNAL MEDICINE

#### **YADLAPATI, RENA**

Provider ID: 238587

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1548597784

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### INTERNAL MEDICINE

#### **YADLAPATI, RENA**

Provider ID: 238586

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1548597784

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y


Min/Max Age: 18\999



### D3. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

8:00AM-5:00PM  
Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **HIETALATI, SAMANTHA**

Provider ID: 294252

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (858) 249-5839

After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1245617489

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **MARC AURELE, KRISHELLE**

Provider ID: 206207

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (858) 249-5839

After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1952503435

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY

THORNTON, TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **MARC AURELE, KRISHELLE**

Provider ID: 206209

Board Certified Specialty: No

9888 GENESEE AVE  
LA JOLLA, CA 92037

Phone: (858) 626-4123

Fax: (760) 633-7998

After Hours Phone: (858)  
626-4123

Provider Gender: Female

NPI: 1952503435

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, TRI CITY

MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **MATOB, NANA**

Provider ID: 299893

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (858) 249-5839

After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y  
Provider Language(s)

Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### D3. 專業提供者目錄

#### **NEONATAL / PERINATAL MEDICINE**

##### **MATOKA, NANA**

Provider ID: 297977

Board Certified Specialty: No

9300 CAMPUS POINT DR  
STE 8

LA JOLLA, CA 92037

Phone: (858) 657-7000

Fax: (858) 249-5839

After Hours Phone: (858)  
657-7000

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **MESTAN, KAREN**

Provider ID: 285931

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (858) 249-5839

After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1942253356

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **NYMAN, KATHERINE**

Provider ID: 301824

Board Certified Specialty: No

9888 GENESEE AVE  
LA JOLLA, CA 92037

Phone: (858) 626-4123

Fax: (760) 633-7998

After Hours Phone: (858)  
626-4123

Provider Gender: Female

NPI: 1003260951

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **RAMOS, CARLOS**

Provider ID: 206062

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (619) 543-3812

After Hours Phone: (858)  
249-5800

Provider Gender: Male

NPI: 1205047545

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, EL CENTRO  
REGIONAL MEDICAL CENTER,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **SAJTI, ENIKO**


Provider ID: 206170



### D3. 專業提供者目錄

*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. 專業提供者目錄

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. 專業提供者目錄

 *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: 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*

### D3. 專業提供者目錄

American Sign Language (ASL):  Phone: (800) 926-8273  
N  Fax: (888) 539-8781

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**


##### **BONDRE, IOANA**

Provider ID: 284311

Board Certified Specialty: No

 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1326579863

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  Provider Gender: Female  
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

 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. 專業提供者目錄

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

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. 專業提供者目錄

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: 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**

##### **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**

##### **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. 專業提供者目錄

 *Provider English 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. 專業提供者目錄

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: 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

### D3. 專業提供者目錄

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **RIVAS, RENEE**

Provider ID: 284297

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295263861

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **SUYAMA, JULIE**

Provider ID: 284289

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306372800

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **THOMSON, SAMANTHA**

Provider ID: 285173

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689013468

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**


##### **THOMSON, SAMANTHA**

Provider ID: 285175

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689013468


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OCCUPATIONAL THERAPIST**

##### **AMARAL, MARGARET**

Provider ID: 258303

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD

### D3. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

 **PROVIDER**  
 Website: N/A


#### **OPHTHALMOLOGY**


##### **MOVAGHAR, MANSOOR**

Provider ID: 215055

Board Certified Specialty: No


 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497792220

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **PUIG LLANO, MANUEL**

Provider ID: 299965

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1427102979

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, German,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OPHTHALMOLOGY**

##### **RAHMATNEJAD, KAMRAN**

Provider ID: 300039

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699268292

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OPHTHALMOLOGY**

##### **RAHMATNEJAD, KAMRAN**

Provider ID: 300041

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699268292

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OPHTHALMOLOGY**

##### **SCHONBACH, ETIENNE**

Provider ID: 284432

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1073040580

 Provider English Spoken: Y

 Provider Language(s)

Spoken: German

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

## D3. 專業提供者目錄

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

### **OPHTHALMOLOGY** **SHEILS, CATHERINE**

Provider ID: 299935  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1932605649  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

### **OPHTHALMOLOGY** **SHEILS, CATHERINE**

Provider ID: 299937  
Board Certified Specialty: No  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1932605649  
Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

### **OPHTHALMOLOGY** **SONG, DELU**

Provider ID: 284425  
Board Certified Specialty: No  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1437689536  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

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. 專業提供者目錄

 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. 專業提供者目錄

*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: 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*

#### **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*



#### **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*



### D3. 專業提供者目錄

 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **BRUMUND, KEVIN**

Provider ID: 299633

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **BRUMUND, KEVIN**


Provider ID: 299636

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **CALIFANO, JOSEPH**

Provider ID: 299463

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **CALIFANO, JOSEPH**

Provider ID: 299460

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **CALIFANO, JOSEPH**

Provider ID: 299459

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**

##### **CALIFANO, JOSEPH**



### D3. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

UCSD LA JOLLA 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. 專業提供者目錄

#### **OTOLARYNGOLOGY**

##### **GILANI, SAPIDEH**

Provider ID: 299563

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

##### **GILANI, SAPIDEH**

Provider ID: 299558

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

##### **GILANI, SAPIDEH**

Provider ID: 299557

Board Certified Specialty: Yes

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

##### **GILANI, SAPIDEH**

Provider ID: 299562

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

##### **GREENE, JACQUELINE**

Provider ID: 298398

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144583931

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A



## D3. 專業提供者目錄

### **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. 專業提供者目錄

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417988783

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**

Provider ID: 299573

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417988783

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): 🗨 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1659305027

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### OTOLARYNGOLOGY

#### **HOM, DAVID**

Provider ID: 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

🌐 Website: N/A

### D3. 專業提供者目錄

 *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: 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**

##### **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. 專業提供者目錄

 Phone: (858) 857-8590  
 After Hours Phone: (858) 857-8590  
Provider Gender: Female  
NPI: 1780860536  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### OTOLARYNGOLOGY







##### **KARI, ELINA**

Provider ID: 299444  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1780860536  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A







#### OTOLARYNGOLOGY

##### **MAGIT, ANTHONY**

Provider ID: 299483  
Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1891858379  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### OTOLARYNGOLOGY

##### **MAGIT, ANTHONY**

Provider ID: 299484  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1891858379  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### OTOLARYNGOLOGY

##### **MAGIT, ANTHONY**

Provider ID: 299479  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1891858379  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

### D3. 專業提供者目錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A



#### **OTOLARYNGOLOGY**





##### **MAGIT, ANTHONY**

Provider ID: 299478  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1891858379  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MATSUOKA, AKIHIRO**

Provider ID: 299593  
Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273

Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1669630653  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**







##### **MATSUOKA, AKIHIRO**

Provider ID: 299594  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1669630653  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MATSUOKA, AKIHIRO**

Provider ID: 299589  
Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1669630653  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MATSUOKA, AKIHIRO**

Provider ID: 299588  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1669630653  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OTOLARYNGOLOGY**

##### **NGUYEN, QUYEN**



### D3. 專業提供者目錄

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**

##### **NGUYEN, QUYEN**

Provider ID: 299609  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1477524452  
Provider English Spoken: Y  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **NGUYEN, QUYEN**

Provider ID: 299604  
Board Certified Specialty: No  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (858) 657-8590  
After Hours Phone: (858) 657-8590  
Provider Gender: Female  
NPI: 1477524452  
Provider English Spoken: Y  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **NGUYEN, QUYEN**

Provider ID: 299605  
Board Certified Specialty: No  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1477524452  
Provider English Spoken: Y  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **OTOLARYNGOLOGY**

##### **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,



### D3. 專業提供者目錄


SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OTOLARYNGOLOGY

**VAHABZADEH-HAGH,  
ANDREW**

Provider ID: 299510

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,


SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY

**VAHABZADEH-HAGH,  
ANDREW**

Provider ID: 299506

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY

**VAHABZADEH-HAGH,  
ANDREW**

Provider ID: 299505

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

#### OTOLARYNGOLOGY


**WATSON, DEBORAH**

Provider ID: 299643

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### D3. 專業提供者目錄

**PROVIDER**  
 Website: N/A


#### **OTOLARYNGOLOGY**

##### **WATSON, DEBORAH**

Provider ID: 299644

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS


GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **WATSON, DEBORAH**

Provider ID: 299638

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8590

Fax: (858) 657-8682

 After Hours Phone: (858)  
657-8590

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS


GREEN HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **WATSON, DEBORAH**

Provider ID: 299640

Board Certified Specialty: Yes

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS


GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OTOLARYNGOLOGY**


##### **WEISSBROD, PHILIP**


Provider ID: 299612

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (858) 657-8590

 After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS


GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OTOLARYNGOLOGY**

##### **WEISSBROD, PHILIP**

Provider ID: 299616

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

### D3. 專業提供者目錄

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### OTOLARYNGOLOGY


##### **WEISSBROD, PHILIP**

Provider ID: 299611

Board Certified Specialty: No


 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8590

 After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS


GREEN HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### OTOLARYNGOLOGY

##### **WEISSBROD, PHILIP**

Provider ID: 299613

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### OTOLARYNGOLOGY


##### **YAN, CAROL**


Provider ID: 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


##### **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

### D3. 專業提供者目錄

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1619237260

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY

##### **YAN, CAROL**

Provider ID: 298411

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1619237260

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### OTOLARYNGOLOGY /

#### 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



### D3. 專業提供者目錄

#### **PATHOLOGY ANATOMIC** **CLINICAL**

##### **AISAGBONHI, OMONIGHO**

Provider ID: 201304

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043571045

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,  
SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC** **CLINICAL**

##### **ALLEN, ELIZABETH**

Provider ID: 275757

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174814065

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
UCSD MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC** **CLINICAL**

##### **BROOME, HELEN**

Provider ID: 275722

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184674145

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC** **CLINICAL**

##### **BUI, JACK**

Provider ID: 275746

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y





### D3. 專業提供者目錄


Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PATHOLOGY ANATOMIC


#### CLINICAL

#### **DON, MICHELLE**

Provider ID: 275816

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205288396

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PATHOLOGY ANATOMIC


#### CLINICAL

#### **DON, MICHELLE**

Provider ID: 247149

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 249-4410

 After Hours Phone: (858)  
249-4410

Provider Gender: Female

NPI: 1205288396

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

 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

### D3. 專業提供者目錄

#### **CLINICAL**

##### **HU, JINGJING**

Provider ID: 243966

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538574744

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC**

##### **CLINICAL**

##### **ROMA, ANDRES**

Provider ID: 275827

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295912657

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC**

##### **CLINICAL**

##### **SHABAIK, AHMED**

Provider ID: 275782

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679521579

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC**

##### **CLINICAL**

##### **VAVINSKAYA, VERA**

Provider ID: 275840

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174757181

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC**

##### **CLINICAL**

##### **ZARE, SOMAYE**

Provider ID: 275814

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

### D3. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1700334802

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### PATHOLOGY ANATOMIC

##### CLINICAL

#### ZARE, SOMAYE

Provider ID: 203172

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1700334802

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### PATHOLOGY ANATOMIC

##### CLINICAL

#### ZHANG, HAIYAN

Provider ID: 203176

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1457617110

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### PATHOLOGY ANATOMIC

##### CLINICAL

#### ZHANG, HAIYAN

Provider ID: 275841

Board Certified Specialty: No

📍 9444 MEDICAL CENTER DR LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1457617110

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

### D3. 專業提供者目錄

8:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **AINSWORTH, DELISSA**

Provider ID: 243366

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750734893

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ALBRIGHT, KELSEY**

Provider ID: 284764

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235653148

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ALLERS, JENNA**

Provider ID: 301037

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730605486

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SALINAS  
VALLEY MEMORIAL HOSP

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ARMEEN, GARY**

Provider ID: 247036

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1760774863

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **BOYD, LISA**

Provider ID: 217650

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871859421



### D3. 專業提供者目錄

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **BRUECKNER, TAMMIE**

Provider ID: 255557  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1407212376  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **CHERRY, REENA**

Provider ID: 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**

##### **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**

##### **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. 專業提供者目錄

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): Provider Gender: Female  
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: 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 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: 269170

Board Certified Specialty: No

9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Phone: (858) 453-5944  
Fax: (858) 429-7925

After Hours Phone: (858)  
453-5944

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. 專業提供者目錄

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: 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: 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**

##### **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**

##### **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: 298431





Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

### D3. 專業提供者目錄

 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1114459765  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **PHYSICIANS ASSISTANT**






##### **HUNTER, JACOB**

Provider ID: 298432  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1114459765  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HUNTER, JACOB**

Provider ID: 298429  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR

LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1114459765  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A









#### **PHYSICIANS ASSISTANT**

##### **HUNTER, JACOB**

Provider ID: 287450  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1114459765  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **PHYSICIANS ASSISTANT**

##### **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

### D3. 專業提供者目錄

 *Provider Language(s)*  
*Spoken: Taiwanese*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*









#### **PHYSICIANS ASSISTANT**

##### **LUONG, TRAN**

*Provider ID: 279014*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1821532292*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish,*  
*Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*





#### **PHYSICIANS ASSISTANT**



##### **LUONG, TRAN**

*Provider ID: 279015*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1821532292*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish,*  
*Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **MARTIN, HALEY**

*Provider ID: 305024*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1093440836*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **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: 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*










### D3. 專業提供者目錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PHYSICIANS ASSISTANT**







##### **MCADAMS, JOSEPH**

Provider ID: 280612  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1104371251  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **MERRILL, COREY**



Provider ID: 258039  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1386032308  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**









##### **OKADA, MICHELLE**

Provider ID: 278017  
Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1497129860  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Japanese  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **PHYSICIANS ASSISTANT**

##### **OKADA, MICHELLE**

Provider ID: 278016  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1497129860  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Japanese  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PELIO, DARREN**

Provider ID: 293440  
Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 Phone: (858) 822-7967



### D3. 專業提供者目錄

Fax: (858) 822-6395

☎ After Hours Phone: (858) 822-7967

Provider Gender: Male

NPI: 1386791028

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PELIO, DARREN**

Provider ID: 293442

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8276

Fax: (888) 539-8784

☎ After Hours Phone: (800) 926-8276

Provider Gender: Male

NPI: 1386791028

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PERREAULT, MARK**

Provider ID: 283583

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1356749451

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **PERREAULT, MARK**

Provider ID: 283584

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1356749451

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ROBERTS, AUDREY**

Provider ID: 253254

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (619) 543-5540

☎ After Hours Phone: (619) 543-5540

Provider Gender: Female

NPI: 1265960256

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ROBERTS, AUDREY**

Provider ID: 253255

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (858) 657-7876

☎ After Hours Phone: (858) 657-7876

Provider Gender: Female

NPI: 1265960256

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

### D3. 專業提供者目錄

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **SAIKHON, TALIA**

Provider ID: 293439

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1699263905

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **PHYSICIANS ASSISTANT**



##### **SANCHEZ, MICHAEL**

Provider ID: 206907

Board Certified Specialty: No

 8939 VILLA LA JOLLA DR  
STE 110

LA JOLLA, CA 92037

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184135006

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**


##### **SCHWARTZEL, KEVIN**

Provider ID: 214276

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1104277847

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-5:00PM  
SA 8:00AM-8:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**


##### **SHAUL, SHERA**

Provider ID: 247976

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8373

 After Hours Phone: (800)  
926-8373

Provider Gender: Female

NPI: 1336659507


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**


##### **SHAUL, SHERA**

Provider ID: 247975

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273




 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336659507

 Provider English Spoken: Y

### D3. 專業提供者目錄


*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*



#### **PHYSICIANS ASSISTANT**

##### **SPEH, BRIAN**

*Provider ID: 305010*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*  
*NPI: 1124593926*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **TESFAI, HELEN**



*Provider ID: 277072*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*


*Provider Gender: Female*  
*NPI: 1942724042*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **WAHLIN, TAMARA**

*Provider ID: 299602*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1083823322*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*



#### **PHYSICIANS ASSISTANT**


##### **WAHLIN, TAMARA**



*Provider ID: 299597*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1083823322*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **WAHLIN, TAMARA**

*Provider ID: 299596*  
*Board Certified Specialty: No*  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1083823322*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

### D3. 專業提供者目錄


#### **PHYSICIANS ASSISTANT**

##### **WAHLIN, TAMARA**

Provider ID: 299601

Board Certified Specialty: No

 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **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: 258988

Board Certified Specialty: No

 8950 VILLA LA JOLLA DR



### D3. 專業提供者目錄

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**

##### **BOUELLE, 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**

##### **BOUELLE, KERRI**

Provider ID: 302876  
Board Certified Specialty: No  
📍 3344 N TORREY PINES CT  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1780620906

📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **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



### D3. 專業提供者目錄

American Sign Language (ASL): Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PSYCHOLOGIST**

##### **CRANDAL, BRENT**

Provider ID: 291463  
Board Certified Specialty: No  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 Phone: (800) 926-8372  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8372

Provider Gender: Male  
NPI: 1588739452

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PSYCHOLOGIST**

##### **DUARTE, KRISTEN**

Provider ID: 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**

##### **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**

##### **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**

##### **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)

### D3. 專業提供者目錄

926-8273  
Provider Gender: Female  
NPI: 1861043366  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **PSYCHOLOGIST**

##### **EICHEN, DAWN**

Provider ID: 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**

##### **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. 專業提供者目錄

#### **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

## D3. 專業提供者目錄

 Website: N/A


### PULMONARY DISEASES

#### **BAILEY, JACOB**

Provider ID: 299925

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598150039

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### PULMONARY DISEASES


#### **JOSHUA, JISHA**

Provider ID: 238060

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023436417

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi, Malayalam  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PULMONARY DISEASES

#### **MCGUIRE, WILLIAM**


Provider ID: 299987

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841684081

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### PULMONARY DISEASES

#### **PEARCE, ALEX**

Provider ID: 300054

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265896856


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### RADIOLOGY DIAGNOSTIC

#### **BERMAN, ZACHARY**

Provider ID: 269319

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):



## D3. 專業提供者目錄

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### RADIOLOGY DIAGNOSTIC

#### BRANCH, CODY

Provider ID: 283676

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851770622

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### RADIOLOGY DIAGNOSTIC

#### CARSWELL, AIMEE


Provider ID: 303056

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


### RADIOLOGY DIAGNOSTIC

#### CHENG, KAREN

Provider ID: 283227

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427430511

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


### RADIOLOGY DIAGNOSTIC

#### FAZELI, SOUDABEH

Provider ID: 299993

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639553613


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


### RADIOLOGY DIAGNOSTIC

#### FORCIER, NANCY

Provider ID: 286955

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497721724

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,



### D3. 專業提供者目錄

Providence Mission Hospital  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**


##### **FOWLER, KATHRYN**

Provider ID: 201290

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255457941

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,


SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **HANNSUN, GEMMY**

Provider ID: 282790

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1992120026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Khmer, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**


##### **HORKY, LAURA**

Provider ID: 241854

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598967812

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**


##### **HORKY, LAURA**

Provider ID: 241855

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598967812

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

### D3. 專業提供者目錄

#### **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. 專業提供者目錄

#### **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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

#### **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. 專業提供者目錄


LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: 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: 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

### D3. 專業提供者目錄

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**

##### **TRIMM, CASSIDY**

Provider ID: 258443

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

 Phone: (855) 543-0333

Fax: (858) 657-6873

 After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1740708478

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**


##### **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**

##### **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**

##### **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. 專業提供者目錄

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

Min/Max Age: 0\999

##### **JOHN SALLY THORNTON**

Medi-Cal Open Panel: 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. 專業提供者目錄

 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. 專業提供者目錄

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: 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**


##### **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**


##### **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. 專業提供者目錄

#### **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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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: 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**


##### **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**


##### **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. 專業提供者目錄

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: 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. 專業提供者目錄

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. 專業提供者目錄

**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. 專業提供者目錄

 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: 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 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 PLASTIC**



### D3. 專業提供者目錄

#### **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

CTR

Medi-Cal Open Panel: 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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

 *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. 專業提供者目錄

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. 專業提供者目錄

 Website: N/A


#### **HEMATOLOGY / ONCOLOGY**

##### **BATRA, REEMA**

Provider ID: 58612

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942


 Phone: (619) 644-3030


Fax: (619) 644-3638

 After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1629286505

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Mandarin

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A


#### **HEMATOLOGY / ONCOLOGY**

##### **BATRA, REEMA**

Provider ID: 295692

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942


 Phone: (619) 644-3030


Fax: (619) 644-3638

 After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1629286505

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Mandarin

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A


#### **HEMATOLOGY / ONCOLOGY**

##### **MEDIC, IGOR**

Provider ID: 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**

##### **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**









##### **ZU, KAI**

Provider ID: 43199

Board Certified Specialty: No










### D3. 專業提供者目錄

 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

#### HEMATOLOGY / ONCOLOGY

##### **ZU, KAI**








Provider ID: 295711  
Board Certified Specialty: No  
 5555 GROSSMONT CENTER DR  
LA MESA, CA 91942  
 Phone: (619) 644-3030  
Fax: (619) 644-3638  
 After Hours Phone: (619) 644-3030  
Provider Gender: Male  
NPI: 1164583639  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin, Spanish, Tagalog

Cultural Competency: N  
Hospital Affiliation: GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:00PM  
 Website: N/A

#### 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. 專業提供者目錄

☎ 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. 專業提供者目錄

Provider Gender: Male

NPI: 1154305977

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **SCHWENDEMANN, WADE**

Provider ID: 277305

Board Certified Specialty: No

📍 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

☎ Phone: (858) 966-6710  
Fax: (858) 966-6711

🕒 After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1477563302

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN  
AND NEWBORNS, TRI CITY  
MEDICAL CTR, Sharp

Grossmont Hospital, Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **WILLIAMS, KRISTIN**

Provider ID: 277384

Board Certified Specialty: No

📍 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

☎ Phone: (858) 966-6710  
Fax: (858) 966-6711

🕒 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992847131

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
SAN MATEO MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, TRI CITY  
MEDICAL CTR, CALIFORNIA  
PACIFIC MED CTR,

CALIFORNIA PACIFIC MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **NEPHROLOGY**

##### **LEININGER, DANIEL**

Provider ID: 293480

Board Certified Specialty: No

📍 8851 CENTER DR STE 505  
LA MESA, CA 91942

☎ Phone: (619) 461-3880  
Fax: (619) 461-3895

🕒 After Hours Phone: (619)  
461-3880

Provider Gender: Male

NPI: 1164956264

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital,  
GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC,  
ALVARADO COMMUNITY  
HOSPITAL

Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM

### D3. 專業提供者目錄

 Website: N/A


#### **NEPHROLOGY**

##### **LEININGER, DANIEL**

Provider ID: 295640

Board Certified Specialty: No

 8851 CENTER DR STE 505  
LA MESA, CA 91942


 Phone: (619) 461-3880

Fax: (619) 461-3895

 After Hours Phone: (619)  
461-3880

Provider Gender: Male

NPI: 1164956264

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital,  
GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC,  
ALVARADO COMMUNITY  
HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY**

##### **MOHAMMAD, AHMAD SHAH**

Provider ID: 39868

Board Certified Specialty: No

 8851 CENTER DR STE 307  
LA MESA, CA 91942

 Phone: (619) 337-7900


Fax: (619) 337-7902


 After Hours Phone: (619)

337-7900

Provider Gender: Male

NPI: 1902973472

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Farsi,  
French, German, Pushto,  
Spanish

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OPHTHALMOLOGY**

##### **CHIU, STEPHAN**


Provider ID: 297585

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942



 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Provider Gender: Male

NPI: 1053846956

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin, Spanish

Cultural Competency: N


Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **OPHTHALMOLOGY**

##### **HAIGHT, BRUCE**

Provider ID: 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



### D3. 專業提供者目錄

#### **OPHTHALMOLOGY**

##### **HAIGHT, BRUCE**

Provider ID: 269112

Board Certified Specialty: No

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551

LA MESA, CA 91942

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Male

NPI: 1427029628

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-4:00PM  
TU-W 8:30AM-4:00PM  
TH 8:00AM-4:00PM  
F 8:00AM-0:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **HAIGHT, BRUCE**

Provider ID: 295984

Board Certified Specialty: No

5565 GROSSMONT  
CENTER DR STE 2-3  
LA MESA, CA 91942

Phone: (619) 463-0331

Fax: (619) 463-0138

After Hours Phone: (619)  
463-0331

Provider Gender: Male

NPI: 1427029628

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:30AM-4:00PM  
F 8:00AM-0:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **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. 專業提供者目錄

#### **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

### D3. 專業提供者目錄

Provider Gender: Male

NPI: 1942223664


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

#### **JOSHI, WEENA**

Provider ID: 262233

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2 STE 2  
LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619)  
713-5375

Provider Gender: Female

NPI: 1376862177

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

#### **MINKA, GENEVIEVE**

Provider ID: 205335

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942


 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619)  
713-5375

Provider Gender: Female

NPI: 1689646689

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

#### **OZAKI, YOSHIHIRO**

Provider ID: 241925

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619)  
713-5375

Provider Gender: Male

NPI: 1467898239

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese


Cultural Competency: N  
Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

#### **PARKER, SHERINE**

Provider ID: 205786

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619)  
713-5375

Provider Gender: Female

## D3. 專業提供者目錄

NPI: 1477626513

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: GLENDALE  
ADVENTIST MED CTR,  
GLENDALE MEMORIAL HOSP  
AND HEALTH CTR, TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PEDIATRIC EMERGENCY MEDICINE

#### **VARGAS, JACLYN**

Provider ID: 285936

Board Certified Specialty: No

 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

 Phone: (858) 966-6710  
Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1619359718

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Los Angeles General  
Medical Center

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### PEDIATRIC EMERGENCY MEDICINE

#### **WANG, EMILY**

Provider ID: 265955

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2 BLDG 2  
LA MESA, CA 91942

 Phone: (619) 713-5375  
Fax: (619) 713-5379

 After Hours Phone: (619)  
713-5375

Provider Gender: Female

NPI: 1427142363


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### PEDIATRICS

#### **CLAY, CORRIE**

Provider ID: 278807

Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942

 Phone: (619) 464-6434  
Fax: (619) 464-5109

 After Hours Phone: (619)  
464-6434

Provider Gender: Female

NPI: 1437207750


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-6:00PM  
SA 11:30AM-3:30PM

 Website: N/A


### PHYSICIANS ASSISTANT

#### **DOUGHERTY, CLARA**

Provider ID: 301590

Board Certified Specialty: No

 8851 CENTER DR STE 501  
LA MESA, CA 91942

 Phone: (619) 697-2456  
Fax: (858) 429-7930

### D3. 專業提供者目錄

☎ After Hours Phone: (619) 697-2456

Provider Gender: Female

NPI: 1609987619

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ELO, KRISTIN**

Provider ID: 295736

Board Certified Specialty: No

📍 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

☎ Phone: (619) 644-3030

Fax: (619) 644-3083

☎ After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1164664306

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital,

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ELO, KRISTIN**

Provider ID: 241862

Board Certified Specialty: No

📍 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

☎ Phone: (619) 644-3030

Fax: (619) 644-3083

☎ After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1164664306

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital,

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:00PM

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **RAYMOND, ALAIN**

Provider ID: 269057

Board Certified Specialty: No

📍 8851 CENTER DR STE 505  
LA MESA, CA 91942

☎ Phone: (619) 461-3880  
Fax: (619) 461-3895

☎ After Hours Phone: (619)  
461-3880

Provider Gender: Male

NPI: 1164729125

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: French

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **VAWTER, ERIN**

Provider ID: 295755

Board Certified Specialty: No

📍 5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

☎ Phone: (619) 644-3030

Fax: (619) 644-3638

☎ After Hours Phone: (619)  
644-3030

Provider Gender: Female

NPI: 1376988691

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT



### D3. 專業提供者目錄

**PROVIDER**  
Hours: M-F  
8:30AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **WHITE, KYLE**

Provider ID: 302382  
Board Certified Specialty: No  
5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Phone: (619) 464-3353  
Fax: (619) 464-7509  
After Hours Phone: (619)  
464-3353  
Provider Gender: Male  
NPI: 1922768860

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **RADIATION ONCOLOGY**

##### **CARMONA, RUBEN**

Provider ID: 303099  
Board Certified Specialty: No  
5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Phone: (619) 740-4500  
Fax: (619) 740-8499  
After Hours Phone: (619)  
740-4500  
Provider Gender: Male

NPI: 1275929242  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **RADIATION ONCOLOGY**

##### **COLEMAN, LORI**

Provider ID: 221089  
Board Certified Specialty: No  
5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Phone: (619) 740-4500  
Fax: (619) 740-8499  
After Hours Phone: (619)  
740-4500  
Provider Gender: Female  
NPI: 1053348920

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Y

Min/Max Age: 19\100  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **RADIATION ONCOLOGY**

##### **VOLPP, PAUL**

Provider ID: 221104  
Board Certified Specialty: No  
5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Phone: (619) 740-4500  
Fax: (619) 740-8499  
After Hours Phone: (619)  
740-4500  
Provider Gender: Male  
NPI: 1225186232

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 19\100  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **RADIATION ONCOLOGY**



### D3. 專業提供者目錄

#### **WEINSTEIN, GEOFFREY**

Provider ID: 220040

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 740-4500

Fax: (619) 740-8499

After Hours Phone: (619)  
740-4500

Provider Gender: Male

NPI: 1841233947

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 19\100

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **MOORE, BRIAN**

Provider ID: 243959

Board Certified Specialty: No

8881 FLETCHER PKWY STE  
102  
LA MESA, CA 91942

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1831144005

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
7:00AM-5:00PM

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **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**

#### **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

## D3. 專業提供者目錄




Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **RHEUMATOLOGY**

#### **KOTHA, ROSHAN**

Provider ID: 63454  
Board Certified Specialty: Yes  
 8860 CENTER DR STE 400  
LA MESA, CA 91942  
 Phone: (619) 229-1995  
Fax: (619) 229-1109  
 After Hours Phone: (619)  
229-1995  
Provider Gender: Female  
NPI: 1417117839  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999



American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:00PM  
 Website: N/A

### **SURGERY ORTHOPEDIC**

#### **BALLARD, BROOKE**

Provider ID: 262205


Board Certified Specialty: No  
 8860 CENTER DR STE 350  
LA MESA, CA 91942  
 Phone: (619) 286-9480  
Fax: (619) 286-4568  
 After Hours Phone: (619)  
286-9480  
Provider Gender: Female  
NPI: 1841447950






 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: ALVARADO  
HOSPITAL LLC, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
9:00AM-5:00PM  
 Website: N/A  
Email:  
tracy@alvaradoortho.com

### **UROLOGY**

#### **SALMASI, AMIRALI**

Provider ID: 129643  
Board Certified Specialty: No  
 8851 CENTER DR STE 501  
LA MESA, CA 91942  
 Phone: (619) 697-2456  
Fax: (858) 429-7930  
 After Hours Phone: (619)  
697-2456  
Provider Gender: Male  
NPI: 1609187962

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


## LAKE ELSINORE

### **CERTIFIED REGISTERED**



#### **NURSE MIDWIFE**

#### **ZAMORA-FLYR, MARIA**

Provider ID: 290645  
Board Certified Specialty: No  
 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
 Phone: (951) 252-2720  
Fax: (760) 414-3892  
 After Hours Phone: (951)  
252-2720  
Provider Gender: Female  
NPI: 1194938647




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):



### D3. 專業提供者目錄

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**




##### **FRANCIS, LARRY**

Provider ID: 290293  
Board Certified Specialty: No  
 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
 Phone: (951) 252-2720  
Fax: (760) 414-3892  
 After Hours Phone: (951) 252-2720

Provider Gender: Male  
NPI: 1215008552  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
POMONA VALLEY HOSP MED  
CTR




Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **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):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OPTOMETRIST**

##### **MORA, WENDY**




Provider ID: 290239  
Board Certified Specialty: No  
 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
 Phone: (951) 252-2720  
Fax: (760) 414-3892  
 After Hours Phone: (951) 252-2720



Provider Gender: Female  
NPI: 1376958389  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **OPTOMETRIST**

##### **TAM, EMILY**

Provider ID: 290319  
Board Certified Specialty: No  
 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
 Phone: (951) 525-2720  
Fax: (760) 414-3892  
 After Hours Phone: (951) 525-2720

Provider Gender: Female  
NPI: 1497161236  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

### LAKESIDE

#### **CHIROPRACTOR**

##### **FULKS, ZACKARY**

Provider ID: 301145  
Board Certified Specialty: No  
 10039 VINE ST  
LAKESIDE, CA 92040  
 Phone: (619) 390-9975  
Fax: (360) 462-2744  
 After Hours Phone: (619) 390-9975  
Provider Gender: Male

### D3. 專業提供者目錄

NPI: 1407562531


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **CHIROPRACTOR**

#### **FULKS, ZACKARY**


Provider ID: 303813

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (360) 462-2744

 After Hours Phone: (619)  
390-9975

Provider Gender: Male

NPI: 1407562531


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **CHIROPRACTOR**


#### **HOURIHAN, KEITH**

Provider ID: 257549

Board Certified Specialty: No

 10039 VINE ST

LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (858) 633-4690

 After Hours Phone: (619)  
390-9975

Provider Gender: Male

NPI: 1306916994


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CHIROPRACTOR**

#### **MCCOWN, BARRY**

Provider ID: 303816

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (360) 462-2744

 After Hours Phone: (619)  
390-9975

Provider Gender: Male

NPI: 1487781035


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CHIROPRACTOR**

#### **MCCOWN, BARRY**

Provider ID: 301344

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (360) 462-2744

 After Hours Phone: (619)  
390-9975

Provider Gender: Male


NPI: 1487781035


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CHIROPRACTOR**

#### **ZECHA, RONALD**

Provider ID: 290677

Board Certified Specialty: No

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (858) 633-4690

 After Hours Phone: (619)  
390-9975

Provider Gender: Male

NPI: 1427252121

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y



## D3. 專業提供者目錄

Min/Max Age: 0\999

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

NPI: 1841771664

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **MURRIETA**


### ANESTHESIOLOGY


#### **HYLTON, DIANA**

Provider ID: 241738

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932527751

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO  
SPRINGS HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### ANESTHESIOLOGY

#### **KRAUSE, MARTIN**

Provider ID: 287655

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562



 Phone: (951) 696-6000

Fax: (951) 677-9757

 After Hours Phone: (951)  
696-6000

Provider Gender: Male

NPI: 1417243239

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### CARDIOLOGY

#### **AL KHIAMI, BELAL**

Provider ID: 275994

Board Certified Specialty: No

 28062 BAXTER RD



## D3. 專業提供者目錄

MURRIETA, CA 92563  
☎ Phone: (951) 290-4000  
Fax: (888) 539-8781  
🕒 After Hours Phone: (951) 290-4000  
Provider Gender: Male  
NPI: 1861623506  
🗒 Provider English Spoken: Y  
🗒 Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, LOMA LINDA UNIVERSITY MED CTR MURRIETA, TEMECULA VALLEY HOSPITAL INC  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

### CARDIOLOGY

**WETTERSTEN, NICHOLAS**  
Provider ID: 210605  
Board Certified Specialty: No  
📍 41011 CALIFORNIA OAKS RD STE 104  
MURRIETA, CA 92562  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1063701068  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER

#### **HEAD, KRISTIN**

Provider ID: 268658  
Board Certified Specialty: No  
📍 25170 HANCOCK AVE STE 1  
MURRIETA, CA 92562  
☎ Phone: (951) 600-1640  
Fax: (951) 600-1760  
🕒 After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1699078923  
🗒 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

♿ 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

### D3. 專業提供者目錄

☎ After Hours Phone: (951)  
461-9300

Provider Gender: Female

NPI: 1144539842

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 8:30AM-0:00PM  
M-F 8:00AM-5:00PM  
SA 8:30AM-0:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **SNYDER, MICHELLE**

Provider ID: 210676

Board Certified Specialty: No

📍 41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851561054

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **STEVENSON, REHEIA**

Provider ID: 210794

Board Certified Specialty: No

📍 41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346696044

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **EMERGENCY MEDICINE**

#### **LI, JINGHONG**

Provider ID: 255941

Board Certified Specialty: No

📍 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

☎ Phone: (951) 696-6000

☎ After Hours Phone: (951)  
696-6000

Provider Gender: Female

NPI: 1619014479

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **MATERNAL AND FETAL**

#### **MEDICINE**

#### **MELBER, DORA**

Provider ID: 296992

Board Certified Specialty: No

📍 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

☎ Phone: (858) 966-6710

Fax: (858) 966-6711

☎ After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

### D3. 專業提供者目錄

CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### MATERNAL AND FETAL MEDICINE

##### **MELBER, DORA**

Provider ID: 296988

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562


 Phone: (858) 966-6710


Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### MATERNAL AND FETAL MEDICINE

##### **REIMERS, REBECCA**

Provider ID: 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

### D3. 專業提供者目錄


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **WEISS, KATHERINE**

Provider ID: 264676

Board Certified Specialty: Yes

 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562


 Phone: (951) 696-6000

Fax: (951) 696-6105

 After Hours Phone: (951)  
696-6000

Provider Gender: Female

NPI: 1053541862

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


#### **NEONATAL / PERINATAL MEDICINE**

##### **WEST, JULIE**

Provider ID: 297071

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562


 Phone: (951) 696-6000

Fax: (951) 696-6105

 After Hours Phone: (951)  
696-6000

Provider Gender: Female

NPI: 1811151848


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY**

##### **GOLD, JEFFREY**


Provider ID: 283334

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562


 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1568773984


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY**

##### **JINDAL, ANUJA**

Provider ID: 215521

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562


 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1194046581


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **NEUROLOGY**

##### **SAHAGIAN, MICHELLE**







Provider ID: 283166

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562










### D3. 專業提供者目錄

 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1275604035  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **NEUROLOGY CHILD**

#### **GOLD, JEFFREY**

Provider ID: 215691  
Board Certified Specialty: No  
 25170 HANCOCK AVE MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951) 600-1640  
Provider Gender: Male  
NPI: 1568773984  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y

Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **NEUROLOGY CHILD**

#### **GUIDO-ESTRADA, NATALIE**

Provider ID: 215442  
Board Certified Specialty: No  
 25170 HANCOCK AVE MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1528353521

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-5:00PM




 Website: N/A

#### **NEUROLOGY CHILD**

#### **KIM MCMANUS, OLIVIA**

Provider ID: 215666  
Board Certified Specialty: No  
 25170 HANCOCK AVE MURRIETA, CA 92562

 Phone: (951) 600-1640  
 After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1174870067  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A


#### **NEUROLOGY CHILD**

#### **NELSON, JAMES**

Provider ID: 215634  
Board Certified Specialty: No

 25170 HANCOCK AVE MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951) 600-1640

Provider Gender: Male




NPI: 1568434546

 Provider English Spoken: Y  
Cultural Competency: N








Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO



### D3. 專業提供者目錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A








#### **OBSTETRICS / GYNECOLOGY** **BINDER, PRATIBHA**

Provider ID: 273227  
Board Certified Specialty: No  
 25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1174758031  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OPHTHALMOLOGY**




##### **BANSAL, PREETI**





Provider ID: 215606  
Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1871664631  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL, TRI CITY MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OPHTHALMOLOGY**







##### **BHATIA, SHAGUN**

Provider ID: 267317  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1104237353

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OPHTHALMOLOGY**

##### **HENNEIN, LAUREN**

Provider ID: 297010  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1699216010  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F

### D3. 專業提供者目錄

8:00AM-5:00PM  
Website: N/A

#### **OPHTHALMOLOGY**

##### **MOLL, ANGELA**

Provider ID: 215687

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1861648602

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL

HOSPITAL, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **MOVAGHAR, MANSOOR**

Provider ID: 216415

Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (858) 309-7702

After Hours Phone: (858)  
309-7702

Provider Gender: Male

NPI: 1497792220

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OPHTHALMOLOGY**

##### **OHALLORAN, HENRY**

Provider ID: 215685

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1235287947

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OTOLARYNGOLOGY**

##### **BLISS, MORGAN**

Provider ID: 215684

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1760707657

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OTOLARYNGOLOGY**

##### **CARVALHO, DANIELA**

Provider ID: 215332

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)

### D3. 專業提供者目錄

600-1640  
Provider Gender: Female  
NPI: 1154492916

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OTOLARYNGOLOGY** **FRIESEN, TZYYNONG**

Provider ID: 244898  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1400  
 After Hours Phone: (951)  
600-1400  
Provider Gender: Female  
NPI: 1952740177  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A

#### **OTOLARYNGOLOGY** **JIANG, WEN**

Provider ID: 215564  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1659305753  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OTOLARYNGOLOGY** **KARI, ELINA**




Provider ID: 254089  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1780860536

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OTOLARYNGOLOGY** **KARI, ELINA**





Provider ID: 254296  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1780860536  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO



### D3. 專業提供者目錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OTOLARYNGOLOGY**





##### **PATEL, VIJAY**




Provider ID: 297034  
Board Certified Specialty: No  
 25170 HANCOCK AVE STE 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Male  
NPI: 1508250747  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC ALLERGY / IMMUNOLOGY**






##### **COLLINS, CATHLEEN**




Provider ID: 215733  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1205128089  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: LUCILE  
SALTER PACKARD CHILDRENS

HOSP, Stanford Health Care,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC CARDIOLOGY**







##### **BORQUEZ, ALEJANDRO**

Provider ID: 284119  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1114277787  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC CARDIOLOGY**

##### **DAVIS, CHRISTOPHER**

Provider ID: 215743  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Male  
NPI: 1760691950  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM



### D3. 專業提供者目錄

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**


##### **DUMMER, KIRSTEN**

Provider ID: 215645

Board Certified Specialty: No


 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1780642280

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**


##### **MCCANDLESS, RACHEL**

Provider ID: 215601

Board Certified Specialty: No


 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1487821815

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**


##### **NARAYAN, HARI**

Provider ID: 239114

Board Certified Specialty: No


 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1376705707

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**


##### **SAH, SERENA**

Provider ID: 215643

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (858) 966-5855

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1295042653

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**


##### **SILVA SEPULVEDA, JOSE**

Provider ID: 215679

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1417222472

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN



### D3. 專業提供者目錄


DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC CARDIOLOGY


##### **WILLIAMS, MATTHEW**

Provider ID: 215678

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1831423250


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY

##### MEDICINE


##### **DEVERA, GEMMIE**


Provider ID: N/A

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

 After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1366622078

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY

##### MEDICINE


##### **DO, STEPHANIE**

Provider ID: 216969


Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

Fax: (951) 696-6293

 After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1750513644

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Martin

Luther King Jr Community

Hospital, RADY CHILDRENS


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### PEDIATRIC EMERGENCY


##### MEDICINE

##### **GROSS, MATTHEW**

Provider ID: 297173

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (858) 966-7800

Fax: (858) 966-8231

 After Hours Phone: (858)  
966-7800

Provider Gender: Male

NPI: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

### D3. 專業提供者目錄

#### **PEDIATRIC EMERGENCY** **MEDICINE**

##### **INDRA, SEAN**

Provider ID: 302626

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6124

Fax: (951) 696-6293

After Hours Phone: (951)  
696-6124

Provider Gender: Male

NPI: 1427349091

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**

##### **KINGDON, JOANNA**

Provider ID: 302318

Board Certified Specialty: No

25170 HANCOCK AVE STE  
150  
MURRIETA, CA 92562

Phone: (858) 966-7800

Fax: (858) 966-8231

After Hours Phone: (858)  
966-7800

Provider Gender: Female

NPI: 1609495399

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**

##### **MESIWALA, ADNAN**

Provider ID: 275655

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6161

Fax: (951) 696-6105

After Hours Phone: (951)  
696-6161

Provider Gender: Male

NPI: 1528483955

Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**

##### **MILLS, DAVID**

Provider ID: 302147

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6124

Fax: (951) 696-6293

After Hours Phone: (951)  
696-6124

Provider Gender: Male

NPI: 1194145946

Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY** **MEDICINE**

##### **OZCAN, ALI**

Provider ID: 287924

Board Certified Specialty: No





25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

### D3. 專業提供者目錄

 Phone: (951) 696-6124  
Fax: (951) 696-6293  
 After Hours Phone: (951) 696-6124  
Provider Gender: Male  
NPI: 1265867683  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Turkish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, LOMA LINDA  
UNIVERSITY MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**




##### **PARK, BRIAN**

Provider ID: 302353  
Board Certified Specialty: No  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 Phone: (951) 696-6124  
Fax: (951) 696-6293  
 After Hours Phone: (951)  
696-6124  
Provider Gender: Male  
NPI: 1710418744  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST

HEALTHCARE RANCHO  
SPRINGS HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**








##### **RANASURIYA, DUNISHA**

Provider ID: 216972  
Board Certified Specialty: No  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 Phone: (951) 696-6161  
 After Hours Phone: (951)  
696-6161

Provider Gender: Female  
NPI: 1740468057  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A





#### **PEDIATRIC EMERGENCY MEDICINE**

##### **SCHROTER, STEPHANIE**

Provider ID: 243831  
Board Certified Specialty: No  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 Phone: (951) 696-6124  
 After Hours Phone: (951)  
696-6124  
Provider Gender: Female  
NPI: 1073951828  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **SHETH, SARIKA**


Provider ID: 248172  
Board Certified Specialty: No  
 25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
 Phone: (951) 696-6124  
Fax: (951) 696-6293  
 After Hours Phone: (951)  
696-6124  
Provider Gender: Female  
NPI: 1336503234  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y

### D3. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**

##### **SOUDER, CHRISTOPHER**

Provider ID: 301634

Board Certified Specialty: Yes

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562


 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1851540199

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S


HOSPITAL OAKLAND


Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **SYED-UDDIN, SUMIYAH**


Provider ID: 297771

Board Certified Specialty: No


 25500 MEDICAL CENTER

DR

MURRIETA, CA 92562


 Phone: (951) 696-6124

Fax: (951) 696-6293

 After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1225606478

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **TANG, ANDREW**

Provider ID: 294678


Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

Fax: (951) 696-6293

 After Hours Phone: (951)  
696-6124

Provider Gender: Male

NPI: 1184071516

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **TRAN, THERESA**

Provider ID: 301835

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

Fax: (951) 696-6293

 After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1417496985

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A



### D3. 專業提供者目錄

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **TYGART, MELISSA**

Provider ID: 294096

Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (858) 966-7800

Fax: (858) 966-8231

After Hours Phone: (858)  
966-7800

Provider Gender: Female

NPI: 1336602507

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC ENDOCRINOLOGY**

##### **SINGH, PUJA**

Provider ID: 302819

Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1841721172

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC**

#### **GASTROENTEROLOGY**

##### **CHU, CHRISTOPHER**

Provider ID: 301640

Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1912369273

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC PULMONOLOGY** **LENHART-PENDERGRASS, PATRICIA**

Provider ID: 294382

Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1144615659

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC PULMONOLOGY** **RAO, APARNA**

Provider ID: 215528

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640



### D3. 專業提供者目錄


Provider Gender: Female  
NPI: 1649222340


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**

#### **LOPEZ, XIMENA**

Provider ID: 302857

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640  
Fax: (951) 600-1760


 After Hours Phone: (951)  
600-1640


Provider Gender: Female  
NPI: 1740316405

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**

#### **MARIETTI SHEPHERD, SARAH**

Provider ID: 215657

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640  
Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female  
NPI: 1801094115

Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**

#### **NGO, MAI**

Provider ID: 302112

Board Certified Specialty: No

 25170 HANCOCK AVE STE 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640  
Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640


Provider Gender: Female  
NPI: 1508910787


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N  
Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
MEDICAL CTR AT UCSF, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### **PEDIATRICS**

#### **PATTERSON, MARY**

Provider ID: 215677

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640

Provider Gender: Female  
NPI: 1912112020

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):

## D3. 專業提供者目錄

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PEDIATRICS


#### **VARGAS TRUJILLO, MARCELA**

Provider ID: 215602

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1952534091

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: 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

### D3. 專業提供者目錄

Fax: (951) 600-1760

☎ After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1336356203

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PHYSICAL MEDICINE / REHABILITATION**

##### **SKALSKY, ANDREW**

Provider ID: 215522

Board Certified Specialty: No

📍 25170 HANCOCK AVE  
MURRIETA, CA 92562

☎ Phone: (951) 600-1640

Fax: (951) 600-1760

☎ After Hours Phone: (951) 600-1640

Provider Gender: Male

NPI: 1487635272

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): Fax: (951) 600-1760

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

### D3. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### **PULMONARY DISEASES**


##### **KUMAR, AVNEE**

*Provider ID: 300014*

*Board Certified Specialty: No*

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*


 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1750745394*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

#### **PULMONARY DISEASES**


##### **SURI, RAJAT**

*Provider ID: 283350*

*Board Certified Specialty: No*

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 *Phone: (951) 677-1111*

*Fax: (951) 677-9757*

 *After Hours Phone: (951)  
677-1111*


*Provider Gender: Male*


*NPI: 1144615337*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **SURGERY CARDIOVASCULAR**

##### **GRAMINS, DANIEL**

*Provider ID: 210049*

*Board Certified Specialty: No*

 41011 CALIFORNIA OAKS  
RD STE 104

MURRIETA, CA 92562

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1164495750*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **SURGERY CARDIOVASCULAR**


##### **HOWE, STEVEN**

*Provider ID: 210169*

*Board Certified Specialty: No*

 41011 CALIFORNIA OAKS  
RD STE 104

MURRIETA, CA 92562


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1497702740*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA JOLLA*

*JOHN SALLY THORNTON, TRI*


*CITY MEDICAL CTR*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

#### **SURGERY CARDIOVASCULAR**

##### **POLLEMA, TRAVIS**

*Provider ID: 210577*

*Board Certified Specialty: No*

 41011 CALIFORNIA OAKS  
RD STE 104

MURRIETA, CA 92562

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*



### D3. 專業提供者目錄

NPI: 1871752956


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**


##### **FAIRBANKS, TIMOTHY**

Provider ID: 246979

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1407010556

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**


##### **KLING, KAREN**

Provider ID: 215583

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND

NEWBORNS, NATIONAL

NAVAL MED CTR, SHARP


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**


##### **VASCULAR**


##### **HOWE, STEVEN**

Provider ID: 206761

Board Certified Specialty: No

 28062 BAXTER RD  
MURRIETA, CA 92563

 Phone: (877) 558-6248

 After Hours Phone: (877)  
558-6248

Provider Gender: Male

NPI: 1497702740

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, TRI  
CITY MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **SURGERY ORTHOPEDIC**

##### **CHENG, YU TSUN**

Provider ID: 301902

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1992982854

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST



### D3. 專業提供者目錄

#### HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### SURGERY ORTHOPEDIC

##### UPASANI, VIDYADHAR

Provider ID: 283160

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### SURGERY PEDIATRIC


##### THANGARAJAH, HARIHARAN

Provider ID: 215420

Board Certified Specialty: No


 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1598979593

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NATIONAL CITY

#### CARDIOLOGY


##### CAMACHO, BENJAMIN

Provider ID: 290137

Board Certified Specialty: No

 1615 SWEETWATER RD STE  
D

NATIONAL CITY, CA 91950


 Phone: (619) 474-2233


Fax: (619) 474-2211

 After Hours Phone: (619)  
474-2233

Provider Gender: Male

NPI: 1699759936

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

ALVARADO HOSPITAL LLC


Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### CARDIOLOGY

##### DAMANI, SAMIR

Provider ID: 303098

Board Certified Specialty: No

 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950

 Phone: (858) 800-2480

Fax: (858) 216-1908

 After Hours Phone: (858)  
800-2480

Provider Gender: Male

NPI: 1457379372

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

SA 9:00AM-4:00PM

## D3. 專業提供者目錄

 Website: N/A


### CARDIOLOGY

#### **PANDHI, JAY**

Provider ID: 269087

Board Certified Specialty: No

 655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950

 Phone: (619) 512-1915

Fax: (619) 512-1913

 After Hours Phone: (619)  
512-1915

Provider Gender: Male

NPI: 1407997406

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 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


### 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: 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

### CERTIFIED NURSE

#### PRACTITIONER

#### **CUNNINGHAM, ISIS**

### D3. 專業提供者目錄

Provider ID: 302115

Board Certified Specialty: No

655 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Phone: (619) 470-1945

Fax: (619) 475-5048

After Hours Phone: (619)  
470-1945

Provider Gender: Female

NPI: 1770124927

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DE CASTRO, SHARLENE**

Provider ID: 299158

Board Certified Specialty: No

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 339-5657

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1750019824

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-TH  
8:00AM-6:00PM  
F 8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DRISCOLL, SUSAN**

Provider ID: 301775

Board Certified Specialty: No

330 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1477755684

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DRISCOLL, SUSAN**

Provider ID: 301774

Board Certified Specialty: No

340 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1477755684

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **GULLY, MICHELLE**

Provider ID: 299422

Board Certified Specialty: No

1428 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 434-1613

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1801557947

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

### D3. 專業提供者目錄

8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **LIM, IMELDA**

Provider ID: 294308  
Board Certified Specialty: No  
2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (844) 200-2426  
Fax: (619) 474-3919  
After Hours Phone: (844)  
200-2426  
Provider Gender: Female  
NPI: 1093130395

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **MIDORO, ABEGAILLE**

Provider ID: 303830  
Board Certified Specialty: No  
2835 HIGHLAND AVE STE A  
NATIONAL CITY, CA 91950  
Phone: (844) 200-2426  
Fax: (619) 477-1286  
After Hours Phone: (844)

200-2426  
Provider Gender: Female  
NPI: 1952925851

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **MIDORO, ABEGAILLE**

Provider ID: 303827  
Board Certified Specialty: No  
2835 HIGHLAND AVE STE B  
NATIONAL CITY, CA 91950  
Phone: (844) 200-2426  
Fax: (619) 477-2628  
After Hours Phone: (844)  
200-2426

Provider Gender: Female  
NPI: 1952925851

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **NOVENO, HILARIO**

Provider ID: 297836  
Board Certified Specialty: No  
2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (844) 200-2426  
Fax: (619) 474-4008  
After Hours Phone: (844)  
200-2426  
Provider Gender: Male  
NPI: 1124486865

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-6:00PM

Website: N/A

#### **CHIROPRACTOR**

##### **GILIBERTO, JOSEPH**

Provider ID: 291548  
Board Certified Specialty: No  
2835 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (844) 200-2426  
Fax: (619) 399-5959  
After Hours Phone: (844)



### D3. 專業提供者目錄

200-2426  
Provider Gender: Male  
NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### DERMATOLOGY

##### **CHIANG, JENNIFER**

Provider ID: 291162  
Board Certified Specialty: No  
 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
 Phone: (619) 267-8303  
Fax: (619) 267-4832  
 After Hours Phone: (619)  
267-8303  
Provider Gender: Female  
NPI: 1457656738  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-4:30PM

Website: N/A

#### DERMATOLOGY

##### **CHIANG, JENNIFER**

Provider ID: 299237  
Board Certified Specialty: No  
 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
 Phone: (619) 267-8303  
Fax: (619) 267-4832  
 After Hours Phone: (619)  
267-8303  
Provider Gender: Female  
NPI: 1457656738

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-4:30PM  
 Website: N/A

#### DERMATOLOGY

##### **CHIANG, JENNIFER**

Provider ID: 262273  
Board Certified Specialty: No  
 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
 Phone: (619) 267-8303  
Fax: (619) 267-4835  
 After Hours Phone: (619)  
267-8303  
Provider Gender: Female  
NPI: 1457656738  
 Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-4:30PM  
 Website: N/A

#### DERMATOLOGY

##### **GONZALEZ, JOSE**

Provider ID: 297731  
Board Certified Specialty: No  
 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
 Phone: (619) 267-8303  
Fax: (619) 267-4835  
 After Hours Phone: (619)  
267-8303  
Provider Gender: Male  
NPI: 1437646288  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### DERMATOLOGY

##### **NELSON, AISLYN**

Provider ID: 291191  
Board Certified Specialty: No



### D3. 專業提供者目錄

655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Phone: (619) 267-8303  
Fax: (619) 267-4835  
After Hours Phone: (619)  
267-8303

Provider Gender: Female  
NPI: 1154717288

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:30AM-4:30PM  
Website: N/A

#### **DERMATOLOGY**

##### **TYAGI, ABHILASHA**

Provider ID: 295774  
Board Certified Specialty: No  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Phone: (619) 267-8303  
Fax: (619) 267-4835  
After Hours Phone: (619)  
267-8303

Provider Gender: Female  
NPI: 1609262963

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
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: 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: 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**

### D3. 專業提供者目錄

Provider ID: 125008

Board Certified Specialty: No

📍 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950

☎ Phone: (619) 267-8303

Fax: (619) 267-4835

🕒 After Hours Phone: (619)  
267-8303

Provider Gender: Male

NPI: 1659344513

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: NAVAL  
MEDICAL CTR SD RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-4:30PM

🌐 Website: N/A

#### **EMERGENCY MEDICINE**

##### **TOVAR, JUAN**

Provider ID: 290084

Board Certified Specialty: No

📍 1136 D AVE  
NATIONAL CITY, CA 91950

☎ Phone: (619) 622-4100

🕒 After Hours Phone: (619)  
622-4100

Provider Gender: Male

NPI: 1508896333

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **FAMILY PRACTICE**

##### **NAVARRO, VANESSA**

Provider ID: 301784

Board Certified Specialty: No

📍 2400 E 8TH ST  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

Fax: (619) 259-2807

🕒 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1952563421

🗣 Provider English Spoken: Y  
Provider Language(s)

Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **FAMILY PRACTICE**

##### **ROBERTS, POMAI**

Provider ID: 301278

Board Certified Specialty: No

📍 1136 D AVE  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

Fax: (619) 474-3722

🕒 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1023278314

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM

SA 8:00AM-2:30PM

🌐 Website: N/A

#### **NEPHROLOGY**

##### **COMUNALE, RODERICK**

Provider ID: 290784

Board Certified Specialty: No

📍 502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

☎ Phone: (858) 551-0276

Fax: (858) 454-8796

🕒 After Hours Phone: (858)  
551-0276

Provider Gender: Male

NPI: 1568462109

🗣 Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

### D3. 專業提供者目錄

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PARADISE  
VALLEY HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SCRIPPS MERCY HOSPITAL,  
ALVARADO HOSP MED CTR,  
KINDRED HOSPITAL SAN  
DIEGO, KINDRED HOSPITAL  
SAN DIEGO, SELECT  
SPECIALTY HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 21\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **ASLIAN, AZITA**

Provider ID: 301797

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950


 Phone: (619) 662-4100

Fax: (619) 336-2323

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1851667661

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Fataleka

Cultural Competency: N

Hospital Affiliation: Hemet

Global Medical Center, Menifee

Global Medical Center,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY  
HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **CARSON, LATISA**

Provider ID: 295917

Board Certified Specialty: No

 502 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 475-9744

Fax: (619) 475-4450

 After Hours Phone: (619)  
475-9744

Provider Gender: Female

NPI: 1245229129

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR


Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **DEL ROSARIO, GELEN**

Provider ID: 269247

Board Certified Specialty: No

 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950

 Phone: (619) 475-1261

Fax: (619) 475-1267

 After Hours Phone: (619)  
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,


PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Y


Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

Email:

pquiroz\_80@hotmail.com


#### **OBSTETRICS / GYNECOLOGY**

##### **DEL ROSARIO, GELEN**

Provider ID: 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

### D3. 專業提供者目錄


 *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*  
*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**




##### **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*




### D3. 專業提供者目錄

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### 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



### D3. 專業提供者目錄

Fax: (619) 482-3001

☏ After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1407440670

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 7:00AM-7:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **KARANDE, PRACHI**

Provider ID: 287102

Board Certified Specialty: No

📍 3400 E 8TH ST STE 108 NATIONAL CITY, CA 91950

☎ Phone: (619) 482-3000

Fax: (619) 482-3001

☏ After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1699357525

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 7:00AM-6:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **NGUYEN, TIA**

Provider ID: 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**

##### **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**

##### **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

### D3. 專業提供者目錄

NATIONAL CITY, CA 91950  
☎ Phone: (619) 482-3000  
Fax: (619) 695-0050  
🕒 After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1447723937

☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **SPARKS, TODD**

Provider ID: 301110

Board Certified Specialty: No

📍 3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
☎ Phone: (619) 482-3000  
Fax: (619) 695-0050

🕒 After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1265481139

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 7:00AM-7:00PM  
TU 7:00AM-0:00PM  
W-TH 7:00AM-7:00PM  
F 7:00AM-0:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

##### **SUGGS, SARAH**

Provider ID: 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**

### D3. 專業提供者目錄

#### **DAIRO, BRANDON**

Provider ID: 299882

Board Certified Specialty: No

3231 WARING CT STE K  
OCEANSIDE, CA 92056

Phone: (760) 607-5350

After Hours Phone: (760)  
607-5350

Provider Gender: Male

NPI: 1689092470

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 18\100

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **BAE, JINYI**

Provider ID: 298197

Board Certified Specialty: No

619 CROUCH ST STE 100  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1871154526

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\64

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **BALDWIN, ANDREA**

Provider ID: 294937

Board Certified Specialty: No

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1497202121

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 2\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:00AM-5:00PM  
W 8:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-6:00PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **BINETTE, DONYA**

Provider ID: 303861

Board Certified Specialty: No

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1427325166

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CARLSON, KATHLEEN**

Provider ID: 300217

Board Certified Specialty: No

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Provider Gender: Female



NPI: 1629180161

Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

### D3. 專業提供者目錄

American Sign Language (ASL):  Phone: (760) 631-5000  
N  Fax: (760) 414-3892

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**


#### **CHILAKA, SAMUEL**

Provider ID: 301315

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male


NPI: 1679140644


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CHILAKA, SAMUEL**

Provider ID: 301313

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 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



### D3. 專業提供者目錄

NPI: 1891207668

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **CHOI, JI**

Provider ID: 299766

Board Certified Specialty: No

 605 CROUCH ST STE C  
OCEANSIDE, CA 92054


 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1891207668

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **CHRISTY, TYLER**

Provider ID: 303930

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **CHRISTY, TYLER**

Provider ID: 303931

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **GENOVESE, KELLY**

Provider ID: 301304

Board Certified Specialty: No

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1326052457


 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **HARRIS, PAMELA**

Provider ID: 302289

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892



### D3. 專業提供者目錄

☎ 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: 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

### D3. 專業提供者目錄

 Phone: (760) 631-5000  
 Fax: (760) 414-3892


 After Hours Phone: (760) 631-5000


Provider Gender: Female  
NPI: 1013668680

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### **CERTIFIED NURSE PRACTITIONER**

##### **HERNANDEZ, JESSICA**

Provider ID: 304494

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
 Fax: (760) 414-3892


 After Hours Phone: (760) 631-5000


Provider Gender: Female  
NPI: 1013668680

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**



#### **PRACTITIONER**

##### **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

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

### D3. 專業提供者目錄

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1245695006

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **KHUAT, LIEN**

Provider ID: 297851

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1366558678


 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **KHUAT, LIEN**

Provider ID: 297849

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1366558678

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **KHUAT, LIEN**

Provider ID: 297850

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1366558678

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **MONTGOMERY, KEITH ALLEN**

Provider ID: 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

### D3. 專業提供者目錄

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**

#### **MONTGOMERY, KEITH ALLEN**

Provider ID: 295287

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)

631-5000

Provider Gender: Male

NPI: 1790978617

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 6\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU

8:00AM-5:00PM

W 10:00AM-7:00PM

TH-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **PRITZKER, JOELY**

Provider ID: 239772

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619384351

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **RAYTA, NICOLE**

Provider ID: 304682

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female


NPI: 1689027542

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **RONCAROLO DE VRIES, ROXANE**

Provider ID: 298765

Board Certified Specialty: No

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Male



## D3. 專業提供者目錄


NPI: 1497402184


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### CERTIFIED NURSE


#### PRACTITIONER

**SANTIAGO, AMANDA**

Provider ID: 242607

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619488731

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

### CERTIFIED NURSE


### PRACTITIONER

**SHAHBAZ, LINNAE**

Provider ID: 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: 295505

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000



### D3. 專業提供者目錄

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1851747166

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-2:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TAYLOR, CHRISTOPHER**

Provider ID: 295503

Board Certified Specialty: No

📍 517 N HORNE ST  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1851747166

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-2:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TAYLOR, CHRISTOPHER**

Provider ID: 295506

Board Certified Specialty: No

📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1851747166

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-2:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WILLIAMS, JINA**

Provider ID: 297182

Board Certified Specialty: No

📍 517 N HORNE ST  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1225500259

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WINDHAM, SUZONNE**

Provider ID: 303841

Board Certified Specialty: No

📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1679926208

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**



#### **PRACTITIONER**

#### **WINDHAM, SUZONNE**

Provider ID: 303722

### D3. 專業提供者目錄

*Board Certified Specialty: No*

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

*Provider Gender: Female*

*NPI: 1679926208*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 12\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*  
*SA 8:00AM-4:00PM*

 *Website: N/A*



#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WINDHAM, SUZONNE**

*Provider ID: 303725*

*Board Certified Specialty: No*

 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

*Provider Gender: Female*

*NPI: 1679926208*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 12\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*

*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
*SA 8:00AM-4:00PM*  
 *Website: N/A*



#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WINDHAM, SUZONNE**

*Provider ID: 303723*

*Board Certified Specialty: No*

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

*Provider Gender: Female*

*NPI: 1679926208*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 12\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*  
*SA 8:00AM-4:00PM*

 *Website: N/A*



#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **ALSTON, VICKIE**

*Provider ID: 257566*

*Board Certified Specialty: No*

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
 Phone: (760) 757-5841  
Fax: (760) 736-8740

 After Hours Phone: (760)

757-5841

*Provider Gender: Female*

*NPI: 1932209905*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-TU*  
*8:00AM-7:00PM*  
*W-F 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

 *Website: N/A*



#### **CERTIFIED REGISTERED**


#### **NURSE MIDWIFE**

#### **KELLY, KATHERINE**

*Provider ID: 290312*

*Board Certified Specialty: No*

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
 Phone: (760) 757-5841  
Fax: (760) 736-8740

 After Hours Phone: (760)  
757-5841

*Provider Gender: Female*

*NPI: 1801134275*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: PALOMAR*  
*MEDICAL CENTER*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### D3. 專業提供者目錄

 Website: N/A


#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **PERLMAN, TAMARA**


Provider ID: 290733

Board Certified Specialty: No

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054


 Phone: (760) 757-5841

Fax: (760) 736-8740

 After Hours Phone: (760)  
757-5841

Provider Gender: Female

NPI: 1730274374

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **SCHROEDER, MARY**


Provider ID: 290688

Board Certified Specialty: No

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054

 Phone: (760) 757-5841

Fax: (760) 736-8740

 After Hours Phone: (760)  
757-5841

Provider Gender: Female

NPI: 1164431664

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **ZAMORA-FLYR, MARIA**

Provider ID: 290644

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1194938647

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **CERTIFIED REGISTERED**


#### **NURSE MIDWIFE**

##### **ZAMORA-FLYR, MARIA**

Provider ID: 290642

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1194938647


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **ZAMORA-FLYR, MARIA**

Provider ID: 290643

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1194938647

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

## D3. 專業提供者目錄

MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **CHIROPRACTOR**

**ANDREWS, BRAD**

Provider ID: 290542

Board Certified Specialty: No

 619 CROUCH ST  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1750791745


Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **CHIROPRACTOR**

**JU, NATHANIEL**

Provider ID: 290221

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)

631-5000

Provider Gender: Male

NPI: 1972883882

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **EMERGENCY MEDICINE**

**PHAM, LILY**

Provider ID: 304934

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Female

NPI: 1811423072

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

 Website: N/A


### **FAMILY PRACTICE**

**MARTINEZ, LESLY**

Provider ID: 298005

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629509260

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM

W-F 8:00AM-5:00PM

 Website: N/A


### **FAMILY PRACTICE**

**MARTINEZ, LESLY**

Provider ID: 298006

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629509260



### D3. 專業提供者目錄

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)  
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: 293350  
Board Certified Specialty: No  
 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (844) 308-5003  
Fax: (760) 414-3763  
 After Hours Phone: (844)  
308-5003  
Provider Gender: Female  
NPI: 1871791749  
 Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **FAMILY PRACTICE**

##### **VIDAL, MONICA**

Provider ID: 293352  
Board Certified Specialty: No  
 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A  
**FAMILY PRACTICE**  
**VIDAL, MONICA**  
Provider ID: 293353



### D3. 專業提供者目錄

Board Certified Specialty: No

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1871791749

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **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. 專業提供者目錄


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. 專業提供者目錄

#### **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. 專業提供者目錄

*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. 專業提供者目錄

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. 專業提供者目錄


#### **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. 專業提供者目錄

*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: 290317*

*Board Certified Specialty: No*

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

*Provider Gender: Female*

*NPI: 1497161236*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Mandarin*


*Cultural Competency: N*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

#### **OPTOMETRIST**



##### **TAM, EMILY**

*Provider ID: 290318*

*Board Certified Specialty: No*



 517 N HORNE ST  
OCEANSIDE, CA 92054

### D3. 專業提供者目錄

 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: 304886

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female


NPI: 1457922957


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### **OPTOMETRIST**

##### **TRAN, JESSICA**

Provider ID: 303732

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 5\21

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### **OPTOMETRIST**

##### **TRAN, JESSICA**

Provider ID: 304887

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female


NPI: 1457922957


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### **OPTOMETRIST**

##### **TRAN, JESSICA**

Provider ID: 303731

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female


NPI: 1457922957


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 5\21

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



#### **OPTOMETRIST**


##### **TRAN, JESSICA**

Provider ID: 303730

Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000  
 Fax: (760) 414-3892


 After Hours Phone: (760) 631-5000


Provider Gender: Female

NPI: 1457922957

### D3. 專業提供者目錄

 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


#### **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. 專業提供者目錄

☎ 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. 專業提供者目錄

☎ 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

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. 專業提供者目錄

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. 專業提供者目錄


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. 專業提供者目錄

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. 專業提供者目錄




 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: 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**




##### **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**




##### **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. 專業提供者目錄


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: 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


##### **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

### D3. 專業提供者目錄

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PSYCHOLOGIST**

##### **GUTIERREZ, VERONICA**

Provider ID: 304732  
Board Certified Specialty: No  
 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1467674176

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PSYCHOLOGIST**




##### **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. 專業提供者目錄

*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. 專業提供者目錄

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. 專業提供者目錄

 *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. 專業提供者目錄

**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. 專業提供者目錄

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: 302527


Board Certified Specialty: No

 15725 POMERADO RD STE  
102

POWAY, CA 92064


 Phone: (619) 267-8303

Fax: (619) 267-4835

 After Hours Phone: (619)  
267-8303

Provider Gender: Male

NPI: 1659344513

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: NAVAL


MEDICAL CTR SD RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-4:30PM


 Website: N/A

#### DERMATOLOGY


##### **UEBELHOER, NATHAN**

Provider ID: 302914

Board Certified Specialty: No

 15725 POMERADO RD STE  
102

POWAY, CA 92064

 Phone: (619) 267-8303

Fax: (619) 267-4835

 After Hours Phone: (619)  
267-8303

Provider Gender: Male

NPI: 1659344513

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: NAVAL


MEDICAL CTR SD RBE


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-4:30PM


 Website: N/A

#### FAMILY PRACTICE

##### **NAJAND, SADAF**

Provider ID: 270055

Board Certified Specialty: No

 15611 POMERADO RD STE  
400

### D3. 專業提供者目錄

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. 專業提供者目錄

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


### NEONATAL / PERINATAL MEDICINE

#### **SAUER, CHARLES**

Provider ID: 206164

Board Certified Specialty: No

 15615 POMERADO RD  
POWAY, CA 92064

 Phone: (858) 613-4143

Fax: (858) 613-4539

 After Hours Phone: (858)  
613-4143

Provider Gender: Male

NPI: 1538388988



 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


### NEONATAL / PERINATAL MEDICINE

#### **WEST, JULIE**

Provider ID: 297072

Board Certified Specialty: No

 15615 POMERADO RD  
POWAY, CA 92064

 Phone: (858) 613-4143

Fax: (858) 613-4539

 After Hours Phone: (858)  
613-4143

Provider Gender: Female

NPI: 1811151848

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### OBSTETRICS / GYNECOLOGY


#### **COBB, DAMON**

Provider ID: 206030

Board Certified Specialty: No

 15706 POMERADO RD STE  
110

POWAY, CA 92064

 Phone: (858) 485-0130

Fax: (858) 485-9424

 After Hours Phone: (858)  
485-0130

Provider Gender: Male

NPI: 1851435598

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, PALOMAR  
MEDICAL CENTER, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-4:30PM  
F 9:00AM-1:00PM

 Website: N/A

### OPHTHALMOLOGY


#### **LOZIER, JEFFREY**

Provider ID: 270187

Board Certified Specialty: Yes

 15611 POMERADO RD STE  
400

POWAY, CA 92064

 Phone: (858) 675-3100

Fax: (858) 618-1523

 After Hours Phone: (858)  
675-3100

Provider Gender: Male

NPI: 1225004450

 Provider English Spoken: Y  
Cultural Competency: N



### D3. 專業提供者目錄


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. 專業提供者目錄

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. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, PALOMAR HEALTH, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH  
8:00AM-4:00PM*

 *Website: N/A*

#### **SURGERY ORTHOPEDIC**


##### **BALIKIAN, PHILIP**

*Provider ID: 257485*

*Board Certified Specialty: Yes*

 15611 POMERADO RD STE 400

POWAY, CA 92064


 *Phone: (858) 613-8900*


*Fax: (858) 618-1523*

 *After Hours Phone: (858) 613-8900*

*Provider Gender: Male*

*NPI: 1407803687*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Armenian, Italian,  
Spanish, Vietnamese*

*Cultural Competency: N*

*Hospital Affiliation: PALOMAR HEALTH*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  15611 POMERADO RD STE

*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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**


##### **HYLTON, DIANA**

Provider ID: 241735

Board Certified Specialty: Yes

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932527751

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO


SPRINGS HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**


##### **MEYER, MEGAN**

Provider ID: 239607

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720473044

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**


##### **MILLAR, MELISSA**

Provider ID: 201308

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-5754

 After Hours Phone: (619)  
543-5754

Provider Gender: Female

NPI: 1417361981

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ANESTHESIOLOGY**


##### **NGUYEN, QUOC SY**

Provider ID: 242188

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871911644

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

 Hours: M-F



## D3. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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: 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

### D3. 專業提供者目錄

 Website: N/A


#### **ANESTHESIOLOGY PAIN MANAGEMENT**

##### **DAIRO, BRANDON**

Provider ID: 299880

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110


 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Male


NPI: 1689092470


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 18\100

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **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. 專業提供者目錄


Medi-Cal Open Panel: 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. 專業提供者目錄

 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273


Provider Gender: Male  
NPI: 1023373040

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **CARDIOLOGY**

##### **SHEREV, DIMITRI**

Provider ID: 301306

Board Certified Specialty: No



 6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115

 Phone: (619) 582-4490

Fax: (519) 582-4737

 After Hours Phone: (619)  
582-4490

Provider Gender: Male  
NPI: 1154323996

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL,  
ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,


ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY  
HOSPITAL CHULA VISTA, Sharp


Grossmont Hospital  
Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **CARDIOLOGY**

##### **SHEREV, DIMITRI**

Provider ID: 302987

Board Certified Specialty: No



 6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115

 Phone: (619) 582-4490

Fax: (619) 582-4737

 After Hours Phone: (619)  
582-4490

Provider Gender: Male  
NPI: 1154323996

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL,  
ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY  
HOSPITAL CHULA VISTA, Sharp


Grossmont Hospital  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


#### **CARDIOLOGY**

##### **SUDHAKAR, DEEPTHI**

Provider ID: 295844

Board Certified Specialty: No

 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

 Phone: (619) 616-2100

Fax: (619) 616-2104



 After Hours Phone: (619)  
616-2100

Provider Gender: Female  
NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N









Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR

## D3. 專業提供者目錄

Medi-Cal Open Panel: 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: 304137  
Board Certified Specialty: No  
 4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1104129485  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

### **CERTIFIED ACUPUNCTURIST** **ARELLANO, JACQUELINE**

Provider ID: 304138  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1104129485  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y

### D3. 專業提供者目錄

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1104129485

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: 277967

Board Certified Specialty: No

 9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **CERTIFIED ACUPUNCTURIST**


##### **ARELLANO, JACQUELINE**

Provider ID: 277968

Board Certified Specialty: No

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1104129485

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED ACUPUNCTURIST**

##### **CRAFT, KEVIN**


Provider ID: 290942

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858) 279-0925

Provider Gender: Male

NPI: 1659745610

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED ACUPUNCTURIST**

##### **JULIAN, FIDES**

Provider ID: 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. 專業提供者目錄


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: 277699

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **CERTIFIED ACUPUNCTURIST**

**JULIAN, FIDES**

Provider ID: 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



### D3. 專業提供者目錄

#### **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. 專業提供者目錄

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. 專業提供者目錄


NPI: 1144809393

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### CERTIFIED NURSE PRACTITIONER

##### **BUENROSTRO, CHRISTINA**





Provider ID: 243718  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1851749253






 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER





##### **BUI, ANH**



Provider ID: 304273  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
Provider Gender: Male  
NPI: 1184309684




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 14\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### CERTIFIED NURSE PRACTITIONER

##### **BUI, ANH**

Provider ID: 304272  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
810-8700  
Provider Gender: Male  
NPI: 1184309684

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 14\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

##### **CAMARGO-LOWTHERS, ANGELICA**

Provider ID: 270981  
Board Certified Specialty: No  
 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
 Phone: (858) 637-4700  
 Fax: (858) 637-4701  
 After Hours Phone: (858)  
637-4700  
Provider Gender: Female  
NPI: 1912982539

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-5:00PM  
 Website: N/A

#### CERTIFIED NURSE

#### PRACTITIONER

##### **CAMARGO-LOWTHERS,**

## D3. 專業提供者目錄

### ANGELICA

Provider ID: 54944

Board Certified Specialty: No

8010 FROST ST STE 510  
SAN DIEGO, CA 92123

Phone: (858) 637-4700

Fax: (858) 637-4701

After Hours Phone: (858)  
637-4700

Provider Gender: Female

NPI: 1912982539

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER

### CAMARGO-LOWTHERS,

### ANGELICA

Provider ID: 295914

Board Certified Specialty: No

8010 FROST ST STE 220  
SAN DIEGO, CA 92123

Phone: (858) 637-4700

Fax: (858) 637-4701

After Hours Phone: (858)  
637-4700

Provider Gender: Female

NPI: 1912982539

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER

### CAPOZZI, JENNIFER

Provider ID: 241031

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336258276

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER

### CHANTALA, ELIZABETH

Provider ID: 291305

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942430442

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER

### CHAVEZ, ALEXANDRIA

Provider ID: 243357

Board Certified Specialty: No

4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811543622

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### D3. 專業提供者目錄

 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. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **CERTIFIED NURSE**

#### **PRACTITIONER**








#### **CONNOR, CAROLINE**

*Provider ID: 279836*  
*Board Certified Specialty: No*  
 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1609081710*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE**

#### **PRACTITIONER**




#### **CONNOR, CAROLINE**





*Provider ID: 279835*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1609081710*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **COSINO, ANJELICA**






*Provider ID: 201309*  
*Board Certified Specialty: No*  
 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1295238749*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DAVIES, SUMMER**

*Provider ID: 253692*  
*Board Certified Specialty: No*  
 8899 UNIVERSITY CENTER  
LN STE 220  
SAN DIEGO, CA 92122  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1679850671*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*



### D3. 專業提供者目錄

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **DAVIS, JANET**

Provider ID: 255796  
Board Certified Specialty: No  
330 LEWIS ST  
SAN DIEGO, CA 92103  
Phone: (619) 471-9250  
Fax: (619) 471-9275  
After Hours Phone: (619)  
471-9250

Provider Gender: Female  
NPI: 1164616280

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **DE DIOS, SARAH**

Provider ID: 300051  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female

NPI: 1528632742  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **DEL VECCHIO, MEGAN**

Provider ID: 301725  
Board Certified Specialty: No  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1437662863

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **DEL VECCHIO, MEGAN**

Provider ID: 301726  
Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1437662863  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **DEUTSCH, KAREN**

Provider ID: 247981  
Board Certified Specialty: No  
330 LEWIS ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1740517127

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT

### D3. 專業提供者目錄

**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. 專業提供者目錄

Medi-Cal Open Panel: Y  
Min/Max 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. 專業提供者目錄

 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. 專業提供者目錄

 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. 專業提供者目錄

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**

**HAROUH, 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. 專業提供者目錄


*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: 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*

### D3. 專業提供者目錄

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

**IBARRA, MARTHA**

Provider ID: 295393

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1114957289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 14\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W 8:30AM-5:30PM

TH 8:30AM-8:30PM

F 8:30AM-5:30PM

SA 9:00AM-4:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

**INSTONE, SUSAN**

Provider ID: 293255

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1710223268

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**


**INSTONE, SUSAN**

Provider ID: 293254

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

Provider Gender: Female

NPI: 1710223268

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

**JONES, CHRISTA**

Provider ID: 275563

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396371431

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

### D3. 專業提供者目錄

#### **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: 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**

#### **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**



### D3. 專業提供者目錄

#### **PRACTITIONER**

##### **KLEMENCIC, TAHNEE**

Provider ID: 302628

Board Certified Specialty: No

📍 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8974

Fax: (858) 966-6721

📞 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1134802283

🗨 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **LAFORTEZA, JOZELLE**

Provider ID: 202666

Board Certified Specialty: No

📍 9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538578307

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **LANE, KIMBERLY**

Provider ID: 301597

Board Certified Specialty: No

📍 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

☎ Phone: (858) 485-0554

Fax: (858) 429-7933

📞 After Hours Phone: (858)  
485-0554

Provider Gender: Female

NPI: 1457670119

🗨 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **LANE, KIMBERLY**

Provider ID: 301600

Board Certified Specialty: No

📍 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

☎ Phone: (858) 430-1101

Fax: (858) 221-5049

📞 After Hours Phone: (858)  
430-1101

Provider Gender: Female

NPI: 1457670119

🗨 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**

##### **LANE, KIMBERLY**

Provider ID: 301601

Board Certified Specialty: No

📍 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

☎ Phone: (858) 429-7646

Fax: (858) 429-7929

📞 After Hours Phone: (858)  
429-7646

Provider Gender: Female

NPI: 1457670119

🗨 Provider English Spoken: Y

Cultural Competency: N




Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):



## D3. 專業提供者目錄

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. 專業提供者目錄

 *Provider English Spoken: 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: 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**

#### **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**

#### **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*

### D3. 專業提供者目錄

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MIDORO, ABEGAILLE**

Provider ID: 303828

Board Certified Specialty: No

📍 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

☎ Phone: (844) 200-2426

Fax: (858) 536-8034

📞 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1952925851

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TU

8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MILLER, EVA**

Provider ID: 255833

Board Certified Specialty: No

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

☎ Phone: (619) 471-9210

📞 After Hours Phone: (619)  
471-9210

Provider Gender: Female

NPI: 1043492523

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): 📞  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MOHEBBI, ATHENA**

Provider ID: 201325

Board Certified Specialty: No

📍 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1952627176

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): 📞  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MORAN, TIFFANY**

Provider ID: 304275

Board Certified Specialty: No

📍 2630 1ST AVE  
SAN DIEGO, CA 92103

☎ Phone: (619) 234-2158

Fax: (619) 234-0206

📞 After Hours Phone: (619)  
234-2158

Provider Gender: Female

NPI: 1730730649

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **MULVEY, CAOILFHIONN**

Provider ID: 291419

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184386864

☐ Provider English Spoken: Y



Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N


### D3. 專業提供者目錄


 *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*

 *Hours: M-F*



## D3. 專業提供者目錄

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

After Hours Phone: (844)



### D3. 專業提供者目錄

200-2426  
Provider Gender: Female  
NPI: 1790785988  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TU  
8:30AM-5:30PM  
W 8:30AM-7:00PM  
TH-F 8:30AM-5:30PM  
 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ORPILLA, IMELDA**

Provider ID: 243506  
Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN  
RD STE B10-B11  
SAN DIEGO, CA 92129  
 Phone: (214) 590-5306  
Fax: (858) 240-6470  
 After Hours Phone: (214)  
590-5306  
Provider Gender: Female  
NPI: 1790785988  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-TU  
8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM  
 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PAI, SARAH**

Provider ID: 276870  
Board Certified Specialty: No  
 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1255762167  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PATIAG, DANIEL**

Provider ID: 293248  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
Provider Gender: Male  
NPI: 1073169769  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **PATIAG, DANIEL**

Provider ID: 293249  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
810-8700  
Provider Gender: Male  
NPI: 1073169769  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

### D3. 專業提供者目錄

**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: 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: 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

1016 OUTER RD

### D3. 專業提供者目錄

SAN DIEGO, CA 92154  
☎ Phone: (619) 429-3733  
Fax: (619) 628-5550  
🕒 After Hours Phone: (619) 429-3733  
Provider Gender: Female  
NPI: 1174232748  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**PRUETT, ZHIKE**  
Provider ID: 76608  
Board Certified Specialty: No  
📍 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
☎ Phone: (619) 299-2350  
🕒 After Hours Phone: (619) 299-2350  
Provider Gender: Female  
NPI: 1295086262  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**PRUETT, ZHIKE**  
Provider ID: 295975  
Board Certified Specialty: No  
📍 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
☎ Phone: (619) 299-2350  
🕒 After Hours Phone: (619) 299-2350  
Provider Gender: Female  
NPI: 1295086262  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
9:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**QUINTO, CINDY**  
Provider ID: 293264  
Board Certified Specialty: No  
📍 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
☎ Phone: (619) 280-2058  
Fax: (858) 633-4682  
🕒 After Hours Phone: (619) 280-2058  
Provider Gender: Female  
NPI: 1902810377  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: French, Lao,

Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**QUINTO, CINDY**  
Provider ID: 293265  
Board Certified Specialty: No  
📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
Fax: (858) 633-4680  
🕒 After Hours Phone: (858) 810-8700  
Provider Gender: Female  
NPI: 1902810377  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: French, Lao, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

### D3. 專業提供者目錄

#### **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. 專業提供者目錄

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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): *Medi-Cal Open Panel: Y*

N

 Accessibility: CONTACT PROVIDER

### **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): *Medi-Cal Open Panel: Y*

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): *Medi-Cal Open Panel: Y*

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): *Medi-Cal Open Panel: Y*



## D3. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM*

 *Website: N/A*

### **CERTIFIED NURSE**


#### **PRACTITIONER**

**ROSSI, CATHERINE**

*Provider ID: 291445*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1649934126*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

### **CERTIFIED NURSE**


#### **PRACTITIONER**

**ROZO, JOSE**

*Provider ID: 300037*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1528787132*

 *Provider English Spoken: Y*

*Cultural Competency: N*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

### **CERTIFIED NURSE**


#### **PRACTITIONER**

**SABIN, NANCY**

*Provider ID: 293287*

*Board Certified Specialty: No*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 *Phone: (858) 279-0925*


*Fax: (858) 633-4680*

 *After Hours Phone: (858)  
279-0925*

*Provider Gender: Female*

*NPI: 1285732586*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

### **CERTIFIED NURSE**


#### **PRACTITIONER**

**SABIN, NANCY**

*Provider ID: 293288*

*Board Certified Specialty: No*

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*

*Fax: (858) 633-4680*

 *After Hours Phone: (858)  
810-8700*

*Provider Gender: Female*

*NPI: 1285732586*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

### **CERTIFIED NURSE**


#### **PRACTITIONER**

**SAMPSON, ANDRIECE**

*Provider ID: 303282*

*Board Certified Specialty: No*

 2630 1ST AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 234-2158*

*Fax: (619) 234-0505*

 *After Hours Phone: (619)  
234-2158*

*Provider Gender: Female*

*NPI: 1619594124*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Medi-Cal Open Panel: Y*



*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### D3. 專業提供者目錄

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**


##### **SANTANGELO, JOANNE**

Provider ID: 293285

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1619370475


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**


##### **SANTANGELO, JOANNE**

Provider ID: 293286

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700  
Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1619370475

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
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. 專業提供者目錄

 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. 專業提供者目錄

926-8273  
Provider Gender: Female  
NPI: 1649528357  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TALBOT, ADRIANNE**

Provider ID: 278183  
Board Certified Specialty: No  
📍 4168 FRONT ST STE 1A  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1992048557  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TIMBERMAN, SARAH**

Provider ID: 295361  
Board Certified Specialty: No  
📍 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-4003  
Fax: (858) 560-6798  
🕒 After Hours Phone: (858)  
966-4003

Provider Gender: Female  
NPI: 1144614066  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TONJES, ERIKA**

Provider ID: 298018  
Board Certified Specialty: No  
📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 279-9676  
Fax: (858) 633-4680  
🕒 After Hours Phone: (858)

279-9676  
Provider Gender: Female  
NPI: 1205540812  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **TONJES, ERIKA**

Provider ID: 298019  
Board Certified Specialty: No  
📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
Fax: (858) 633-4680  
🕒 After Hours Phone: (858)  
810-8700  
Provider Gender: Female  
NPI: 1205540812  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM



### D3. 專業提供者目錄

 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. 專業提供者目錄

**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. 專業提供者目錄

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. 專業提供者目錄

 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. 專業提供者目錄

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: 301714

Board Certified Specialty: No

 4168 FRONT ST



### D3. 專業提供者目錄

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: 301715  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1073241618  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

#### **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. 專業提供者目錄


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. 專業提供者目錄

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: 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**

##### **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**


##### **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. 專業提供者目錄




 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **CHIROPRACTOR**

##### **BUI, MAI**



Provider ID: 289496  
Board Certified Specialty: No  
 10717 CAMINO RUIZ STE 137  
SAN DIEGO, CA 92126  
 Phone: (619) 692-3211  
Fax: (619) 640-3211  
 After Hours Phone: (619)  
692-3211  
Provider Gender: Female  
NPI: 1780901264




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
 Hours: M 9:00AM-6:00PM  
W 9:00AM-6:00PM  
F 9:00AM-2:00PM  
 Website: N/A

#### **CHIROPRACTOR**

##### **BUI, MAI**


Provider ID: 295791  
Board Certified Specialty: No  
 5354 UNIVERSITY AVE STE  
3  
SAN DIEGO, CA 92105  
 Phone: (619) 692-3211  
Fax: (619) 640-3211



 After Hours Phone: (619)  
692-3211  
Provider Gender: Female  
NPI: 1780901264  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999



American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
9:00AM-5:00PM  
 Website: N/A

#### **CHIROPRACTOR**

##### **BUI, MAI**

Provider ID: 125052  
Board Certified Specialty: No  
 5354 UNIVERSITY AVE STE  
3  
SAN DIEGO, CA 92105  
 Phone: (619) 692-3211  
Fax: (619) 640-3211  
 After Hours Phone: (619)  
692-3211  
Provider Gender: Female  
NPI: 1780901264


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F

9:00AM-5:00PM  
 Website: N/A



#### **CHIROPRACTOR**

##### **CASTRO, DAVID**

Provider ID: 293322  
Board Certified Specialty: No  
 1016 OUTER RD  
SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
Fax: (619) 628-5550



 After Hours Phone: (619)  
429-3733  
Provider Gender: Male  
NPI: 1841557733

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **CHIROPRACTOR**

##### **GILIBERTO, JOSEPH**

Provider ID: 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

### D3. 專業提供者目錄

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **CHIROPRACTOR**

##### **GILIBERTO, JOSEPH**

Provider ID: 291546  
Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN  
RD STE D  
SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
Fax: (619) 399-5959  
 After Hours Phone: (844)  
200-2426  
Provider Gender: Male  
NPI: 1821463159  
 Provider English Spoken: Y  
 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. 專業提供者目錄

☎ 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. 專業提供者目錄

*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. 專業提供者目錄


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: 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**

Provider ID: 271136

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093161473

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: 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. 專業提供者目錄

#### **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: 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**

##### **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**

##### **CASTELLANO, TIFFANY**

### D3. 專業提供者目錄

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: 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**

#### **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**

#### **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. 專業提供者目錄

 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. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: 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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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: 284813*

*Board Certified Specialty: No*

 4168 FRONT ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1083922462*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Sinhala, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

### **ENDOCRINOLOGY**

#### **METABOLISM DIABETES**

#### **EKANAYAKE, PREETHIKA**

*Provider ID: 284812*

*Board Certified Specialty: No*

 200 W ARBOR DR



### D3. 專業提供者目錄

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

☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: 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: 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



### D3. 專業提供者目錄


Medi-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: 287780

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720474141


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **ENDOCRINOLOGY**


#### **METABOLISM DIABETES**

#### **NAGELBERG, JODI**

Provider ID: 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**


#### **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**

#### **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. 專業提供者目錄

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. 專業提供者目錄

*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: 207163*  
*Board Certified Specialty: No*  
 9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*




## D3. 專業提供者目錄

926-8273  
Provider Gender: Female  
NPI: 1265810337  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **FAMILY PRACTICE**







#### **CHEN, ALICE**

Provider ID: 207167  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1265810337  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **FAMILY PRACTICE**

#### **CHEN, ALICE**

Provider ID: 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**  
**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):  
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):  
N



## D3. 專業提供者目錄


 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: 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):  
Min/Max Age: 0\999

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **FAMILY PRACTICE**


#### **JOLICOEUR, MEGAN**

Provider ID: 300060

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1114366192

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### **FAMILY PRACTICE**

#### **JOLICOEUR, MEGAN**


Provider ID: 300059

Board Certified Specialty: No

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1114366192

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### **FAMILY PRACTICE**


#### **JOLICOEUR, MEGAN**


Provider ID: 300057

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN STE 350

SAN DIEGO, CA 92122

 Phone: (858) 249-6890

 After Hours Phone: (858)  
249-6890

Provider Gender: Female


NPI: 1114366192


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### **FAMILY PRACTICE**


#### **KUROSAKA, MOMO**

Provider ID: 291447

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)



## D3. 專業提供者目錄

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)  
279-0925

### D3. 專業提供者目錄

Provider Gender: Male

NPI: 1952386765

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **FAMILY PRACTICE**

##### **RISSER, JOSEPH**

Provider ID: 293217

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1952386765

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **FAMILY PRACTICE**

##### **ROSADO, IVAN**

Provider ID: 299244

Board Certified Specialty: No

316 25TH ST  
SAN DIEGO, CA 92102

Phone: (619) 662-4100

Fax: (619) 238-3807

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1316479603

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8:30AM-5:30PM  
M-F 8:30AM-5:30PM  
SA 8:30AM-2:30PM

Website: N/A

#### **FAMILY PRACTICE**

##### **SCOTT, LAGINA**

Provider ID: 302648

Board Certified Specialty: No

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

Fax: (619) 263-9601

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1558897009

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **SUMMERS-DAY, COURTNEY**

Provider ID: 290976

Board Certified Specialty: Yes

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1124288873

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **FAMILY PRACTICE**

##### **VAN PRATT LEVIN, BENJAMIN**

Provider ID: 302531

Board Certified Specialty: No

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

Fax: (619) 328-5550

After Hours Phone: (619)  
429-3733




Provider Gender: Male

NPI: 1619438330

Provider English Spoken: Y





Provider Language(s)

### D3. 專業提供者目錄

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **FAMILY PRACTICE**








##### **VO, PHU LUONG**

*Provider ID: 303332*  
*Board Certified Specialty: No*  
 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6305*  
 *After Hours Phone: (619) 662-4100*  
*Provider Gender: Female*  
*NPI: 1043849177*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish, Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **FAMILY PRACTICE GERIATRIC**





#### **MEDICINE**




##### **MILLER, SCOTT**

*Provider ID: 271539*  
*Board Certified Specialty: No*  
 9878 CARMEL MOUNTAIN RD STE B  
SAN DIEGO, CA 92129  
 *Phone: (858) 312-1440*  
*Fax: (760) 788-7983*  
 *After Hours Phone: (858) 312-1440*  
*Provider Gender: Male*  
*NPI: 1104845536*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **GASTROENTEROLOGY**







##### **ANAND, GOBIND**

*Provider ID: 272837*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (619) 543-2347*  
*Fax: (858) 657-7259*  
 *After Hours Phone: (619) 543-2347*  
*Provider Gender: Male*  
*NPI: 1861626814*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*



#### **GASTROENTEROLOGY**

##### **ANAND, GOBIND**

*Provider ID: 304187*  
*Board Certified Specialty: No*  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1861626814*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **GASTROENTEROLOGY**

##### **BAUMAN, LAURA**

*Provider ID: 260041*  
*Board Certified Specialty: No*  
 3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-4003*  
*Fax: (858) 560-6798*

## D3. 專業提供者目錄

 After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1255697850

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### GASTROENTEROLOGY

#### DAVE, SHRAVAN

Provider ID: 270450

Board Certified Specialty: No

 4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1588081814


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### GASTROENTEROLOGY

#### DAVE, SHRAVAN

Provider ID: 304204

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588081814


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### GASTROENTEROLOGY

#### HASAN, AWS

Provider ID: 299951

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1780047597

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### GASTROENTEROLOGY


#### HILDRETH, AMBER

Provider ID: 280464

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1548521511


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

### GASTROENTEROLOGY


#### KUMAR, SOMA

Provider ID: 205377

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2 SOUTH

SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858)



### D3. 專業提供者目錄

966-4003  
Provider Gender: Female  
NPI: 1356502520  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **NOVO, MEGAN**

Provider ID: 296066  
Board Certified Specialty: No  
📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
☎ Phone: (619) 266-3332  
Fax: (619) 266-6006  
🕒 After Hours Phone: (619)  
266-3332  
Provider Gender: Female  
NPI: 1770961971  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, UNIVERSITY OF  
CALIFORNIA IRVINE MED CTR,  
PARADISE VALLEY HOSPITAL,  
TRI CITY MEDICAL CTR,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **POLK, DAVID**

Provider ID: 275449  
Board Certified Specialty: No  
📍 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123  
☎ Phone: (760) 294-9260  
Fax: (760) 294-9274  
🕒 After Hours Phone: (760)  
294-9260  
Provider Gender: Male  
NPI: 1427140839  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSP OF  
LOS ANGELES  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **REDDY, JOSEPH**

Provider ID: 27748  
Board Certified Specialty: Yes  
📍 6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
☎ Phone: (619) 588-4074  
Fax: (619) 588-4004  
🕒 After Hours Phone: (619)  
588-4074  
Provider Gender: Male  
NPI: 1245215391

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\150  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **REDDY, JOSEPH**

Provider ID: 290034  
Board Certified Specialty: Yes  
📍 6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
☎ Phone: (619) 588-4074  
Fax: (619) 588-4004



### D3. 專業提供者目錄

☎ After Hours Phone: (619) 588-4074

Provider Gender: Male

NPI: 1245215391

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **SHAFFER, KATHERINE**

Provider ID: 295712

Board Certified Specialty: No

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

☎ Phone: (619) 266-3332

Fax: (619) 266-6000

☎ After Hours Phone: (619)  
266-3332

Provider Gender: Female

NPI: 1336405695

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PARADISE  
VALLEY HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **SHAH, SHAILJA**

Provider ID: 283896

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073803243

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **SHAH, SHAILJA**

Provider ID: 304178

Board Certified Specialty: No

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073803243

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **GASTROENTEROLOGY**

##### **TSAI, MATTHEW**

Provider ID: 304196

Board Certified Specialty: No

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285051177

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

### D3. 專業提供者目錄

American Sign Language (ASL): *Medi-Cal Open Panel: Y*  
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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **GENERAL PRACTICE**

##### **BORRERO, MARCOS**


Provider ID: 125077

Board Certified Specialty: No

 3490 PALM AVE  
SAN DIEGO, CA 92154


 Phone: (619) 423-5616

Fax: (619) 423-5684

 After Hours Phone: (619)  
423-5616

Provider Gender: Male

NPI: 1952312621

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA


Medi-Cal Open Panel: Y


Min/Max Age: 2\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **GENETICS CLINICAL**

##### **REIMERS, REBECCA**

Provider ID: 294650

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **GENETICS CLINICAL**

##### **REIMERS, REBECCA**


Provider ID: 302348

Board Certified Specialty: No

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-5840

Fax: (858) 966-8550

 After Hours Phone: (858)  
966-5840

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: N


## D3. 專業提供者目錄

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **GENETICS MEDICAL**


#### **DEL CAMPO CASANELLES, MIGUEL**

Provider ID: 206013

Board Certified Specialty: No


 7920 FROST ST STE 200  
SAN DIEGO, CA 92123


 Phone: (858) 966-7484  
Fax: (858) 966-4064

 After Hours Phone: (858)  
966-7484

Provider Gender: Male

NPI: 1598141475

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Italian,  
Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



### **GENETICS MEDICAL**

#### **MARDACH, REBECCA**

Provider ID: 241946

Board Certified Specialty: No

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-5840  
 After Hours Phone: (858)  
966-5840

Provider Gender: Female

NPI: 1457330607

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR, UC  
DAVIS MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### **HEARING AID DEALER / SUPPLIER**


#### **ANDERSON, ELAINE**

Provider ID: 268689

Board Certified Specialty: No

 6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120

 Phone: (619) 583-7002  
Fax: (619) 583-9404

 After Hours Phone: (619)  
583-7002

Provider Gender: Female

NPI: 1063558856

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **HEARING AID DEALER / SUPPLIER**


#### **ANDERSON, ELAINE**

Provider ID: 268691

Board Certified Specialty: No

 9340 CLAIREMONT MESA  
BLVD STE D

SAN DIEGO, CA 92123

 Phone: (858) 278-9911

Fax: (858) 565-7324  
 After Hours Phone: (858)  
278-9911

Provider Gender: Female

NPI: 1063558856

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **HEARING AID DEALER / SUPPLIER**

#### **DAVIS, KELLE**

Provider ID: 268653

### D3. 專業提供者目錄

Board Certified Specialty: No

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123

Phone: (858) 278-9911

Fax: (858) 565-7324

After Hours Phone: (858)  
278-9911

Provider Gender: Female

NPI: 1902853344

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### HEARING AID DEALER /

#### SUPPLIER

#### **DAVIS, KELLE**

Provider ID: 268652

Board Certified Specialty: No

6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120

Phone: (619) 583-7002

Fax: (619) 583-9404

After Hours Phone: (619)  
583-7002

Provider Gender: Female

NPI: 1902853344

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

#### HEMATOLOGY / ONCOLOGY

#### **CHEN, YU-WEI**

Provider ID: 303059

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1245694801

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### HEMATOLOGY / ONCOLOGY

#### **LEE, KAREN**

Provider ID: 284165

Board Certified Specialty: No

3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1518352970

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### HEMATOLOGY / ONCOLOGY

#### **NGUYEN, ANTHONY**

Provider ID: 301060

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295153575

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### HEMATOLOGY / ONCOLOGY

#### **PAUL, MEGAN**


Provider ID: 274499

Board Certified Specialty: No

3010 CHILDRENS WAY STE






### D3. 專業提供者目錄

2W  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5811  
Fax: (858) 966-8035  
 After Hours Phone: (858) 966-5811  
Provider Gender: Female  
NPI: 1427495894  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### HEMATOLOGY / ONCOLOGY

##### **SCHWERKOSKE, JOHN**

Provider ID: 298655  
Board Certified Specialty: No  
 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
 Phone: (619) 872-0953  
Fax: (619) 378-3162  
 After Hours Phone: (619) 872-0953  
Provider Gender: Male  
NPI: 1912260829  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: METHODIST HOSP OF SACRAMENTO, MERCY SAN JUAN MEDICAL CENTER, MERCY GENERAL HOSPITAL,

CITY OF HOPE NATIONAL MED CTR, MERCY HOSPITAL OF FOLSOM, UC DAVIS MEDICAL CTR, WOODLAND MEMORIAL HOSP, WOODLAND MEMORIAL HOSP, LOMA LINDA UNIVERSITY MED CTR MURRIETA, Hemet Valley Medical Center  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM  
 Website: N/A

#### HEMATOLOGY / ONCOLOGY





##### **VU, PETER**

Provider ID: 272716  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1861810830  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A


#### HEMATOLOGY / ONCOLOGY

##### **ZHOU, JENNY**

Provider ID: 273188  
Board Certified Specialty: No  
 9333 GENESEE AVE STE 310  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1598007924  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### HOSPICE AND PALLIATIVE MEDICINE

##### **RUBENZIK, TAMARA**

Provider ID: 245573  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103







### D3. 專業提供者目錄

 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: 276671  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1811200652  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **INFECTIOUS DISEASE** **ALDOUS, JEANNETTE**







Provider ID: 290420  
Board Certified Specialty: No  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
Fax: (619) 205-6384  
 After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1073650339

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **INFECTIOUS DISEASE**

##### **BAMFORD, LAURA**

Provider ID: 276546  
Board Certified Specialty: No  
 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 Phone: (619) 543-6382  
Fax: (888) 539-8781  
 After Hours Phone: (619) 543-6382  
Provider Gender: Female  
NPI: 1750435996  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **INFECTIOUS DISEASE**

##### **DEISS, ROBERT**

Provider ID: 258330  
Board Certified Specialty: No  
 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103  
 Phone: (619) 543-3995  
 After Hours Phone: (619) 543-3995  
Provider Gender: Male  
NPI: 1194977652  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

### D3. 專業提供者目錄

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):

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

Provider Gender: Female

NPI: 1538346317

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, Stanford Health  
Care, STANFORD HEALTH

CARE TRI-VALLEY

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

#### **INFECTIOUS DISEASE**

##### **MARTIN, THOMAS**

Provider ID: 277226

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1093193583

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INFECTIOUS DISEASE**

##### **MARTIN, THOMAS**

Provider ID: 277225

Board Certified Specialty: No

4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

Phone: (619) 543-5890

Fax: (888) 539-8781

After Hours Phone: (619) 543-5890

Provider Gender: Male

NPI: 1093193583

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INFECTIOUS DISEASE**

##### **MOODLEY, AMARAN**

Provider ID: 208558

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

Phone: (885) 966-7785

Fax: (858) 966-8658

After Hours Phone: (885) 966-7785

### D3. 專業提供者目錄

Provider Gender: Male

NPI: 1104023670

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **INFECTIOUS DISEASE**

##### **PANNARAJ, PIA**

Provider ID: 301026

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

☎ Phone: (858) 966-7785

Fax: (858) 966-8658

🕒 After Hours Phone: (858)  
966-7785

Provider Gender: Female

NPI: 1942478524

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS  
ANGELES, HOLLYWOOD

PRESBYTERIAN MED CTR,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **INFECTIOUS DISEASE**

##### **PROMER, KATHERINE**

Provider ID: 258545

Board Certified Specialty: No

📍 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306280607

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL

HOSPITAL, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **INFECTIOUS DISEASE**

##### **RAJAGOPAL, AMUTHA**

Provider ID: 221088

Board Certified Specialty: No

📍 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1124465745

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **INFECTIOUS DISEASE**

##### **RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 299946

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659720555

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

### D3. 專業提供者目錄

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*

#### **INTERNAL MEDICINE**

##### **BALL, SHELDON**



### D3. 專業提供者目錄

Provider ID: 294136

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1689646275

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

Website: N/A

#### INTERNAL MEDICINE

#### **BORDIN-WOSK, TALYA**

Provider ID: 273983

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (760) 471-9186

Fax: (619) 543-8255

After Hours Phone: (760)  
471-9186

Provider Gender: Female

NPI: 1801184973

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

#### **CHENG, GEORGE**

Provider ID: 247639

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1316174568

Provider English Spoken: Y

Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

#### **DJEKIC, KRISTINA**

Provider ID: 286668

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417343732

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### INTERNAL MEDICINE

#### **GELBERG, ANNA**

Provider ID: 285638

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104004258

Provider English Spoken: Y

Provider Language(s)

Spoken: Russian

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL



### D3. 專業提供者目錄

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: 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

#### **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

#### **HASTIE, ELIZABETH**

Provider ID: 291431

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1154818797

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### INTERNAL MEDICINE


#### **HOGARTH, MICHAEL**

Provider ID: 214386

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225019193

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, UC  
DAVIS MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

## D3. 專業提供者目錄


### INTERNAL MEDICINE


#### **JABBOUR, MOUSSA**

Provider ID: 256659

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1255741633

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### INTERNAL MEDICINE

#### **JIANG, JUN**

Provider ID: 291415

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1447792171

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### INTERNAL MEDICINE


#### **KATZ, YISRAEL**

Provider ID: 272936

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1730507872

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### INTERNAL MEDICINE


#### **KVIATKOVSKY, MILLA**

Provider ID: 274003

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (619) 543-6222

 After Hours Phone: (619)  
543-6222

Provider Gender: Female

NPI: 1366855355

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Finnish, French,  
Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### INTERNAL MEDICINE


#### **LAGO HERNANDEZ, CARLOS**

Provider ID: 238622

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1558756270

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### D3. 專業提供者目錄

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **INTERNAL MEDICINE**

##### **LAM, MICHAEL**

Provider ID: 274411  
Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578974259

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **LAM, MICHAEL**

Provider ID: 274410  
Board Certified Specialty: No

4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578974259

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **LEVERONE, NICHOLAS**

Provider ID: 272692  
Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407388564

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **MAJITHIA, AMIT**

Provider ID: 255882  
Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801091459

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **MARTINEZ, ARMANDO**

Provider ID: 291421  
Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

### D3. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1598261091

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### INTERNAL MEDICINE

##### **MUNCE, DANIELLE**

Provider ID: 272577

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1740644509

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### INTERNAL MEDICINE

##### **NAIDZIONAK, ULADZISLAU**

Provider ID: 290567

Board Certified Specialty: No

📍 7930 FROST ST STE 405  
SAN DIEGO, CA 92123

☎ Phone: (858) 237-0572

☎ After Hours Phone: (858) 237-0572

Provider Gender: Male

NPI: 1023246212

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: TU 9:00AM-4:00PM  
TH 9:00AM-4:00PM

🌐 Website: N/A

#### INTERNAL MEDICINE

##### **NARANJO, RODRIGO**

Provider ID: 293268

Board Certified Specialty: No

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

☎ After Hours Phone: (858) 279-0925

Provider Gender: Male

NPI: 1609095264

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### INTERNAL MEDICINE

##### **NARANJO, RODRIGO**

Provider ID: 293269

Board Certified Specialty: No

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

Fax: (858) 633-4680

☎ After Hours Phone: (858) 810-8700

Provider Gender: Male

NPI: 1609095264

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### INTERNAL MEDICINE

##### **NOKES, BRANDON**

Provider ID: 287582

Board Certified Specialty: No

📍 200 W ARBOR DR



## D3. 專業提供者目錄

SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1487040051  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

### INTERNAL MEDICINE

#### **SEBASKY, MEGHAN**

Provider ID: 273962  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (619) 543-6222  
Fax: (619) 543-8255  
📞 After Hours Phone: (619) 543-6222  
Provider Gender: Female  
NPI: 1538351408  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y

Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

### INTERNAL MEDICINE

#### **SHAHATTO, LOBNA**

Provider ID: 201324  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (858) 657-7000  
📞 After Hours Phone: (858) 657-7000  
Provider Gender: Female  
NPI: 1477879906  
☑ Provider English Spoken: Y  
☑ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

### INTERNAL MEDICINE

#### **SMITH, CHELSEY**

Provider ID: 239920  
Board Certified Specialty: No  
📍 4168 FRONT ST

SAN DIEGO, CA 92103  
☎ Phone: (858) 657-6110  
📞 After Hours Phone: (858) 657-6110  
Provider Gender: Female  
NPI: 1013264506  
☑ Provider English Spoken: Y  
☑ Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A




### INTERNAL MEDICINE

#### **TANTISIRA, LALITA**

Provider ID: 275926  
Board Certified Specialty: No  
📍 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1508874298  
☑ Provider English Spoken: Y  
☑ Provider Language(s) Spoken: Thai  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N








### D3. 專業提供者目錄




 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  
 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

##### **THOMAS, ROBERT**





Provider ID: 238929  
Board Certified Specialty: Yes  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273




Provider Gender: Male  
NPI: 1053765909  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### INTERNAL MEDICINE



##### **WANG, ANGELA**

Provider ID: 259535  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1730133976  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### INTERNAL MEDICINE

##### **WANG, ANGELA**

Provider ID: 259534  
Board Certified Specialty: No  
 4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121  
 Phone: (855) 355-5864  
Fax: (888) 539-8781  
 After Hours Phone: (855)  
355-5864  
Provider Gender: Female  
NPI: 1730133976  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS

### D3. 專業提供者目錄

GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE

**WEBSTER, LUKE**

Provider ID: 272681

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1235660887

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### INTERNAL MEDICINE

**YANG, JENNY**

Provider ID: 283026

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346636453

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND  
HEALTHCARE CTR, UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### INTERNAL MEDICINE


**YANG, JENNY**

Provider ID: 283027

Board Certified Specialty: No

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346636453

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND


HEALTHCARE CTR, UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### INTERNAL MEDICINE

**ZHANG, SHERRY**

Provider ID: 272657

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1588198147

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y


Min/Max Age: 18\999

### D3. 專業提供者目錄

American Sign Language (ASL): Fax: (619) 616-2104

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

 After Hours Phone: (619)  
616-2100

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP

CHULA VISTA MED CTR


Medi-Cal Open Panel: Y

Min/Max Age: 15\99

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### LICENSED PROFESSIONAL


#### CLINICAL COUNSELOR

#### **GARCIA, JENNI**


Provider ID: 299310

Board Certified Specialty: No

 3025 BEYER BLVD  
SAN DIEGO, CA 92154



 Phone: (619) 662-4100

Fax: (619) 662-4119

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1437775863

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### LICENSED PROFESSIONAL

#### CLINICAL COUNSELOR


#### **NAKAMURA, TIFFANY**


Provider ID: 239584

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
315

SAN DIEGO, CA 92121

 Phone: (858) 534-8019

 After Hours Phone: (858)  
534-8019

Provider Gender: Female

NPI: 1356846349


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### MATERNAL AND FETAL


#### MEDICINE

#### **ADAMI, REBECCA**

Provider ID: 272670

Board Certified Specialty: No

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

### D3. 專業提供者目錄

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: 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**

#### **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**

#### **LAURENT, LOUISE**

Provider ID: 208640



### D3. 專業提供者目錄

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770532707

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **MCCULLOUGH, DEIRDRE**

Provider ID: 277260

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **MCCULLOUGH, DEIRDRE**

Provider ID: 210034

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **MELBER, DORA**

Provider ID: 296994

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hungarian, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A



## D3. 專業提供者目錄

### **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: 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**

## D3. 專業提供者目錄

### MOORE, THOMAS

Provider ID: 208643

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184682379

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### MATERNAL AND FETAL MEDICINE

#### REIMERS, REBECCA

Provider ID: 294647

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### MATERNAL AND FETAL MEDICINE

#### REIMERS, REBECCA

Provider ID: 294648

Board Certified Specialty: No

7910 FROST ST STE 220  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### MATERNAL AND FETAL MEDICINE

### RICHARDSON, ALVIE

Provider ID: 277314

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, Sharp Grossmont

Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### MATERNAL AND FETAL MEDICINE

#### RICHARDSON, ALVIE

Provider ID: 214436

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977

### D3. 專業提供者目錄

*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: 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**

#### **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**

#### **SHANNON, KELLI**

*Provider ID: 208474*  
*Board Certified Specialty: No*  
 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*  
 *After Hours Phone: (858)*  
*966-6710*  
*Provider Gender: Female*  
*NPI: 1922156397*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL, SHARP*  
*MARY BIRCH HOSP FOR*  
*WOMEN AND NEWBORNS*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **MATERNAL AND FETAL** **MEDICINE**

#### **WESTERMANN, MELISSA**

*Provider ID: 287084*  
*Board Certified Specialty: No*

### D3. 專業提供者目錄

7910 FROST ST STE 220  
SAN DIEGO, CA 92123

Phone: (858) 966-6710  
Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female  
NPI: 1760730758

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **WESTERMANN, MELISSA**

Provider ID: 277353

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6710  
Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female  
NPI: 1760730758

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **WESTERMANN, MELISSA**

Provider ID: 242522

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710  
Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Female  
NPI: 1760730758

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **MATERNAL AND FETAL MEDICINE**

##### **WILLIAMS, KRISTIN**

Provider ID: 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



### D3. 專業提供者目錄

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: 277383  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
NPI: 1992847131  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
SAN MATEO MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,

SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, TRI CITY  
MEDICAL CTR, CALIFORNIA  
PACIFIC MED CTR,  
CALIFORNIA PACIFIC MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **MATERNAL AND FETAL MEDICINE**






##### **WOLF, RICHARD**

Provider ID: 209253  
Board Certified Specialty: No  
 4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1497713846  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, PALOMAR  
MEDICAL CENTER, UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **BAI-TONG, SHIYU**

Provider ID: 283285  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
 After Hours Phone: (858)  
966-5818  
Provider Gender: Female  
NPI: 1528454188  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



### D3. 專業提供者目錄

#### **NEONATAL / PERINATAL MEDICINE**

##### **CARROLL, JEANNE**

Provider ID: 205727

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1386928224

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **DEL ROSARIO, PAMELA**

Provider ID: 295000

Board Certified Specialty: No

3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1952691941

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **FLEMING, SARAH**

Provider ID: 205645

Board Certified Specialty: No

4077 5TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 260-7046

Fax: (619) 686-3843

After Hours Phone: (619)  
260-7046

Provider Gender: Female

NPI: 1679809826

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **GLENN, TARA**

Provider ID: 283159

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1992060974

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **HIETALATI, SAMANTHA**

Provider ID: 294251

Board Certified Specialty: No

3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

Phone: (858) 966-5888





Fax: (858) 249-5839

After Hours Phone: (858)  
966-5888

Provider Gender: Female






### D3. 專業提供者目錄




NPI: 1245617489

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### NEONATAL / PERINATAL MEDICINE






##### **HONOLD, JOSE**




Provider ID: 205941  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
Fax: (858) 966-7483  
 After Hours Phone: (858)  
966-5818  
Provider Gender: Male  
NPI: 1093886855  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PIONEERS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, EL CENTRO REGIONAL  
MEDICAL CENTER, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### NEONATAL / PERINATAL MEDICINE





##### **HONOLD, JOSE**

Provider ID: 242881  
Board Certified Specialty: No  
 4077 5TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 691-7000  
 After Hours Phone: (619)  
691-7000  
Provider Gender: Male  
NPI: 1093886855  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PIONEERS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, EL CENTRO REGIONAL

MEDICAL CENTER, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **LANE, BRIAN**

Provider ID: 205707  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
Fax: (858) 966-7483  
 After Hours Phone: (858)  
966-5818  
Provider Gender: Male  
NPI: 1427129287  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP CHULA  
VISTA MED CTR, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS

### D3. 專業提供者目錄

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

 Phone: (800) 926-8273

Fax: (619) 543-3812

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

### D3. 專業提供者目錄

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: 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: 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: 299894

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1801952197

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEONATAL / PERINATAL


##### MEDICINE

#### **MCCULLEY, DAVID**

Provider ID: 277177

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Male




NPI: 1235304155

 Provider English Spoken: Y

Cultural Competency: N







## D3. 專業提供者目錄


Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### NEONATAL / PERINATAL MEDICINE

#### **MESTAN, KAREN**

Provider ID: 285932  
Board Certified Specialty: No  
 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5888  
 After Hours Phone: (858)  
966-5888  
Provider Gender: Female  
NPI: 1942253356  
 Provider English Spoken: Y  
Cultural Competency: N




Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




### NEONATAL / PERINATAL MEDICINE

#### **NIEMI, ANNA-KAISA**

Provider ID: 262157

Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
Fax: (858) 966-7483  
 After Hours Phone: (858)  
966-5818  
Provider Gender: Female  
NPI: 1497941397


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO




Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### NEONATAL / PERINATAL MEDICINE

#### **NIEMI, ANNA-KAISA**





Provider ID: 262158  
Board Certified Specialty: No  
 4077 5TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 260-7107  
 After Hours Phone: (619)  
260-7107  
Provider Gender: Female  
NPI: 1497941397

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y




Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### NEONATAL / PERINATAL MEDICINE

#### **NYMAN, KATHERINE**

Provider ID: 301822  
Board Certified Specialty: No  
 4077 5TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 260-7046  
Fax: (619) 686-3843  
 After Hours Phone: (619)  
260-7046  
Provider Gender: Female  
NPI: 1003260951  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### NEONATAL / PERINATAL MEDICINE

#### **NYMAN, KATHERINE**

Provider ID: 301819



### D3. 專業提供者目錄

*Board Certified Specialty: No*  
3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123  
Phone: (858) 966-5888  
Fax: (858) 249-5839  
After Hours Phone: (858)  
966-5888  
Provider Gender: Female  
NPI: 1003260951  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **ODONNELL, F JANE**

Provider ID: 205578  
*Board Certified Specialty: No*  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-5818  
Fax: (858) 966-7483  
After Hours Phone: (858)  
966-5818  
Provider Gender: Female  
NPI: 1477625325  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,

UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **RAMOS, CARLOS**

Provider ID: 206060  
*Board Certified Specialty: No*  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (619) 543-3759  
Fax: (619) 543-3812  
After Hours Phone: (619)  
543-3759  
Provider Gender: Male  
NPI: 1205047545  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, EL CENTRO  
REGIONAL MEDICAL CENTER,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,

RADY CHILDRENS HOSPITAL  
SAN DIEGO, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **NEONATAL / PERINATAL MEDICINE**

##### **SAJTI, ENIKO**

Provider ID: 206171  
*Board Certified Specialty: No*  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (619) 543-3759  
Fax: (619) 543-3812  
After Hours Phone: (619)  
543-3759  
Provider Gender: Female  
NPI: 1649433103  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### D3. 專業提供者目錄


 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

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### NEONATAL / PERINATAL MEDICINE

##### **SAUER, CHARLES**

Provider ID: 303904

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 249-5839

 After Hours Phone: (858)  
966-5888

Provider Gender: Male

NPI: 1538388988

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

PALOMAR MEDICAL CENTER,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, PALOMAR

HEALTH, SCRIPPS MEMORIAL

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### NEONATAL / PERINATAL


#### MEDICINE

##### **SONG, RICHARD**

Provider ID: 206143

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Male

NPI: 1881893477

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, PALOMAR HEALTH,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

MEDICAL CENTER,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE


INLAND VALLEY HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### NEONATAL / PERINATAL MEDICINE

##### **SPEZIALE, MARK**

### D3. 專業提供者目錄

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  
MEMORIAL 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

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: 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

## D3. 專業提供者目錄


DIEGO

Medi-Cal Open Panel: 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

**VOLLER, STEPHANNIE**

Provider ID: 303807

Board Certified Specialty: No

 8001 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 966-8052  
Fax: (858) 966-7789

 After Hours Phone: (858)  
966-8052

Provider Gender: Female

NPI: 1417121971

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### NEONATAL / PERINATAL MEDICINE

**WEISS, KATHERINE**

Provider ID: 264677

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818  
Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1053541862

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### NEONATAL / PERINATAL MEDICINE

**WEST, JULIE**

Provider ID: 297073

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888  
Fax: (858) 249-5839

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1811151848

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### NEPHROLOGY

**QUEVEDO, JUAN**

Provider ID: 269998



## D3. 專業提供者目錄

*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

Website: N/A

### **NEPHROLOGY**

#### **ZHONG, YAN**

Provider ID: 296053

*Board Certified Specialty: Yes*

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

Phone: (619) 299-2350

Fax: (619) 297-8379

After Hours Phone: (619)  
299-2350

Provider Gender: Female

NPI: 1467683540



### D3. 專業提供者目錄

Provider English Spoken: Y  
 Provider Language(s) Spoken: Chinese, Mandarin  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR, LAC RANCHO LOS AMIGOS NATIONAL REHAB CENTER, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, KECK HOSPITAL OF USC, Los Angeles General Medical Center  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **NEUROLOGY**

##### **BEVINS, ELIZABETH**

Provider ID: 241943  
Board Certified Specialty: No  
 4510 EXECUTIVE DR STE 325  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1013395151

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **NEUROLOGY**

##### **BUI, JONATHAN**

Provider ID: 303227  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5819  
Fax: (858) 966-4930  
 After Hours Phone: (858) 966-5819  
Provider Gender: Male  
NPI: 1730247974

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **NEUROLOGY**

##### **BUI, JONATHAN**

Provider ID: 206005  
Board Certified Specialty: No  
 8001 FROST ST

SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
Fax: (858) 966-4930  
 After Hours Phone: (858) 966-5999  
Provider Gender: Male  
NPI: 1730247974  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **NEUROLOGY**

##### **COUGHLIN, DAVID**

Provider ID: 240951  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1740543784  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F

### D3. 專業提供者目錄

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**

##### **COUGHLIN, DAVID**

Provider ID: 240949

Board Certified Specialty: Yes

4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1740543784

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY**

##### **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: 203235

Board Certified Specialty: No

200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

Phone: (619) 543-3500

Fax: (888) 539-8781

After Hours Phone: (619)  
543-3500

Provider Gender: Female

NPI: 1700177136

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY**

##### **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

### D3. 專業提供者目錄

 Website: N/A


#### **NEUROLOGY**

##### **FREDERICK, ALIYA**

Provider ID: 283152

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 576-8412

 After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1548657992

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD


MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **NEUROLOGY**


##### **GOLD, JEFFREY**

Provider ID: 303287


Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123


 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5819

Provider Gender: Male

NPI: 1568773984

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL


OAKLAND, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **NEUROLOGY**

##### **GOLD, JEFFREY**

Provider ID: 283335

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 576-8412

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1568773984

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SHARP MEMORIAL  
HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **NEUROLOGY**


##### **GUIDO-ESTRADA, NATALIE**

Provider ID: 303271

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5819

Provider Gender: Female

NPI: 1528353521

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **NEUROLOGY**

##### **GUNDOGDU, MELEK**

Provider ID: 201623

Board Certified Specialty: No

 200 W ARBOR DR FL 1

### D3. 專業提供者目錄

SAN DIEGO, CA 92103  
☎ Phone: (619) 543-3500  
📞 After Hours Phone: (619) 543-3500  
Provider Gender: Female  
NPI: 1437253671  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Turkish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **NEUROLOGY**

##### **HANNAWI, ANDREW**

Provider ID: 283154  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5999  
Fax: (858) 576-8412  
📞 After Hours Phone: (858) 966-5999  
Provider Gender: Male  
NPI: 1194179135  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **NEUROLOGY**

##### **IRAGUIMADOZ, VICENTE**

Provider ID: 304154  
Board Certified Specialty: No  
📍 6655 ALVARADO RD SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1053326710  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

#### **NEUROLOGY**

##### **KHAMISHON, BORIS**

Provider ID: 269923  
Board Certified Specialty: No

📍 6699 ALVARADO RD STE 2301 SAN DIEGO, CA 92120  
☎ Phone: (619) 582-2595  
Fax: (619) 229-8006  
📞 After Hours Phone: (619) 582-2595  
Provider Gender: Male  
NPI: 1104922038  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Russian, Samoan, Spanish  
Cultural Competency: N  
Hospital Affiliation: ALVARADO HOSPITAL LLC  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-TH 8:00AM-4:00PM F 8:00AM-3:00PM  
🌐 Website: N/A




#### **NEUROLOGY**

##### **KIM MCMANUS, OLIVIA**

Provider ID: 303229  
Board Certified Specialty: No  
📍 3030 CHILDRENS WAY FL 4 SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5819  
Fax: (858) 966-4930  
📞 After Hours Phone: (858) 966-5819  
Provider Gender: Female  
NPI: 1174870067  
☐ Provider English Spoken: Y  
Cultural Competency: N









### D3. 專業提供者目錄

*Hospital Affiliation:*  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, CHILDRENS  
HOSPITAL OF ORANGE  
COUNTY, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
*Medi-Cal Open Panel:* Y  
*Min/Max Age:* 0\19  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT  
PROVIDER  
 *Hours:* M-F  
8:00AM-5:00PM  
 *Website:* N/A

#### **NEUROLOGY**






##### **LAVERTY, CHAMINDRA**

*Provider ID:* 303258  
*Board Certified Specialty:* No  
 3030 CHILDRENS WAY FL  
4  
SAN DIEGO, CA 92123  
 *Phone:* (858) 966-5819  
*Fax:* (858) 966-4930  
 *After Hours Phone:* (858)  
966-5819  
*Provider Gender:* Female  
*NPI:* 1538320395  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Hospital Affiliation:* RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
*Medi-Cal Open Panel:* Y  
*Min/Max Age:* 0\19  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT  
PROVIDER  
 *Hours:* M-F

8:00AM-5:00PM  
 *Website:* N/A

#### **NEUROLOGY**



##### **LEE, DAVID**

*Provider ID:* 246263  
*Board Certified Specialty:* No  
 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
 *Phone:* (800) 926-8273  
 *After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*NPI:* 1871884130  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
*Spoken:* Korean

*Cultural Competency:* N  
*Hospital Affiliation:* UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
*Medi-Cal Open Panel:* Y  
*Min/Max Age:* 0\999  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT  
PROVIDER  
 *Hours:* M-F  
8:00AM-5:00PM  
 *Website:* N/A

#### **NEUROLOGY**







##### **LEE, DAVID**

*Provider ID:* 304198  
*Board Certified Specialty:* No  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
 *After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male

*NPI:* 1871884130  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
*Spoken:* Korean  
*Cultural Competency:* N  
*Hospital Affiliation:* UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
*Medi-Cal Open Panel:* Y  
*Min/Max Age:* 0\999  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT  
PROVIDER  
 *Website:* N/A

#### **NEUROLOGY**

##### **LEGER, GABRIEL**

*Provider ID:* 304176  
*Board Certified Specialty:* No  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
 *After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*NPI:* 1720367899  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Hospital Affiliation:* UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
*Medi-Cal Open Panel:* Y  
*Min/Max Age:* 0\999  
*American Sign Language (ASL):*  
N  
 *Accessibility:* CONTACT  
PROVIDER  
 *Website:* N/A



## D3. 專業提供者目錄

### **NEUROLOGY**

#### **LEGER, GABRIEL**

Provider ID: 247608

Board Certified Specialty: No

4510 EXECUTIVE DR STE 325

SAN DIEGO, CA 92121

Phone: (858) 543-8540

After Hours Phone: (858) 543-8540

Provider Gender: Male

NPI: 1720367899

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

### **NEUROLOGY**

#### **LONGARDNER, KATHERINE**

Provider ID: 268346

Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1801215926

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

### **NEUROLOGY**

#### **LONGARDNER, KATHERINE**

Provider ID: 304197

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1801215926

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **NEUROLOGY**

#### **NELSON, JAMES**

Provider ID: 303228

Board Certified Specialty: No

3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123

Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858) 966-5819

Provider Gender: Male

NPI: 1568434546

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, UCSD

MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

### **NEUROLOGY**

#### **QAYOUMI, WALI**

Provider ID: 284370

Board Certified Specialty: No

4510 EXECUTIVE DR STE 325

SAN DIEGO, CA 92121

Phone: (619) 294-3746

Fax: (888) 539-8781

After Hours Phone: (619) 294-3746

Provider Gender: Male

NPI: 1093178220






Provider English Spoken: Y  
Provider Language(s)  
Spoken: French

### D3. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
*Medi-Cal Open Panel: 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):*  
N  
 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*

#### **NEUROLOGY**


##### **RIGGINS, NINA**


*Provider ID: 285968*  
*Board Certified Specialty: No*  
 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*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**

##### **RIGGINS, NINA**

*Provider ID: 304200*  
*Board Certified Specialty: No*  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*

*NPI: 1568655264*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Russian*




*Cultural Competency: N*  
*Hospital Affiliation: MEDICAL*  
CTR AT UCSF  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*

#### **NEUROLOGY**


##### **SCHORR, EMILY**

*Provider ID: 305021*  
*Board Certified Specialty: No*  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1255862041*

 *Provider English Spoken: Y*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*

#### **NEUROLOGY**

##### **SCHORR, EMILY**

*Provider ID: 305023*  
*Board Certified Specialty: No*  
 200 W ARBOR DR

### D3. 專業提供者目錄

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: 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 8:00AM-5:00PM  
🌐 Website: N/A

#### **NEUROLOGY**

### D3. 專業提供者目錄

#### **ZIMBRIC, MICHAEL**

Provider ID: 303284

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5819

Provider Gender: Male

NPI: 1487819546

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY CHILD**

#### **GRAVES, JENNIFER**

Provider ID: 261037

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1992849863

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF

Medical Center At Mission Bay,

UCSF MEDICAL CENTER AT

MOUNT ZION, MEDICAL CTR

AT UCSF, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY CHILD**

#### **GUIDO-ESTRADA, NATALIE**

Provider ID: 205825

Board Certified Specialty: No

8001 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1528353521

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY CHILD**

#### **NELSON, JAMES**

Provider ID: 205373

Board Certified Specialty: No

8001 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1568434546

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: VALLEY

CHILDRENS HOSPITAL, UCSD

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **NEUROLOGY CHILD**








#### **SAHAGIAN, MICHELLE**

Provider ID: 206074

Board Certified Specialty: No



### D3. 專業提供者目錄






 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
Fax: (858) 966-4930  
 After Hours Phone: (858)  
966-5999  
Provider Gender: Female  
NPI: 1275604035  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




#### **OBSTETRICS / GYNECOLOGY**

**BLAKE, GARY**  
Provider ID: 290731  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
Provider Gender: Male  
NPI: 1497738439  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

**PROVIDER**  
 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**







**COHEN, MANSOUR**  
Provider ID: 205940  
Board Certified Specialty: Yes  
 7695 CARDINAL CT STE  
390  
SAN DIEGO, CA 92123  
 Phone: (858) 279-8111  
Fax: (858) 279-4703  
 After Hours Phone: (858)  
279-8111  
Provider Gender: Male  
NPI: 1346225356  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Farsi,  
Hebrew, Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
9:00AM-4:00PM  
 Website: N/A  
Email:





JOSHUACOHENMD@YAHOO.COM

#### **OBSTETRICS / GYNECOLOGY**

**CONTRERAS, MICHELLE**  
Provider ID: 295938  
Board Certified Specialty: No  
 550 WASHINGTON ST STE

331  
SAN DIEGO, CA 92103  
 Phone: (619) 662-4100  
Fax: (619) 432-1607  
 After Hours Phone: (619)  
662-4100  
Provider Gender: Female  
NPI: 1730499252  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SUTTER  
SOLANO MED CTR, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

**DELCORE, LAURA**  
Provider ID: 291327  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1790128759  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):



## D3. 專業提供者目錄

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*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

### D3. 專業提供者目錄

#### **OBSTETRICS / GYNECOLOGY**

##### **DRIEBE, AMY**

Provider ID: 291339

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DRIEBE, AMY**

Provider ID: 291337

Board Certified Specialty: No

3750 CONVOY ST STE 312

SAN DIEGO, CA 92111

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DRIEBE, AMY**

Provider ID: 291340

Board Certified Specialty: No

330 LEWIS ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **FRUGONI, GINA**

Provider ID: 270056

Board Certified Specialty: No

4168 FRONT ST

SAN DIEGO, CA 92103

Phone: (619) 400-5074

After Hours Phone: (619)  
400-5074

Provider Gender: Female

NPI: 1578729315

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **GARG, ANUPAM**

Provider ID: 295893

Board Certified Specialty: No

550 WASHINGTON ST STE  
331

SAN DIEGO, CA 92103

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1013944636

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, ALVARADO

HOSPITAL LLC, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT

### D3. 專業提供者目錄

**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: 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**

##### **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**

##### **HARVEY, SCOTT**

Provider ID: 278917

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1457662868

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

### D3. 專業提供者目錄

American Sign Language (ASL): After Hours Phone: (800) 926-8273  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **HARVEY, SCOTT**

Provider ID: 278915  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1457662868  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **HOANG, MAI**

Provider ID: 208294  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 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

Provider ID: 242751  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1972047397  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y

Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **KLEIN, DAVID**

Provider ID: 271560  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1780073635  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **KLEIN, DAVID**

Provider ID: 271561  
Board Certified Specialty: No  
 6030 VILLAGE WAY



### D3. 專業提供者目錄

SAN DIEGO, CA 92130  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1780073635

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

**KOHATSU, KAREN**

Provider ID: 205481

Board Certified Specialty: No

📍 11939 RANCHO BERNARDO  
RD STE 110

SAN DIEGO, CA 92128

☎ Phone: (858) 618-1156

Fax: (858) 618-3314

📞 After Hours Phone: (858)  
618-1156

Provider Gender: Female

NPI: 1679517239

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:30AM-4:30PM

F 8:30AM-2:00PM

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

**LAMALE-SMITH, LEAH**

Provider ID: 208681

Board Certified Specialty: No

📍 4910 DIRECTORS PL STE  
200

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396904876

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, EISENHOWER MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

**LAMALE-SMITH, LEAH**

Provider ID: 285519

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396904876

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, EISENHOWER MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

**MACKAY, GILLIAN**

Provider ID: 200965

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273




📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177






## D3. 專業提供者目錄

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*9:00AM-5:00PM*  
 *Website: N/A*






### **OBSTETRICS / GYNECOLOGY**




#### **MACKAY, GILLIAN**

*Provider ID: 303064*  
*Board Certified Specialty: No*  
 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1770702177*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*

### **OBSTETRICS / GYNECOLOGY**

#### **MANI, PARVIN**

*Provider ID: 242345*  
*Board Certified Specialty: No*  
 5555 RESERVOIR DR STE  
208  
SAN DIEGO, CA 92120  
 *Phone: (619) 583-7555*  
*Fax: (619) 583-0555*  
 *After Hours Phone: (619)*  
*583-7555*  
*Provider Gender: Female*  
*NPI: 1518925015*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Farsi*  
*Cultural Competency: N*

*Hospital Affiliation:*  
*GROSSMONT HOSPITAL,*  
*ALVARADO HOSPITAL LLC,*  
*SHARP MARY BIRCH HOSP*  
*FOR WOMEN AND*  
*NEWBORNS, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 10\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*9:00AM-5:00PM*  
 *Website: N/A*  
*Email:*  
*PARVINMANI@YAHOO.COM*

### **OBSTETRICS / GYNECOLOGY**

#### **MEADOWS, AUDRA**

*Provider ID: 285742*  
*Board Certified Specialty: No*

 4168 FRONT ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1467585521*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

### **OBSTETRICS / GYNECOLOGY**

#### **MEADOWS, AUDRA**

*Provider ID: 285741*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1467585521*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*


## D3. 專業提供者目錄

Medi-Cal Open Panel: Y

Min/Max Age: 16\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

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ, ARIANA**

Provider ID: 299922

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1295232973


Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ, ARIANA**

Provider ID: 299921

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295232973


Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

Provider ID: 299979

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696


Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

Provider ID: 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**

#### **PICKETT, CHARLOTTE**

Provider ID: 299980


Board Certified Specialty: No

### D3. 專業提供者目錄

 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1447530696  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A




#### **OBSTETRICS / GYNECOLOGY**

##### **PICKETT, CHARLOTTE**

Provider ID: 299981  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1447530696  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**





##### **PINSON, KELSEY**

Provider ID: 284286  
Board Certified Specialty: No  
 4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1841722485  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UNIVERSITY HSP OF SAN  
DIEGO CO

Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A







#### **OBSTETRICS / GYNECOLOGY**

##### **PINSON, KELSEY**

Provider ID: 284288  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1841722485  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UNIVERSITY HSP OF SAN  
DIEGO CO  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY** **PINSON, KELSEY**

Provider ID: 284287  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1841722485  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UNIVERSITY HSP OF SAN  
DIEGO CO  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F

## D3. 專業提供者目錄

8:00AM-5:00PM

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **RIVAS, RENEE**

Provider ID: 284298

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295263861

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **SEFA-BOAKYE, KOFI**

Provider ID: 290713

Board Certified Specialty: No

 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114


 Phone: (619) 662-4100

Fax: (619) 428-7952

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1902993660

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP

AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL


CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **SHAH, NEMI**

Provider ID: 272580

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1558715268

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL,


TEMECULA VALLEY HOSPITAL  
INC

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **SHUCKETT, ARIEL**


Provider ID: 290708

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1245590124

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP


MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### **OBSTETRICS / GYNECOLOGY**

#### **SUYAMA, JULIE**

Provider ID: 284291



### D3. 專業提供者目錄

Board Certified Specialty: No

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

Phone: (619) 662-4100

Fax: (619) 662-4158

After Hours Phone: (619)



### D3. 專業提供者目錄

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

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### OCCUPATIONAL THERAPIST

##### **BOND, KIMBERLEE**

Provider ID: 206548  
Board Certified Specialty: No  
 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1669770939  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### OCCUPATIONAL THERAPIST

##### **LARSEN, JULIE**

Provider ID: 258359  
Board Certified Specialty: No  
 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122  
 Phone: (855) 543-0333  
Fax: (858) 657-1809

After Hours Phone: (855)  
543-0333  
Provider Gender: Female  
NPI: 1497009179  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### OCCUPATIONAL THERAPIST

##### **MIKUT, ALYSSA**

Provider ID: 258415  
Board Certified Specialty: No  
 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122  
 Phone: (858) 249-0832  
Fax: (858) 657-1809  
 After Hours Phone: (858)  
249-0832  
Provider Gender: Female  
NPI: 1952816134  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F

### D3. 專業提供者目錄

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

Board Certified Specialty: No

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

## D3. 專業提供者目錄

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:

MYNEWYES@HOTMAIL.COM

### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**

Provider ID: 297009

Board Certified Specialty: No

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702

Fax: (858) 966-7403

☎ After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1699216010

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**

Provider ID: 297011

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702

Fax: (858) 966-7403

☎ After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1699216010

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

## D3. 專業提供者目錄

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: 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

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y



Min/Max Age: 0\999

American Sign Language (ASL):

N



### D3. 專業提供者目錄

 Accessibility: CONTACT PROVIDER  
 Website: N/A


#### **OPHTHALMOLOGY**

##### **KHATIB, NORA**

Provider ID: 290441

Board Certified Specialty: No

 233 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (619) 501-9050


Fax: (619) 501-9054

 After Hours Phone: (619)  
501-9050

Provider Gender: Female

NPI: 1538487756

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP CHULA


VISTA MED CTR, GROSSMONT  
HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 14\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**


##### **KLINE, LANNING**

Provider ID: 239915

Board Certified Specialty: No


 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841227477

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**

##### **LI, ALEXANDRIA**

Provider ID: 272833

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841652864

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **OPHTHALMOLOGY**


##### **LIU, YUNXIANG**

Provider ID: 210803

Board Certified Specialty: No

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1770849804

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **OPHTHALMOLOGY**

##### **MOLL, ANGELA**

Provider ID: 205510

Board Certified Specialty: No





 7910 FROST ST STE 200  
SAN DIEGO, CA 92123






### D3. 專業提供者目錄









 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: 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

### D3. 專業提供者目錄

☎ After Hours Phone: (858) 549-3200

Provider Gender: Male

NPI: 1588027213

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### **OPHTHALMOLOGY**

##### **PHAN, RYAN**

Provider ID: 295647

Board Certified Specialty: No

📍 4844 UNIVERSITY AVE STE A

SAN DIEGO, CA 92105

☎ Phone: (619) 283-1303

Fax: (619) 283-1666

☎ After Hours Phone: (619) 283-1303

Provider Gender: Male

NPI: 1588027213

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### **OPHTHALMOLOGY**

##### **PHAN, RYAN**

Provider ID: 302925

Board Certified Specialty: No

📍 4844 UNIVERSITY AVE STE A

SAN DIEGO, CA 92105

☎ Phone: (619) 283-1303

Fax: (619) 283-1666

☎ After Hours Phone: (619) 283-1303

Provider Gender: Male

NPI: 1588027213

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

#### **OPHTHALMOLOGY**

##### **PUIG LLANO, MANUEL**

Provider ID: 299964

Board Certified Specialty: No

📍 4060 4TH AVE STE 610

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1427102979

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: French, German, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### **OPHTHALMOLOGY**

### D3. 專業提供者目錄

#### **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: 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

### D3. 專業提供者目錄

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: 268718

Board Certified Specialty: No


 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111


 Phone: (800) 898-2020  
Fax: (844) 897-3788

 After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 9:00AM-5:00PM  
TU 8:30AM-4:30PM  
W 7:30AM-4:30PM  
TH 9:30AM-5:00PM  
F 8:30AM-4:00PM

 Website: N/A

#### **OPTOMETRIST**


##### **AOTO, KIM**

Provider ID: 268723

 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

NPI: 1376929034

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):




## D3. 專業提供者目錄

---

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: 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**



### D3. 專業提供者目錄

Provider ID: 301680

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639697451

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### 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  
DIEGO

Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

## D3. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*


 *Website: N/A*

### OTOLARYNGOLOGY

#### **BRUMUND, KEVIN**

*Provider ID: 299635*

*Board Certified Specialty: No*

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1033193669*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


### OTOLARYNGOLOGY

#### **BRUMUND, KEVIN**

*Provider ID: 299634*

*Board Certified Specialty: No*

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*


*Fax: (888) 539-8781*

 *After Hours Phone: (800)*

*926-8273*

*Provider Gender: Male*

*NPI: 1033193669*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*


*MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

### OTOLARYNGOLOGY

#### **CALIFANO, JOSEPH**

*Provider ID: 299461*

*Board Certified Specialty: No*

 16950 VIA TAZON  
SAN DIEGO, CA 92127


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*


*Provider Gender: Male*

*NPI: 1881652972*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

### OTOLARYNGOLOGY


#### **CALIFANO, JOSEPH**

*Provider ID: 299462*

*Board Certified Specialty: No*

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1881652972*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

### OTOLARYNGOLOGY

#### **CALIFANO, JOSEPH**

*Provider ID: 299457*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*


*Provider Gender: Male*

*NPI: 1881652972*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

### D3. 專業提供者目錄

#### **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: 299583

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

##### **COFFEY, CHARLES**

Provider ID: 299582

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

##### **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

### D3. 專業提供者目錄

 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**

##### **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**



##### **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**

##### **FRIEDMAN, RICK**

Provider ID: 299531  
Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1982708558  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIH  
HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N



### D3. 專業提供者目錄

 *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**

##### **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**

##### **FRIESEN, TZYYNONG**


*Provider ID: 272604*

*Board Certified Specialty: No*

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 *Phone: (858) 309-7701*

*Fax: (858) 966-8038*

 *After Hours Phone: (858) 309-7701*

*Provider Gender: Female*

*NPI: 1952740177*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Y*


*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*

#### **OTOLARYNGOLOGY**

##### **GILANI, SAPIDEH**

*Provider ID: 299560*

*Board Certified Specialty: No*

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1003825571*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*



### D3. 專業提供者目錄

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): NPI: 1144583931

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**

##### **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

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 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: 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**

### D3. 專業提供者目錄

#### **HARRIS, JEFFREY**

Provider ID: 299576

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417988783

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

#### **HARRIS, JEFFREY**

Provider ID: 299575

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417988783

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

#### **HOM, DAVID**

Provider ID: 299514

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1659305027

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

#### **HOM, DAVID**

Provider ID: 299515

Board Certified Specialty: No

8899 UNIVERSITY CENTER

LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1659305027

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

#### **HOM, DAVID**

Provider ID: 299511

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (858) 657-8590

After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1659305027

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

## D3. 專業提供者目錄

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


### OTOLARYNGOLOGY

#### **HUSSEMAN, JACOB**

Provider ID: 301052

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124034053

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


### OTOLARYNGOLOGY

#### **HUSSEMAN, JACOB**

Provider ID: 301053

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124034053

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


### OTOLARYNGOLOGY

#### **JIANG, WEN**


Provider ID: 272660

Board Certified Specialty: Yes

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123



 Phone: (858) 309-7701

Fax: (858) 966-8038

 After Hours Phone: (858)  
309-7701

Provider Gender: Female

NPI: 1659305753

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### OTOLARYNGOLOGY

#### **KARI, ELINA**


Provider ID: 299446

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 299445

### D3. 專業提供者目錄

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**

##### **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**

##### **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: 299481

Board Certified Specialty: No

📍 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **OTOLARYNGOLOGY**

##### **MAGIT, ANTHONY**

Provider ID: 299480

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male



### D3. 專業提供者目錄

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: 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

##### **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

##### **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

##### **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










## D3. 專業提供者目錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

### OTOLARYNGOLOGY

#### **NGUYEN, QUYEN**








Provider ID: 299607  
Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1477524452  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

### OTOLARYNGOLOGY

#### **NGUYEN, QUYEN**



Provider ID: 299603  
Board Certified Specialty: No  
 200 W ARBOR DR

SAN DIEGO, CA 92103  
 Phone: (619) 543-6631  
Fax: (619) 543-6532  
 After Hours Phone: (619)  
543-6631  
Provider Gender: Female  
NPI: 1477524452  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### OTOLARYNGOLOGY







#### **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: 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

### D3. 專業提供者目錄

#### **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**

##### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299509

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **OTOLARYNGOLOGY**

##### **WATSON, DEBORAH**

Provider ID: 299639

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-6631

After Hours Phone: (619)  
543-6631

Provider Gender: Female

NPI: 1346270816

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **OTOLARYNGOLOGY**

##### **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

## D3. 專業提供者目錄

### 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


#### 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

#### 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

#### 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)

### D3. 專業提供者目錄

926-8273  
Provider Gender: Female  
NPI: 1619237260  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### OTOLARYNGOLOGY

##### **YAN, CAROL**

Provider ID: 298413  
Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1619237260  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,

UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY

##### **MAGIT, ANTHONY**

Provider ID: 272767  
Board Certified Specialty: Yes  
 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
 Phone: (855) 309-7701  
Fax: (858) 966-4062  
 After Hours Phone: (855)  
309-7701  
Provider Gender: Male  
NPI: 1891858379  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-5:00PM  
 Website: N/A

#### PATHOLOGY ANATOMIC

#### CLINICAL

##### **ALLEN, ELIZABETH**

Provider ID: 275756  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1174814065  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
UCSD MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,  
SCRIPPS GREEN HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### PATHOLOGY ANATOMIC

#### CLINICAL

##### **BROOME, HELEN**

Provider ID: 275721



### D3. 專業提供者目錄

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

#### **BROOME, HELEN**

Provider ID: 275720

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184674145

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PATHOLOGY ANATOMIC

#### CLINICAL

#### **BUI, JACK**

Provider ID: 247581

Board Certified Specialty: No

📍 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PATHOLOGY ANATOMIC

#### CLINICAL

#### **BUI, JACK**

Provider ID: 247580

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### PATHOLOGY ANATOMIC

#### CLINICAL

#### **QUINTANA, PAULINA**

Provider ID: 296765

Board Certified Specialty: No

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

☎ Phone: (619) 266-3332

Fax: (619) 266-6000

🕒 After Hours Phone: (619)  
266-3332

Provider Gender: Female



### D3. 專業提供者目錄

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

##### **VAVINSKAYA, VERA**

### D3. 專業提供者目錄

Provider ID: 275789

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174757181

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PATHOLOGY ANATOMIC**

#### **CLINICAL**

#### **WANG, DEHUA**

Provider ID: 289153

Board Certified Specialty: No

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 966-6776

Fax: (858) 966-6707

After Hours Phone: (858)  
966-6776

Provider Gender: Female

NPI: 1578790655

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC ALLERGY /**

#### **IMMUNOLOGY**

#### **ALKATIB, RHONDA**

Provider ID: 291226

Board Certified Specialty: No

2655 CAMINO DEL RIO N  
STE 425  
SAN DIEGO, CA 92108

Phone: (619) 286-6687

Fax: (619) 286-6695

After Hours Phone: (619)  
286-6687

Provider Gender: Female

NPI: 1417363086

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: ALVARADO  
HOSP MED CTR, ALVARADO  
HOSPITAL LLC

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC ALLERGY /**

#### **IMMUNOLOGY**

#### **COLLINS, CATHLEEN**

Provider ID: 206083

Board Certified Specialty: No

3030 CHILDRENS WAY STE  
2  
SAN DIEGO, CA 92123

Phone: (858) 966-5961

Fax: (858) 966-6791

After Hours Phone: (858)  
966-5961

Provider Gender: Female

NPI: 1205128089

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: LUCILE  
SALTER PACKARD CHILDRENS  
HOSP, Stanford Health Care,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC ALLERGY /**

#### **IMMUNOLOGY**





#### **GENG, BOB**

Provider ID: 205824




Board Certified Specialty: No

3030 CHILDRENS WAY STE  
2  
SAN DIEGO, CA 92123

### D3. 專業提供者目錄

 Phone: (858) 966-5961  
 Fax: (858) 966-6791  
 After Hours Phone: (858) 966-5961  
Provider Gender: Male  
NPI: 1356570758  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN



SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **PEDIATRIC ALLERGY / IMMUNOLOGY**




##### **GENG, BOB**

Provider ID: 205823  
Board Certified Specialty: No

 5776 RUFFIN RD  
SAN DIEGO, CA 92123  
 Phone: (858) 292-1144  
Fax: (858) 268-5145

 After Hours Phone: (858) 292-1144  
Provider Gender: Male  
NPI: 1356570758

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **PEDIATRIC ALLERGY / IMMUNOLOGY**

##### **GREINER, ALEXANDER**



Provider ID: 205697  
Board Certified Specialty: No

 5776 RUFFIN RD  
SAN DIEGO, CA 92123  
 Phone: (858) 966-4900  
Fax: (858) 268-5145

 After Hours Phone: (858) 966-4900  
Provider Gender: Male  
NPI: 1609801299

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, German,  
Spanish

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-0:00PM


 Website: N/A

#### **PEDIATRIC ALLERGY / IMMUNOLOGY**


##### **LEIBEL, SYDNEY**

Provider ID: 205724  
Board Certified Specialty: No


 5776 RUFFIN RD  
SAN DIEGO, CA 92123  
 Phone: (858) 292-1144  
Fax: (858) 268-5145


 After Hours Phone: (858) 292-1144

Provider Gender: Male  
NPI: 1861666919

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **PEDIATRIC ALLERGY / IMMUNOLOGY**

##### **LEIBEL, SYDNEY**

Provider ID: 205725  
Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2 NORTH  
SAN DIEGO, CA 92123


 Phone: (858) 966-5961  
Fax: (858) 966-6791

 After Hours Phone: (858) 966-5961

## D3. 專業提供者目錄

Provider Gender: Male

NPI: 1861666919

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### **PEDIATRIC ALLERGY / IMMUNOLOGY**


#### **WALTERS, KRISTEN**

Provider ID: 206255

Board Certified Specialty: No

 5776 RUFFIN RD

SAN DIEGO, CA 92123

 Phone: (858) 966-4900

Fax: (858) 966-4051

 After Hours Phone: (858) 966-4900

Provider Gender: Female

NPI: 1437442308

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### **PEDIATRIC CARDIOLOGY**


#### **BOCK, MATTHEW**

Provider ID: 280463

Board Certified Specialty: No

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123


 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 1356514624

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR,

LOMA LINDA UNIVERSITY

CHILDRENS HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### **PEDIATRIC CARDIOLOGY**


#### **BORQUEZ, ALEJANDRO**

Provider ID: 284120

Board Certified Specialty: No

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123

 Phone: (858) 966-5855


Fax: (858) 966-7903

 After Hours Phone: (858) 966-5855

Provider Gender: Female

NPI: 1114277787

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### **PEDIATRIC CARDIOLOGY**


#### **CHAU, PETER**

Provider ID: 271427

Board Certified Specialty: No

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 1407146947

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY

CHILDRENS HOSPITAL, LOMA

LINDA UNIVERSITY MED CTR,

RADY CHILDRENS HOSPITAL

SAN DIEGO




## D3. 專業提供者目錄

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PEDIATRIC CARDIOLOGY

#### **DAVIS, CHRISTOPHER**

Provider ID: N/A

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1760691950

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PEDIATRIC CARDIOLOGY


#### **DOMICO, MICHELE**

Provider ID: 216855

Board Certified Specialty: No

 3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1932305000

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
CHILDRENS HOSPITAL AT  
MISSION, CHILDRENS  
HOSPITAL OF ORANGE  
COUNTY, UNIVERSITY OF  
CALIFORNIA IRVINE MED CTR,  
Foothill Regional Medical  
Center, HOAG MEMORIAL  
HOSPITAL PRESBYTERIAN,  
SOUTH COAST GLOBAL  
MEDICAL CENTER INC, HOAG  
HOSPITAL IRVINE, HOAG  
HOSPITAL IRVINE, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PEDIATRIC CARDIOLOGY

#### **DUMMER, KIRSTEN**

Provider ID: 260595

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1780642280


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PEDIATRIC CARDIOLOGY

#### **GOLDING, IAN**

Provider ID: 210823

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1962974956

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y


Min/Max Age: 0\19




### D3. 專業提供者目錄

American Sign Language (ASL): **HALEY, JESSICA**

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**

Provider ID: 205687

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1023329885

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

**JUSTINO, HENRI**

Provider ID: 284123

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1518036821

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC CARDIOLOGY**

**LEHNERT SCHUCHARDT,  
ELEANOR**

Provider ID: 262250

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1760707210


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC CARDIOLOGY**

**MCCANDLESS, RACHEL**

## D3. 專業提供者目錄

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. 專業提供者目錄

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*

 *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. 專業提供者目錄




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A





#### **PEDIATRIC CARDIOLOGY** **WILLIAMS, MATTHEW**

Provider ID: 206287  
Board Certified Specialty: No  
 3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5855  
Fax: (858) 966-7423  
 After Hours Phone: (858)  
966-5855  
Provider Gender: Male  
NPI: 1831423250  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F




8:00AM-5:00PM  
 Website: N/A





#### **PEDIATRIC CARDIOLOGY** **YOUNOSZAI, ADEL**

Provider ID: 303133  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5855  
Fax: (858) 966-7903  
 After Hours Phone: (858)  
966-5855  
Provider Gender: Male  
NPI: 1952493819








 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC DERMATOLOGY** **BOIKO, SUSAN**

Provider ID: 303684  
Board Certified Specialty: No  
 7910 FROST ST STE 120  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6795  
Fax: (858) 966-7479  
 After Hours Phone: (858)  
966-6795  
Provider Gender: Female  
NPI: 1053488981

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC DERMATOLOGY** **EICHENFIELD, DAWN**

Provider ID: 303679  
Board Certified Specialty: No  
 7910 FROST ST STE 120  
SAN DIEGO, CA 92123  
 Phone: (858) 966-6795  
Fax: (858) 966-7479  
 After Hours Phone: (858)  
966-6795  
Provider Gender: Female  
NPI: 1295198091  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



### D3. 專業提供者目錄

#### **PEDIATRIC DERMATOLOGY**

##### **EICHENFIELD, DAWN**

Provider ID: 283142

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6795

Fax: (858) 966-7479

After Hours Phone: (858)  
966-6795

Provider Gender: Female

NPI: 1295198091

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY**

##### **MEDICINE**

##### **AGHILI, ROXANA**

Provider ID: 303780

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

Website: N/A

#### **PEDIATRIC EMERGENCY**

##### **MEDICINE**

##### **AGHILI, ROXANA**

Provider ID: 304918

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRIC EMERGENCY**

##### **MEDICINE**

##### **AMIRNOVIN, RAMBOD**

Provider ID: 297673

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1629104492

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS  
ANGELES, LOMA LINDA  
UNIVERSITY CHILDRENS  
HOSPITAL, LOMA LINDA  
UNIVERSITY MED CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, LONG BEACH  
MEMORIAL MED CTR, EARL  
AND LORRAINE MILLER  
CHILDRENS HSP

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A



## D3. 專業提供者目錄

### 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. 專業提供者目錄


 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. 專業提供者目錄

#### **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. 專業提供者目錄

#### **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. 專業提供者目錄

 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: 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

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. 專業提供者目錄

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. 專業提供者目錄

#### **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: 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**

##### **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**

##### **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. 專業提供者目錄

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. 專業提供者目錄


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. 專業提供者目錄

 Accessibility: CONTACT PROVIDER  
 Website: N/A


#### **PEDIATRIC EMERGENCY MEDICINE**


##### **MINKA, GENEVIEVE**

Provider ID: 205334

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1689646689

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY


HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **MINKA, GENEVIEVE**

Provider ID: 262107

Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL  
1

SAN DIEGO, CA 92123


 Phone: (858) 966-7785

 After Hours Phone: (858)

966-7785

Provider Gender: Female

NPI: 1689646689

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL CHULA VISTA


Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**


##### **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**

##### **MISHRA-OCCHINO, SEEMA**


Provider ID: 205404

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-7433

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1689612830

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**



## D3. 專業提供者目錄

### **MONTBLEAU, KARA**

Provider ID: 299240

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1164981197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **PEDIATRIC EMERGENCY MEDICINE**

#### **MURRAY, MATTHEW**

Provider ID: 205759

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1215103023

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **PEDIATRIC EMERGENCY MEDICINE**

#### **NGUYEN, MYLINH**

Provider ID: 262299

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1730428053

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **PEDIATRIC EMERGENCY MEDICINE**

#### **NGUYEN, MARGARET**

Provider ID: 270705

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1942485248

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **PEDIATRIC EMERGENCY MEDICINE**

#### **OZAKI, YOSHIHIRO**

Provider ID: 241926

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)

### D3. 專業提供者目錄

280-2905  
Provider Gender: Male  
NPI: 1467898239  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Japanese  
Cultural Competency: N  
Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **OZCAN, ALI**

Provider ID: 287923  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
Fax: (858) 966-7433  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Male  
NPI: 1265867683  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Turkish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, LOMA LINDA  
UNIVERSITY MED CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **PADE, KATHRYN**

Provider ID: 262411  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
Fax: (858) 966-7433  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
NPI: 1215375183

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **PARK, BRIAN**

Provider ID: 302352  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
Fax: (858) 966-7433  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Male  
NPI: 1710418744  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A




#### **PEDIATRIC EMERGENCY MEDICINE**

##### **PARK, RONALD**

Provider ID: 295457  
Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
Fax: (619) 283-1614  
 After Hours Phone: (619)  
280-2905  
Provider Gender: Male  
NPI: 1881695914  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish





### D3. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: N*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 1:00PM-10:00PM M-F 4:00PM-10:00PM SA 1:00PM-10:00PM*  
 *Website: N/A*

#### **PEDIATRIC EMERGENCY MEDICINE**




##### **PARKER, SHERINE**



*Provider ID: 205784*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
*Fax: (858) 966-7433*  
 *After Hours Phone: (858) 966-8800*  
*Provider Gender: Female*  
*NPI: 1477626513*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: GLENDALE ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*



#### **PEDIATRIC EMERGENCY MEDICINE**

##### **QUINONES-PEREZ, BIANCA**

*Provider ID: 206947*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
*Fax: (858) 966-7433*  
 *After Hours Phone: (858) 966-8800*

*Provider Gender: Female*  
*NPI: 1124360565*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*


*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*




#### **PEDIATRIC EMERGENCY MEDICINE**

##### **QUINONES-PEREZ, BIANCA**

*Provider ID: 206949*  
*Board Certified Specialty: No*




 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105  
 *Phone: (619) 280-2905*  
*Fax: (619) 283-1614*  
 *After Hours Phone: (619) 280-2905*


*Provider Gender: Female*  
*NPI: 1124360565*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 1:00PM-10:00PM M-F 4:00PM-10:00PM SA 1:00PM-10:00PM*  
 *Website: N/A*

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **RANASURIYA, DUNISHA**

*Provider ID: 216970*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858) 966-8800*

*Provider Gender: Female*  
*NPI: 1740468057*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*

### D3. 專業提供者目錄

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**


#### **RATNAYAKE, KRISTIN**

Provider ID: 206034

Board Certified Specialty: No

 3020 CHILDRENS WAY MC 5075

SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1679716658

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

UCSF BENIOFF CHILDREN'S

HOSPITAL OAKLAND,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY**


#### **MEDICINE**

#### **RUSSELL, SAMUEL**

Provider ID: 301249

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1215564265

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **PEDIATRIC EMERGENCY**

#### **MEDICINE**


#### **RUSSELL, SAMUEL**

Provider ID: 301250

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619) 280-2905

Provider Gender: Male

NPI: 1215564265

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM

M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

 Website: N/A

#### **PEDIATRIC EMERGENCY**


#### **MEDICINE**

#### **SALEH, FAREED**

Provider ID: 206216

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1366691115

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19


American Sign Language (ASL):



## D3. 專業提供者目錄

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. 專業提供者目錄

#### **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. 專業提供者目錄

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. 專業提供者目錄


DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### PEDIATRIC EMERGENCY


#### MEDICINE

**TYGART, MELISSA**

Provider ID: 294095

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1336602507

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

**ULRICH, STACEY**

Provider ID: 205847

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8036

Fax: (858) 966-7433

 After Hours Phone: (858)  
966-8036

Provider Gender: Female

NPI: 1619049236

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### PEDIATRIC EMERGENCY


#### MEDICINE

**VAIDYA, KAMALA**

Provider ID: 205809

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1083840920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### PEDIATRIC EMERGENCY


#### MEDICINE

**VAIDYA, KAMALA**

Provider ID: 205811

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1083840920

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

## D3. 專業提供者目錄

### **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. 專業提供者目錄

☎ After Hours Phone: (619) 280-2905

Provider Gender: Female

NPI: 1619359718

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General

Medical Center

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU 1:00PM-10:00PM

M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

🌐 Website: N/A

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **VAYNGORTIN, TATYANA**

Provider ID: 263012

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

☎ After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1578967907

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND,

CHILDRENS HOSP OF LOS

ANGELES, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **WANG, YVETTE**

Provider ID: 263416

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

☎ After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1710321278

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **WANG, EMILY**

Provider ID: 265952

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

☎ After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1427142363

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **WANG, EMILY**

Provider ID: 265954

Board Certified Specialty: No

📍 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

☎ Phone: (619) 280-2905

Fax: (619) 283-1614

☎ After Hours Phone: (619)



### D3. 專業提供者目錄

280-2905  
Provider Gender: Female  
NPI: 1427142363  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **PEDIATRIC EMERGENCY MEDICINE**

**YAPHOCKUN, KAREN**  
Provider ID: 206184  
Board Certified Specialty: No  
📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 576-1700  
Fax: (858) 966-7433  
🕒 After Hours Phone: (858)  
576-1700  
Provider Gender: Female  
NPI: 1861880817  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y

Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **PEDIATRIC ENDOCRINOLOGY**

**CYMBALUK, ANNA**  
Provider ID: 294214  
Board Certified Specialty: No  
📍 3030 CHILDRENS WAY STE  
4  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-4032  
Fax: (858) 966-6227  
🕒 After Hours Phone: (858)  
966-4032  
Provider Gender: Female  
NPI: 1043674849  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

 Phone: (858) 966-5811  
 Fax: (858) 966-8035

 After Hours Phone: (858) 966-5811

Provider Gender: Female  
NPI: 1588866115


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **GANESAN, ANUSHA**

Provider ID: 205882

Board Certified Specialty: No

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811  
 Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female  
NPI: 1982091740

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **JAFFRAY, JULIE**

Provider ID: 296760

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811  
 Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female  
NPI: 1396942470

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM



 Website: N/A

### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **KUO, DENNIS**

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. 專業提供者目錄


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

**WONG, VICTOR**

Provider ID: 206149

Board Certified Specialty: No

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Male

NPI: 1154692473


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

**YU, HELENA**

Provider ID: 301583

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1881127736

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

**YU, JENNIFER**

Provider ID: 206148

Board Certified Specialty: No

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1326315599

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

**ZAGE, PETER**

Provider ID: 206315

Board Certified Specialty: No

 3010 CHILDRENS WAY STE  
2W  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Male

NPI: 1912003161

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO



Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## D3. 專業提供者目錄


 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


### **PEDIATRIC INFECTIOUS DISEASES**

#### **MILDER, EDMUND**

Provider ID: 289138

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123


 Phone: (858) 966-7785

Fax: (858) 966-8658

 After Hours Phone: (858)  
966-7785

Provider Gender: Male


NPI: 1760460026


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### **PEDIATRIC NEPHROLOGY**

#### **CARTER, CAITLIN**

Provider ID: 302777

Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL  
1  
SAN DIEGO, CA 92123

 Phone: (858) 966-8052

Fax: (858) 966-7789

 After Hours Phone: (858)  
966-8052

Provider Gender: Female

NPI: 1255514618

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS GREEN

HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS


MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### **PEDIATRIC NEPHROLOGY**

#### **INGULLI, ELIZABETH**

Provider ID: 302778

Board Certified Specialty: No

 8110 BIRMINGHAM WAY  
STE 28  
SAN DIEGO, CA 92123

 Phone: (858) 966-8052

Fax: (858) 966-7789

 After Hours Phone: (858)  
966-8052

Provider Gender: Female


NPI: 1811919244

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### **PEDIATRIC NEPHROLOGY**

#### **MAK, ROBERT**


Provider ID: 302776

Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL  
1  
SAN DIEGO, CA 92123


 Phone: (858) 966-8052

Fax: (858) 966-7789

 After Hours Phone: (858)  
966-8052

Provider Gender: Male

NPI: 1740295252


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### D3. 專業提供者目錄

 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)  
966-5846

### D3. 專業提供者目錄


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

#### **PEDIATRIC PULMONOLOGY**


##### **FINCH, CHRISTINA**

Provider ID: 302581

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846

Provider Gender: Female  
NPI: 1598255325


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **PEDIATRIC PULMONOLOGY**


##### **FIREIZEN, YARON**

Provider ID: 302329

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858)  
966-5846




Provider Gender: Male  
NPI: 1699123927

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hebrew





Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO





## D3. 專業提供者目錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **PEDIATRIC PULMONOLOGY** **LANDEO GUTIERREZ, JEREMY**




Provider ID: 284176  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
Fax: (858) 569-9052  
 After Hours Phone: (858)  
966-5846  
Provider Gender: Male  
NPI: 1255750360  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




### **PEDIATRIC PULMONOLOGY** **LANDEO GUTIERREZ, JEREMY**

Provider ID: 284177  
Board Certified Specialty: No


 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
Fax: (858) 966-8457  
 After Hours Phone: (858)  
966-5846  
Provider Gender: Male  
NPI: 1255750360


 Provider English Spoken: Y  
Cultural Competency: N




Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **PEDIATRIC PULMONOLOGY** **LENHART-PENDERGRASS, PATRICIA**



Provider ID: 294641  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
Fax: (858) 966-8457  
 After Hours Phone: (858)  
966-5846  
Provider Gender: Female  
NPI: 1144615659




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **PEDIATRIC PULMONOLOGY** **RAO, APARNA**

Provider ID: 206123  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
Fax: (858) 569-9052  
 After Hours Phone: (858)  
966-5846  
Provider Gender: Female  
NPI: 1649222340

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **PEDIATRIC PULMONOLOGY** **RAO, APARNA**



### D3. 專業提供者目錄

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. 專業提供者目錄

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
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: 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**

##### **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**

##### **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. 專業提供者目錄

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: 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**

#### **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**

#### **CHONG, AMY**

Provider ID: 259993

### D3. 專業提供者目錄

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5803

Fax: (858) 966-5992

After Hours Phone: (858)  
966-5803

Provider Gender: Female

NPI: 1720423288

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRICS**

#### **DOAN STEPHENS, CRYSTAL**

Provider ID: 293275

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1730570144

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRICS**

#### **DOAN STEPHENS, CRYSTAL**

Provider ID: 293274

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619)  
280-2058

Provider Gender: Female

NPI: 1730570144

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PEDIATRICS**

#### **DOSHI, AMI**

Provider ID: 205330

Board Certified Specialty: No

3030 CHILDRENS WAY STE  
300

SAN DIEGO, CA 92123

Phone: (858) 966-8974

Fax: (858) 966-6721

After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1801099676

Provider English Spoken: Y  
Provider Language(s)

Spoken: Gujarati, Spanish  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PEDIATRICS**

#### **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



## D3. 專業提供者目錄

**PROVIDER**  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 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**

#### **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**

#### **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. 專業提供者目錄

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. 專業提供者目錄


DIEGO

Medi-Cal Open Panel: 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. 專業提供者目錄

#### 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. 專業提供者目錄

☎ 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. 專業提供者目錄

INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PEDIATRICS**


#### **STOVER, LAURIE**

Provider ID: 206196

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1659442317

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **PEDIATRICS**

#### **SUTTNER, DENISE**

Provider ID: 301721

Board Certified Specialty: No

 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1457433799

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SOUTHWEST

HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PEDIATRICS**

#### **VEGA, SARAH**

Provider ID: 297077

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-6728

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1154716199

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

#### **PEDIATRICS**


#### **VEGA, SARAH**

Provider ID: 297078


Board Certified Specialty: No

 3665 KEARNY VILLA RD  
STE 500

SAN DIEGO, CA 92123

 Phone: (858) 966-5980

Fax: (858) 966-5992

 After Hours Phone: (858)  
966-5980

Provider Gender: Female

NPI: 1154716199

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y




### D3. 專業提供者目錄

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. 專業提供者目錄


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. 專業提供者目錄

**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. 專業提供者目錄

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. 專業提供者目錄

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: 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: 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: 301586  
Board Certified Specialty: No  
 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
 Phone: (619) 297-4707  
Fax: (858) 429-7927  
 After Hours Phone: (619)  
297-4707  
Provider Gender: Female  
NPI: 1609987619


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **DOUGHERTY, CLARA**



### D3. 專業提供者目錄

Provider ID: 301591  
Board Certified Specialty: No  
11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Phone: (858) 485-0554  
Fax: (858) 429-7933  
After Hours Phone: (858)  
485-0554  
Provider Gender: Female  
NPI: 1609987619

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **GUTH, CARA**

Provider ID: 299111  
Board Certified Specialty: No  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Phone: (858) 455-6460  
Fax: (858) 455-5362  
After Hours Phone: (858)  
455-6460  
Provider Gender: Female  
NPI: 1992177182

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 21\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
9:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HASEGAWA, CHRIS**

Provider ID: 287349  
Board Certified Specialty: No  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1225698962

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HASEGAWA, CHRIS**



Provider ID: 247206  
Board Certified Specialty: No  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1225698962  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **HIGGINS, JOSHUA**

Provider ID: 287133  
Board Certified Specialty: No  
203 W F ST  
SAN DIEGO, CA 92101  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1861624181  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON



### D3. 專業提供者目錄

Medi-Cal Open Panel: 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: 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**


##### **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**

##### **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. 專業提供者目錄


#### 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. 專業提供者目錄

 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: 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**

##### **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**


##### **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










### D3. 專業提供者目錄

*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**






##### **PERREAULT, MARK**

*Provider ID: 283585*  
*Board Certified Specialty: No*  
 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1356749451*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **PHUNG, AIVI**

*Provider ID: 293247*  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858) 279-0925*  
*Provider Gender: Female*  
*NPI: 1639528110*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **PHUNG, AIVI**

*Provider ID: 293246*  
*Board Certified Specialty: No*  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858) 810-8700*  
*Provider Gender: Female*  
*NPI: 1639528110*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **PRIEST, VIVIAN**

*Provider ID: 272430*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1225581754*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

#### **PHYSICIANS ASSISTANT**

##### **PYLE, ALEXANDRA**

*Provider ID: 297718*  
*Board Certified Specialty: No*  
 9333 GENESEE AVE STE 350  
SAN DIEGO, CA 92121  
 *Phone: (858) 455-6460*  
*Fax: (858) 455-7197*  
 *After Hours Phone: (858) 455-6460*  
*Provider Gender: Female*  
*NPI: 1225416472*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*




## D3. 專業提供者目錄

Min/Max Age: 20\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-4:00PM

 Website: N/A


### PHYSICIANS ASSISTANT


#### **ROBERTS, AUDREY**

Provider ID: 253253

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-7777

 After Hours Phone: (619)  
543-7777

Provider Gender: Female

NPI: 1265960256

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PHYSICIANS ASSISTANT

#### **SCHMITT, EVA**

Provider ID: 264176

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1174715106

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### PHYSICIANS ASSISTANT

#### **SCHROEDER, JENNIFER**

Provider ID: 256639

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (858) 453-1469

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780851253

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### PHYSICIANS ASSISTANT


#### **SCHROEDER, JENNIFER**

Provider ID: 256640

Board Certified Specialty: No

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780851253

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### PHYSICIANS ASSISTANT

#### **SCHULZ, STEFAN**

Provider ID: 243419

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1316102163

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

### D3. 專業提供者目錄

American Sign Language (ASL):  N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **SHAUL, SHERA**

Provider ID: 247974

Board Certified Specialty: No

4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336659507

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **SPEH, BRIAN**

Provider ID: 305009

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124593926

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **STALLINGS, ANDREA**

Provider ID: 255913

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (619) 543-7496

After Hours Phone: (619)  
543-7496

Provider Gender: Female

NPI: 1972595478

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **TESFAI, HELEN**

Provider ID: 287372

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1942724042

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **WAHLIN, TAMARA**

Provider ID: 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**

### D3. 專業提供者目錄

#### **WAHLIN, TAMARA**

Provider ID: 299599

Board Certified Specialty: No

8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1083823322

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

#### **PHYSICIANS ASSISTANT**

#### **WAHLIN, TAMARA**

Provider ID: 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):

## D3. 專業提供者目錄

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


### PHYSICIANS ASSISTANT

#### **WRIGHT, DEREK**

*Provider ID: 302388*

*Board Certified Specialty: No*

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110


 *Phone: (619) 325-1161*

*Fax: (619) 325-1717*

 *After Hours Phone: (619)  
325-1161*

*Provider Gender: Male*

*NPI: 1629674858*

 *Provider English Spoken: Y*

*Cultural Competency: N*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 18\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

### PREVENTATIVE MEDICINE


#### GENERAL

#### **ROMERO, CAMILA**

*Provider ID: 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: 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: 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: 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*




### D3. 專業提供者目錄

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**

##### **ABERCROMBIE, SHERI**

Provider ID: 293400

Board Certified Specialty: No


 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680


 After Hours Phone: (858)  
279-0925


Provider Gender: Female  
NPI: 1932292422

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-4:00PM

 Website: N/A

#### **PSYCHOLOGIST**


##### **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**


##### **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**

##### **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



### D3. 專業提供者目錄

Provider Gender: Male

NPI: 1639325277

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **CHESHER, NICHOLAS**

Provider ID: 273811

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124539697

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PSYCHOLOGIST**

##### **CLEMENT, LUIS**

Provider ID: 290745

Board Certified Specialty: No

2630 1ST AVE  
SAN DIEGO, CA 92103

Phone: (619) 234-2158

Fax: (619) 234-0505

After Hours Phone: (619)  
234-2158

Provider Gender: Male

NPI: 1235364712

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **DEL AGUILA, FABIOLA**

Provider ID: 290302

Board Certified Specialty: No

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1720283211

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **DIOKNO, RHODA**

Provider ID: 290800

Board Certified Specialty: No

2630 1ST AVE  
SAN DIEGO, CA 92103

Phone: (619) 234-2158

Fax: (619) 234-0505

After Hours Phone: (619)  
234-2158

Provider Gender: Female

NPI: 1629109483

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **FIRESTONE, MICHELLE**

Provider ID: 290954

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1114687803

Provider English Spoken: Y  
Cultural Competency: N



Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

### D3. 專業提供者目錄


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N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A



#### **PSYCHOLOGIST**

##### **FIRESTONE, MICHELLE**

Provider ID: 290773  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
Provider Gender: Female  
NPI: 1114687803




 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **PSYCHOLOGIST**



##### **FORZANI, CHRISTINA**

Provider ID: 290780  
Board Certified Specialty: No  
 4290 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 961-1497  
Fax: (858) 633-4682  
 After Hours Phone: (619) 961-1497  
Provider Gender: Female  
NPI: 1902939630

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL): N

 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

Provider Gender: Female

### D3. 專業提供者目錄

NPI: 1457769333

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **KLUEMPER, NICOLE**

Provider ID: 296237

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1902125818


 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **PSYCHOLOGIST**


##### **KLUEMPER, NICOLE**

Provider ID: 290792

Board Certified Specialty: No

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 279-0377

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1902125818

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **LABIB, MICHAEL**

Provider ID: 301617

Board Certified Specialty: No

 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 785-3384

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1609055797

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**


##### **LEBENSOHN CHIALVO, FLORENCIA**

Provider ID: 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

### D3. 專業提供者目錄





*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PSYCHOLOGIST**

##### **LINKE, SARAH**

*Provider ID: 273638*  
*Board Certified Specialty: No*  
 9909 MIRA MESA BLVD STE 200  
SAN DIEGO, CA 92131  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1487026415*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*





 *Website: N/A*  
**PSYCHOLOGIST**  
**LINKE, SARAH**  
*Provider ID: 273639*  
*Board Certified Specialty: No*  
 4910 DIRECTORS PL STE 250  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1487026415*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PSYCHOLOGIST**

##### **MAGINOT-CHESHER, TAMARA**

*Provider ID: 273223*  
*Board Certified Specialty: No*  
 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 *Phone: (858) 534-8019*  
*Fax: (858) 534-6727*  
 *After Hours Phone: (858) 534-8019*  
*Provider Gender: Female*

*NPI: 1043441165*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **PSYCHOLOGIST**

##### **MCCULLUM, TIFFANY**

*Provider ID: 290689*  
*Board Certified Specialty: No*  
 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-1949*  
 *After Hours Phone: (619) 662-4100*  
*Provider Gender: Female*  
*NPI: 1528306206*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*



### D3. 專業提供者目錄

 Website: N/A


#### **PSYCHOLOGIST**

##### **MONTOYA, JESSICA**

Provider ID: 274619

Board Certified Specialty: No

 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003421256

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **PSYCHOLOGIST**

##### **NING, GRACE**

Provider ID: 296219

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1598911315

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Chinese, Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **NING, GRACE**

Provider ID: 290742

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111



 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1598911315

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Chinese, Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **NORMAN, MARC**

Provider ID: 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



### D3. 專業提供者目錄

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PSYCHOLOGIST**

##### **ORFF, HENRY**

Provider ID: 273009  
Board Certified Specialty: No  
4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121  
Phone: (844) 757-5337  
After Hours Phone: (844)  
757-5337

Provider Gender: Male

NPI: 1144685215

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PSYCHOLOGIST**

##### **ORTIZ, MARIA**

Provider ID: 290721  
Board Certified Specialty: No  
950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Phone: (619) 662-4100  
Fax: (619) 662-4158  
After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1497980775

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

##### **PATTERSON-HYATT, KIMBERLY**

Provider ID: 290730  
Board Certified Specialty: No  
4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1780997742

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PSYCHOLOGIST**

##### **PRINCE, RENEE**

Provider ID: 303603  
Board Certified Specialty: No  
10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
Fax: (619) 474-4008  
After Hours Phone: (844)  
200-2426

Provider Gender: Female  
NPI: 1467737908

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-6:00PM

Website: N/A

#### **PSYCHOLOGIST**

##### **RADOJEVIC, NATASHA**

Provider ID: 290690  
Board Certified Specialty: No  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 810-8700  
Fax: (858) 279-0377  
After Hours Phone: (858)  
810-8700

Provider Gender: Female  
NPI: 1821365008

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

### D3. 專業提供者目錄

#### **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**

#### **SCHELLINGER, KRISTON**

Provider ID: 213752

Board Certified Specialty: No

330 LEWIS ST

SAN DIEGO, CA 92103

Phone: (858) 246-1979

After Hours Phone: (858)  
246-1979

Provider Gender: Female

NPI: 1710234273

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

#### **PSYCHOLOGIST**

#### **TARLE, STEPHANIE**

Provider ID: 303115

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659920403

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PSYCHOLOGIST**

#### **TO, TUAN**

Provider ID: 290283

Board Certified Specialty: No

4290 POLK AVE

SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)  
563-0250

Provider Gender: Male

NPI: 1255696183

Provider English Spoken: Y



Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

## D3. 專業提供者目錄

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  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

### **PSYCHOLOGIST**

#### **TO, TUAN**



Provider ID: 290284  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
Provider Gender: Male  
NPI: 1255696183  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
American Sign Language (ASL): N  
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  
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  
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  
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

### D3. 專業提供者目錄

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1598150039

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **JOSHUA, JISHA**

Provider ID: 238061

Board Certified Specialty: No

📍 4520 EXECUTIVE DR STE P2

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1023436417

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Hindi, Malayalam

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **JOSHUA, JISHA**

Provider ID: 238062

Board Certified Specialty: No

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1023436417

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Hindi, Malayalam

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **LE, HUAN**

Provider ID: 27358

Board Certified Specialty: No

📍 5507 EL CAJON BLVD STE

C

SAN DIEGO, CA 92115

☎ Phone: (619) 582-1448

Fax: (619) 582-1081

☎ After Hours Phone: (619)

582-1448

Provider Gender: Male

NPI: 1780797381

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: French, Spanish, Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA

VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\99

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-W

9:00AM-5:00PM

TH 8:00AM-1:00PM

F 9:00AM-6:00PM

SA 8:00AM-11:00AM

🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **LE, HUAN**

Provider ID: 300636

Board Certified Specialty: No

📍 5507 EL CAJON BLVD STE

C

SAN DIEGO, CA 92115

☎ Phone: (619) 582-1448

Fax: (619) 582-1081

☎ After Hours Phone: (619) 582-1448

Provider Gender: Male

NPI: 1780797381

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: French, Spanish,





### D3. 專業提供者目錄

*Vietnamese*  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PARADISE VALLEY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W  
9:00AM-5:00PM  
TH 8:00AM-1:00PM  
F 9:00AM-5:00PM  
SA 8:00AM-11:00AM

 Website: N/A

#### **PULMONARY DISEASES**


##### **MCGUIRE, WILLIAM**

Provider ID: 299986  
Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1841684081

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **PULMONARY DISEASES**


##### **PEARCE, ALEX**

Provider ID: 300055  
Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781


 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1265896856

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

#### **RADIATION ONCOLOGY**

##### **CARMONA, RUBEN**

Provider ID: 303100  
Board Certified Specialty: No


 7901 FROST ST  
SAN DIEGO, CA 92123  
 Phone: (858) 939-5010  
Fax: (619) 740-8499


 After Hours Phone: (858)  
939-5010

Provider Gender: Male  
NPI: 1275929242

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIATION ONCOLOGY**



##### **COLEMAN, LORI**

Provider ID: 221091  
Board Certified Specialty: No

 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
 Phone: (858) 939-5010  
Fax: (858) 939-5021

 After Hours Phone: (858)  
939-5010

Provider Gender: Female  
NPI: 1053348920


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Y  
Min/Max Age: 19\100  
American Sign Language (ASL):



### D3. 專業提供者目錄

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **RADIATION ONCOLOGY**

##### **HATTANGADI GLUTH, JONA**

Provider ID: 262270

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
649-5100

Provider Gender: Female

NPI: 1467625491

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-8:00PM


 Website: N/A


#### **RADIATION ONCOLOGY**

##### **HATTANGADI GLUTH, JONA**

Provider ID: 254496

Board Certified Specialty: No

 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
649-5100

Provider Gender: Female

NPI: 1467625491

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

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

## D3. 專業提供者目錄

*Board Certified Specialty: No*

📍 16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

☎ Phone: (559) 447-4949

Fax: (559) 447-4925

🕒 After Hours Phone: (559)  
447-4949

Provider Gender: Male

NPI: 1730382631

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### RADIATION ONCOLOGY

#### **VOLPP, PAUL**

Provider ID: 221105

*Board Certified Specialty: No*

📍 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123

☎ Phone: (858) 939-5010

Fax: (858) 939-5021

🕒 After Hours Phone: (858)  
939-5010

Provider Gender: Male

NPI: 1225186232

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

GROSSMONT HOSPITAL,

PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 19\100

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### RADIATION ONCOLOGY

#### **WEINSTEIN, GEOFFREY**

Provider ID: 220039

*Board Certified Specialty: No*

📍 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123

☎ Phone: (858) 939-5010

Fax: (858) 939-5021

🕒 After Hours Phone: (858)  
939-5010

Provider Gender: Male

NPI: 1841233947

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SHARP MEMORIAL HOSPITAL,

SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 19\100

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### RADIOLOGY DIAGNOSTIC

#### **BERMAN, ZACHARY**

Provider ID: 269318

*Board Certified Specialty: No*

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### RADIOLOGY DIAGNOSTIC

#### **BERMAN, ZACHARY**

Provider ID: 304163

*Board Certified Specialty: No*

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

### D3. 專業提供者目錄

THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

#### **RADIOLOGY DIAGNOSTIC BRANCH, CODY**

Provider ID: 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 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**

##### **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:

### D3. 專業提供者目錄








EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **CHENG, KAREN**





Provider ID: 283228  
Board Certified Specialty: No  
 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1427430511  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **RADIOLOGY DIAGNOSTIC** **CHENG, KAREN**

Provider ID: 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: 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: 299991  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103




### D3. 專業提供者目錄


 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1639553613

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A



#### **RADIOLOGY DIAGNOSTIC**

##### **FAZELI, SOUDABEH**

Provider ID: 299992


Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273  
 Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1639553613

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A



#### **RADIOLOGY DIAGNOSTIC**

##### **FAZELI, SOUDABEH**

Provider ID: 304171


Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
 Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1639553613

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A



#### **RADIOLOGY DIAGNOSTIC**

##### **FORCIER, NANCY**

Provider ID: 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**

##### **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**

##### **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




## D3. 專業提供者目錄


*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*

### **RADIOLOGY DIAGNOSTIC**


#### **FOWLER, KATHRYN**

*Provider ID: 201289*

*Board Certified Specialty: No*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1255457941*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL*

*CTR, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY*

*HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*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*


### D3. 專業提供者目錄

NPI: 1598967812

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### RADIOLOGY DIAGNOSTIC

##### **JAFFRAY, PAUL**

Provider ID: 299958

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los Angeles  
General Medical Center

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### RADIOLOGY DIAGNOSTIC

##### **JAFFRAY, PAUL**

Provider ID: 299957

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Los Angeles  
General Medical Center

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### RADIOLOGY DIAGNOSTIC

##### **JAFFRAY, PAUL**

Provider ID: 304165

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los Angeles  
General Medical Center

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### RADIOLOGY DIAGNOSTIC

##### **JAZBEH, SAMMER**

Provider ID: 304167

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770825457

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### RADIOLOGY DIAGNOSTIC

##### **JAZBEH, SAMMER**

Provider ID: 271126

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

### D3. 專業提供者目錄

926-8273  
Provider Gender: Male  
NPI: 1770825457  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **JAZBEH, SAMMER**

Provider ID: 271127  
Board Certified Specialty: No  
📍 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1770825457

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **KONDILI, DHIMITER**

Provider ID: 283145  
Board Certified Specialty: No  
📍 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1699125450

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **KONDILI, DHIMITER**

Provider ID: 283143  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)

926-8273  
Provider Gender: Male  
NPI: 1699125450  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **MARKS, ROBERT**

Provider ID: 300064  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1952389934

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ST MARY  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A

### D3. 專業提供者目錄

#### **RADIOLOGY DIAGNOSTIC**

##### **MARKS, ROBERT**

Provider ID: 300065

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: ST MARY

MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **RITCHIE, DAVID**

Provider ID: 300032

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407201916

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **RITCHIE, DAVID**

Provider ID: 300031

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407201916

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **SADAT, SAYED**

Provider ID: 299968

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679000806

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **SADAT, SAYED**

Provider ID: 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



### D3. 專業提供者目錄

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**


##### **SCHULTZ, HEATHER**

Provider ID: 240344

Board Certified Specialty: No

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**


##### **SCHULTZ, HEATHER**

Provider ID: 240342

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

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: 299948

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1134570641


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **SEARLEMAN, ADAM**

Provider ID: 299949

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male


NPI: 1134570641

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **SLATER, JERRY**

Provider ID: 283312

Board Certified Specialty: No

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1851746382

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
LOMA LINDA UNIVERSITY  
MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999




### D3. 專業提供者目錄

American Sign Language (ASL):  330 LEWIS ST  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




#### **RADIOLOGY DIAGNOSTIC**

##### **SLATER, JERRY**

Provider ID: 283310  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1851746382

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
LOMA LINDA UNIVERSITY  
MED CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



#### **RADIOLOGY DIAGNOSTIC**

##### **SPENGLER, NATHAN**

Provider ID: 303049  
Board Certified Specialty: No




 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1992919666


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Website: N/A



#### **RADIOLOGY DIAGNOSTIC**

##### **SPENGLER, NATHAN**

Provider ID: 303048  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1992919666

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):



 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




### D3. 專業提供者目錄


 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1326197393  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **TADDONIO, MICHAEL**





Provider ID: 304179  
Board Certified Specialty: No  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1386987261  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

**TADDONIO, MICHAEL**  
Provider ID: 240408  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1386987261

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **TADDONIO, MICHAEL**

Provider ID: 240405  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1386987261  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **RADIOLOGY DIAGNOSTIC** **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**

### D3. 專業提供者目錄

Provider ID: 268546  
Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1306112057

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **TADROS, ANTHONY**

Provider ID: 304150  
Board Certified Specialty: No  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1306112057  
Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

#### **RADIOLOGY DIAGNOSTIC**

##### **THOMPSON, COLE**

Provider ID: 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: 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: 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: 300034

## D3. 專業提供者目錄

*Board Certified Specialty: No*

 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

#### **UNSDORFER, KYLE**

Provider ID: 300035

*Board Certified Specialty: No*

 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1285165183


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Website: N/A


### RADIOLOGY DIAGNOSTIC

#### **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

#### **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

#### **VAKILIAN, SIAVOSH**

Provider ID: 283207

*Board Certified Specialty: No*

 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
 Phone: (858) 505-4100

Fax: (858) 429-7939

 After Hours Phone: (858)  
505-4100

Provider Gender: Male

NPI: 1427456151

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PIONEERS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM



 Website: N/A

### RADIOLOGY DIAGNOSTIC

#### **VAKILIAN, SIAVOSH**

Provider ID: 283205

*Board Certified Specialty: No*

 3366 5TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 230-0400  
Fax: (858) 429-7938

 After Hours Phone: (619)  
230-0400

Provider Gender: Male

NPI: 1427456151

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y




### D3. 專業提供者目錄

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **RADIOLOGY DIAGNOSTIC**

##### **YORK, VINCENT**

Provider ID: 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

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

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

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

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



### D3. 專業提供者目錄

#### MEDICAL CTR, UCSD LA JOLLA **THERAPIST**


JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**

**BARTZ, BRYAN**

Provider ID: 273380

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669818993

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **REGISTERED PHYSICAL**


**BERGERON, PATRICK**

Provider ID: 206534

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285061390


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**

**BUNOSKY, ABIGAIL**

Provider ID: 258304

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780018416

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**

**BUNOSKY, ABIGAIL**

Provider ID: 246022

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780018416


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

**CORTEZ, AARON**

Provider ID: 279194

Board Certified Specialty: No






 16950 VIA TAZON  
SAN DIEGO, CA 92127



### D3. 專業提供者目錄

 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1639693187  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**




##### **COSTELLO, MARK**


Provider ID: 295634  
Board Certified Specialty: No  
 7510 CLAIREMONT MESA BLVD STE 103  
SAN DIEGO, CA 92111  
 Phone: (858) 277-2277  
Fax: (408) 945-4018  
 After Hours Phone: (858) 277-2277  
Provider Gender: Male  
NPI: 1710193602  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Armenian, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y




Min/Max Age: 5\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **DANG, ERIC**


Provider ID: 258363  
Board Certified Specialty: No  
 8929 UNIVERSITY CENTER LN STE 200  
SAN DIEGO, CA 92122  
 Phone: (858) 543-3333  
Fax: (858) 657-1809  
 After Hours Phone: (858) 543-3333  
Provider Gender: Male  
NPI: 1891237756

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

##### **DANG, KAYLEE**

Provider ID: 279261  
Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1316426356  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A



#### **REGISTERED PHYSICAL THERAPIST**

##### **FARRAR, COURTNEY**

Provider ID: 303843  
Board Certified Specialty: No  
 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
 Phone: (619) 325-1161  
Fax: (619) 325-1717  
 After Hours Phone: (619) 325-1161  
Provider Gender: Male  
NPI: 1124577952

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### D3. 專業提供者目錄

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**

##### **FARRAR, COURTNEY**

Provider ID: 295259

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110


 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1124577952

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 13\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


#### **REGISTERED PHYSICAL THERAPIST**


##### **JOHNSON, KENNADY**

Provider ID: 305041

Board Certified Specialty: No


 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730834417

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**


##### **MC ELROY, CARTER**

Provider ID: 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**

##### **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**


##### **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

### D3. 專業提供者目錄


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider ID: 287652

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL**

#### **THERAPIST**


**NUTHALL, KAITLIN**

Provider ID: 202326


Board Certified Specialty: No

 8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122

 Phone: (858) 249-0832

Fax: (858) 657-1809

 After Hours Phone: (858)  
249-0832

Provider Gender: Female

NPI: 1992210090

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL**


#### **THERAPIST**

**RICKERTS, MATTHEW**

Provider ID: 287652

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063882579

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL**


#### **THERAPIST**


**RUDD, CHRISTOPHER**

Provider ID: 207560

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1831539337

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL**


#### **THERAPIST**


**SKINNER, NICOLE**

Provider ID: 206547

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1386964997

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

**VANDEWIELE, EMILY**

Provider ID: 285183



### D3. 專業提供者目錄

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942818505

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **VASQUEZ, BENJAMIN**

Provider ID: 302870

Board Certified Specialty: No

📍 4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568938413

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **WALKER, JULIE**

Provider ID: 258489

Board Certified Specialty: No

📍 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122

☎ Phone: (855) 543-0333

☎ Fax: (858) 535-6422

🕒 After Hours Phone: (855)  
543-0333

Provider Gender: Female

NPI: 1720489503

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **WILLIAMS, STACY**

Provider ID: 259684

Board Certified Specialty: No

📍 4520 EXECUTIVE DR STE 1  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689962169

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **WILLIAMS, STACY**

Provider ID: 259683

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689962169

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):



## D3. 專業提供者目錄

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### SPEECH PATHOLOGIST

#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296929

Board Certified Specialty: No

 11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127


 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Website: N/A


### SPEECH PATHOLOGIST

#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296930

Board Certified Specialty: No

 9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Website: N/A


### SPEECH PATHOLOGIST

#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296932

Board Certified Specialty: No

 7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Website: N/A


### SPEECH PATHOLOGIST

#### **CLARK, MELISSA**

Provider ID: 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


### D3. 專業提供者目錄




 Accessibility: CONTACT 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. 專業提供者目錄

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

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

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY CARDIOVASCULAR**

##### **FOX, KENNETH**

### D3. 專業提供者目錄

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. 專業提供者目錄

 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: 286387

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6886

 After Hours Phone: (619)  
543-6886

Provider Gender: Female

NPI: 1518163005

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY COLON SURGERY**

**LOPEZ, NICOLE**

Provider ID: 286366

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518163005

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y




Min/Max Age: 0\999

American Sign Language (ASL):

N




### D3. 專業提供者目錄



 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. 專業提供者目錄

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: 129062  
Board Certified Specialty: No  
 7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
 Phone: (858) 565-0104  
Fax: (858) 565-0194  
 After Hours Phone: (858)  
565-0104  
Provider Gender: Male  
NPI: 1831493501  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, PALOMAR  
HEALTH

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-4:30PM  
 Website: N/A

#### **SURGERY GENERAL**

##### **BARNES, RYAN**

Provider ID: 299904  
Board Certified Specialty: No  
 7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
 Phone: (858) 565-0104  
Fax: (858) 565-0194  
 After Hours Phone: (858)  
565-0104  
Provider Gender: Male  
NPI: 1831493501

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, PALOMAR  
HEALTH  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-4:30PM  
 Website: N/A

#### **SURGERY GENERAL**

##### **BENCH, SHAWN**

Provider ID: 299895  
Board Certified Specialty: Yes  
 7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
 Phone: (858) 565-0104  
Fax: (858) 565-0194  
 After Hours Phone: (858)  
565-0104  
Provider Gender: Male  
NPI: 1669700753  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KERN  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM  
 Website: N/A

#### **SURGERY GENERAL**

##### **BENCH, SHAWN**

Provider ID: 129060  
Board Certified Specialty: Yes  
 7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
 Phone: (858) 565-0104  
Fax: (858) 565-0194  
 After Hours Phone: (858)  
565-0104  
Provider Gender: Male  
NPI: 1669700753  
 Provider English Spoken: Y  
Cultural Competency: N

### D3. 專業提供者目錄


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: 247073

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1619252418

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **SURGERY GENERAL** **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: 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

### D3. 專業提供者目錄

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: 304608

Board Certified Specialty: No

6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120

Phone: (619) 500-7699

Fax: (619) 483-3997

After Hours Phone: (619)  
500-7699

Provider Gender: Male

NPI: 1437470762

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY GENERAL**

##### **CASILLAS BERUMEN, SERGIO**

Provider ID: 304609

Board Certified Specialty: No

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115

Phone: (619) 582-4490  
Fax: (619) 501-9702

After Hours Phone: (619)  
582-4490

Provider Gender: Male

NPI: 1437470762

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY

HOSPITAL, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM



### D3. 專業提供者目錄

 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: 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**


##### **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**


##### **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. 專業提供者目錄

SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1265649966

🗒 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **SURGERY GENERAL**

#### **JACOBSEN, GARTH**

Provider ID: 286356

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1265649966

🗒 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): 🕒 After Hours Phone: (858) 565-0104  
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**

#### **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

🗒 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. 專業提供者目錄

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-5:00PM  
F 8:30AM-4:00PM

 Website: N/A


#### **SURGERY GENERAL**

##### **POLLACK, LARRY**

Provider ID: 54346

Board Certified Specialty: Yes

 7910 FROST ST STE 250  
SAN DIEGO, CA 92123


 Phone: (858) 565-0104  
Fax: (858) 565-0194

 After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1104998400

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

 Website: N/A


#### **SURGERY GENERAL**

##### **RASCHKE, ERIC**

Provider ID: 270297

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1316386659

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **SURGERY GENERAL**

##### **SANDLER, BRYAN**

Provider ID: 286383

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043410186

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **SURGERY GENERAL**

##### **SANDLER, BRYAN**

Provider ID: 286357

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043410186

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY GENERAL**




##### **SANTORELLI, JARRETT**

Provider ID: 272303

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

### D3. 專業提供者目錄

 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. 專業提供者目錄

 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. 專業提供者目錄


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): NPI: 1437416591

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **SURGERY NEUROLOGICAL**

#### **MARSHALL, LAWRENCE**


Provider ID: 244150

Board Certified Specialty: No

 200 W ARBOR DR


SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1750306171

 Provider English Spoken: Y

 Provider Language(s) Spoken: German, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### **SURGERY NEUROLOGICAL**


#### **OSORIO, JOSEPH**

Provider ID: 304170

Board Certified Specialty: No

 6655 ALVARADO RD

SAN DIEGO, CA 92120

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **SURGERY NEUROLOGICAL**


#### **OSORIO, JOSEPH**


Provider ID: 242007

Board Certified Specialty: No

 200 W ARBOR DR


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### **SURGERY NEUROLOGICAL**

#### **PHAM, MARTIN**


Provider ID: 244158

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1609130921

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### **SURGERY NEUROLOGICAL**


#### **SOUMEKH, MASSOUD**

Provider ID: 257468

Board Certified Specialty: Yes

 8008 FROST ST STE 401

SAN DIEGO, CA 92123

 Phone: (858) 560-8544

Fax: (858) 560-8546

 After Hours Phone: (858) 560-8544

Provider Gender: Male

NPI: 1265495014



### D3. 專業提供者目錄

*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. 專業提供者目錄

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. 專業提供者目錄

 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. 專業提供者目錄

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: 304177

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1629239140

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **SURGERY ORTHOPEDIC**


#### **FLINT, JAMES**

Provider ID: 203178

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 657-8200

 After Hours Phone: (858)  
657-8200

Provider Gender: Male

NPI: 1629239140

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **SURGERY ORTHOPEDIC**

#### **GOEB, YANNICK**

Provider ID: 284794



### D3. 專業提供者目錄

Board Certified Specialty: No

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. 專業提供者目錄

DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **SURGERY ORTHOPEDIC**

#### **SULLIVAN, THOMAS**

Provider ID: 285247

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437565488

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **SURGERY ORTHOPEDIC**

#### **SULLIVAN, THOMAS**

Provider ID: 304164

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437565488

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

### **SURGERY ORTHOPEDIC**

#### **TAYLOR, MARIO**

Provider ID: 304142

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407380512

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **SURGERY ORTHOPEDIC**

#### **TAYLOR, MARIO**

Provider ID: 299909

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male


NPI: 1407380512


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A


### **SURGERY ORTHOPEDIC**

#### **UPASANI, VIDYADHAR**

Provider ID: 205914

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

### D3. 專業提供者目錄

*CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: N*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### **SURGERY ORTHOPEDIC**


##### **UPASANI, VIDYADHAR**

*Provider ID: 260953*

*Board Certified Specialty: No*

 3030 CHILDRENS WAY FL 3

SAN DIEGO, CA 92123

 *Phone: (858) 966-6789*

*Fax: (858) 966-6706*

 *After Hours Phone: (858) 966-6789*

*Provider Gender: Male*

*NPI: 1548417652*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY*


*CHILDRENS HOSPITAL SAN DIEGO*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **SURGERY PEDIATRIC**

##### **BICKLER, STEPHEN**

*Provider ID: 270090*

*Board Certified Specialty: No*

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 *Phone: (858) 966-7711*

*Fax: (858) 966-7712*

 *After Hours Phone: (858) 966-7711*

*Provider Gender: Male*

*NPI: 1891866653*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, RADY*


*CHILDRENS HOSPITAL SAN DIEGO*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **SURGERY PEDIATRIC**

##### **GOSMAN, AMANDA**

*Provider ID: 205841*

*Board Certified Specialty: Yes*

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123



 *Phone: (858) 966-5999*

*Fax: (858) 966-4064*

 *After Hours Phone: (858) 966-5999*

*Provider Gender: Female*

*NPI: 1164436291*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: RADY*


*CHILDRENS HOSPITAL SAN*


*DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


#### **SURGERY PEDIATRIC**

##### **KELLER, BENJAMIN**


*Provider ID: 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*

### D3. 專業提供者目錄

#### **SURGERY PEDIATRIC**

##### **KELLER, BENJAMIN**

Provider ID: 272196

Board Certified Specialty: No

7920 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-4064

After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1285953364

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY PEDIATRIC**

##### **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: 205606

Board Certified Specialty: No

8110 BIRMINGHAM WAY FL  
2

SAN DIEGO, CA 92123

Phone: (858) 966-7711

Fax: (858) 966-7712

After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1538365002

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **SURGERY PEDIATRIC**

##### **LAZAR, DAVID**

Provider ID: 283140

Board Certified Specialty: No

3030 CHILDRENS WAY FL 1

### D3. 專業提供者目錄

SAN DIEGO, CA 92123  
☎ Phone: (858) 966-7711  
Fax: (858) 966-7712  
🕒 After Hours Phone: (858) 966-7711  
Provider Gender: Male  
NPI: 1538365002  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **SURGERY PEDIATRIC**

##### **THANGARAJAH, HARIHARAN**

Provider ID: 206172  
Board Certified Specialty: No  
📍 8110 BIRMINGHAM WAY FL 2  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-7711  
Fax: (858) 966-7712  
🕒 After Hours Phone: (858) 966-7711  
Provider Gender: Male  
NPI: 1598979593  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **SURGERY PEDIATRIC**

##### **THANGARAJAH, HARIHARAN**

Provider ID: 256194  
Board Certified Specialty: No  
📍 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-7711  
🕒 After Hours Phone: (858) 966-7711  
Provider Gender: Male  
NPI: 1598979593

📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **SURGERY PLASTIC**

##### **HINCHCLIFF, KATHARINE**

Provider ID: 277965  
Board Certified Specialty: No  
📍 7920 FROST ST STE 200  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5999  
Fax: (858) 966-8394

🕒 After Hours Phone: (858) 966-5999  
Provider Gender: Female  
NPI: 1346674561  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **SURGERY PLASTIC**

##### **HINCHCLIFF, KATHARINE**

Provider ID: 277288  
Board Certified Specialty: No  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1346674561  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT



## D3. 專業提供者目錄

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

### **SURGERY PLASTIC**

#### **KOLB, FREDERIC**

Provider ID: 255576  
Board Certified Specialty: No  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123  
Phone: (858) 966-5999  
Fax: (858) 966-8394  
After Hours Phone: (858)  
966-5999  
Provider Gender: Female  
NPI: 1790341832

Provider English Spoken: Y  
Provider Language(s)  
Spoken: French

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **SURGERY PLASTIC**

#### **KOLB, FREDERIC**

Provider ID: 255575  
Board Certified Specialty: No  
4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Phone: (800) 926-8273

Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1790341832

Provider English Spoken: Y  
Provider Language(s)  
Spoken: French

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **SURGERY PLASTIC**

#### **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**

#### **LEWIS, PRIYA**

Provider ID: 302132



### D3. 專業提供者目錄

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

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **SURGERY PLASTIC**

##### **REID, CHRISTOPHER**

Provider ID: 255564

Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: 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: 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 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. 專業提供者目錄

 Website: N/A

#### **TRANSPLANT SURGERY**


##### **MEKEEL, KRISTIN**


Provider ID: 262109

Board Certified Specialty: Yes

 3020 CHILDRENS WAY STE 107


SAN DIEGO, CA 92123

 Phone: (858) 966-7711

 After Hours Phone: (858) 966-7711

Provider Gender: Female

NPI: 1104861947

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **TRANSPLANT SURGERY**

##### **SCHNICKEL, GABRIEL**

Provider ID: 262192

Board Certified Specialty: No

 8001 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 966-8354

Fax: (858) 966-5815

 After Hours Phone: (858) 966-8354

Provider Gender: Male

NPI: 1619111440

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **UROLOGY**

##### **CHEN, TONY**

Provider ID: 283960

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1245684497

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, PALOMAR MEDICAL  
CENTER


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **UROLOGY**

##### **KATZ, JONATHAN**

Provider ID: 299918

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1952756207


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### **UROLOGY**

##### **MARIETTI SHEPHERD, SARAH**

Provider ID: 265122

Board Certified Specialty: No

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-7484

Fax: (858) 966-4064

 After Hours Phone: (858) 966-7484

Provider Gender: Female

NPI: 1801094115

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

### D3. 專業提供者目錄

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### UROLOGY


**MARIETTI SHEPHERD, SARAH**

Provider ID: 206244

Board Certified Specialty: No

 7930 FROST ST STE 407  
SAN DIEGO, CA 92123

 Phone: (858) 279-8527

 After Hours Phone: (858)  
279-8527

Provider Gender: Female

NPI: 1801094115

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### UROLOGY

**MONGA, MANOJ**

Provider ID: 256847

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174609127

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### UROLOGY

**MONGA, MANOJ**

Provider ID: 274480

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174609127

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### UROLOGY


**PATEL, DEVIN**

Provider ID: 246094

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 657-7876

 After Hours Phone: (858)  
657-7876

Provider Gender: Male

NPI: 1437505559

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,


CEDARS SINAI MEDICAL  
CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### D3. 專業提供者目錄

#### **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. 專業提供者目錄

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: 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: 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: 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. 專業提供者目錄

### SAN MARCOS

#### CARDIOLOGY

##### **DO, HULBERT**

Provider ID: 295941

Board Certified Specialty: No

📍 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

☎ Phone: (760) 798-8855

Fax: (619) 616-2104

🕒 After Hours Phone: (760)  
798-8855

Provider Gender: Male

NPI: 1679733760

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### CARDIOLOGY

##### **DO, HULBERT**

Provider ID: 291583

Board Certified Specialty: No

📍 150 VALPRED A RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

🕒 After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1679733760

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-8:00PM

SA 8:00AM-8:00PM

🌐 Website: N/A

#### CARDIOLOGY

##### **MOHAMEDALI, BURHAN**

Provider ID: 245578

Board Certified Specialty: No

📍 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

☎ Phone: (760) 798-8855

Fax: (760) 755-5245

🕒 After Hours Phone: (760)  
798-8855

Provider Gender: Male

NPI: 1831393289

🗣 Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
Adventist Health and Rideout

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM

🌐 Website: N/A

#### CARDIOLOGY

##### **SUDHAKAR, DEEPTHI**

Provider ID: 295847

Board Certified Specialty: No

📍 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

☎ Phone: (760) 798-8855

Fax: (619) 616-2104

🕒 After Hours Phone: (760)  
798-8855

Provider Gender: Female

NPI: 1811307051

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### CARDIOLOGY

##### **SUDHAKAR, DEEPTHI**

Provider ID: 291607

Board Certified Specialty: No

📍 150 VALPRED A RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

🕒 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1811307051

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

## D3. 專業提供者目錄

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. 專業提供者目錄

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. 專業提供者目錄

 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. 專業提供者目錄

**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. 專業提供者目錄

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **INTERNAL MEDICINE**

##### **KAYAL, ANAS**

Provider ID: 295512

Board Certified Specialty: No

 334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078


 Phone: (760) 736-8091

Fax: (760) 736-8092

 After Hours Phone: (760)  
736-8091

Provider Gender: Male

NPI: 1851376917

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER, TEMECULA

VALLEY HOSPITAL INC,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SOUTHWEST HEALTHCARE


INLAND VALLEY HOSPITAL


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **INTERNAL MEDICINE**


##### **KAYAL, ANAS**

Provider ID: 295513


Board Certified Specialty: No

 960 W SAN MARCOS BLVD  
STE 210

SAN MARCOS, CA 92078


 Phone: (760) 736-8091

Fax: (760) 736-8092

 After Hours Phone: (760)  
736-8091

Provider Gender: Male

NPI: 1851376917

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER, TEMECULA

VALLEY HOSPITAL INC,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


#### **INTERNAL MEDICINE**

##### **PONIACHIK, SAMUEL**

Provider ID: 299258

Board Certified Specialty: No

 1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078

 Phone: (760) 520-8200

Fax: (360) 462-2749

 After Hours Phone: (760)  
520-8200

Provider Gender: Male

NPI: 1467485078

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **INTERNAL MEDICINE**

##### **TOLENTINO, ARTURO**


Provider ID: 298696

Board Certified Specialty: No

 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

 Phone: (833) 867-4642


Fax: (360) 462-5827

 After Hours Phone: (833)  
867-4642

Provider Gender: Male

NPI: 1609066018

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, PALOMAR MEDICAL

CENTER


Medi-Cal Open Panel: Y

Min/Max Age: 0\17

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

## D3. 專業提供者目錄

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 296052

Board Certified Specialty: No

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Phone: (760) 798-8855

Fax: (619) 616-2104

After Hours Phone: (760)  
798-8855

Provider Gender: Female

NPI: 1811307051

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 15\99

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### NEUROLOGY

#### **HOSSEIN ZADEH MALEKI, ANA**

Provider ID: 304998

Board Certified Specialty: No

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Phone: (760) 281-3662

Fax: (760) 316-5268

After Hours Phone: (760)  
281-3662

Provider Gender: Female

NPI: 1316471485

Provider English Spoken: Y N

Provider Language(s)  
Spoken: Arabic, Persian

Cultural Competency: N

Hospital Affiliation: TEMECULA  
VALLEY HOSPITAL INC

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### NEUROLOGY

#### **SORIA LOPEZ, JOSE**

Provider ID: 295745

Board Certified Specialty: No

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Phone: (760) 281-3662

Fax: (760) 316-5268

After Hours Phone: (760)  
281-3662

Provider Gender: Male

NPI: 1225474034

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, TEMECULA

VALLEY HOSPITAL INC

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-6:00PM

Website: N/A

### OBSTETRICS / GYNECOLOGY

#### **CABRERA, MICHELLE**

Provider ID: 303025

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1174774723

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Adventist  
Health and Rideout

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### OBSTETRICS / GYNECOLOGY

#### **HINSHAW, PAUL**

Provider ID: 288907

Board Certified Specialty: No

120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078

Phone: (760) 740-2710







Fax: (858) 207-0003



After Hours Phone: (760)

### D3. 專業提供者目錄




740-2710  
Provider Gender: Male  
NPI: 1215170717  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


#### **OBSTETRICS / GYNECOLOGY** **POUNTNEY, MARLENE**

Provider ID: 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

#### **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

#### **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,


## D3. 專業提供者目錄


LOMA LINDA UNIVERSITY  
CHILDRENS HOSPITAL,  
RIVERSIDE COUNTY  
REGIONAL MED CTR, TRI CITY  
MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\0

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### OPHTHALMOLOGY

#### **PRESTERA, TORY**

Provider ID: 290590

Board Certified Specialty: Yes

 100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069


 Phone: (760) 598-0400

Fax: (760) 598-5270

 After Hours Phone: (760)  
598-0400

Provider Gender: Male

NPI: 1346224557

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Thai

Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 10\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

Email:


PRESTERA@YAHOO.COM


### 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


### 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



## D3. 專業提供者目錄

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-5:00PM  
Website: N/A

### **PEDIATRICS**

#### **POSADAS, EMERITO**

Provider ID: 257536  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-6767  
Provider Gender: Male  
NPI: 1720093198  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-6:00PM  
Website: N/A

### **PEDIATRICS**

#### **QUINTERO, CAROLYN**

Provider ID: 303142  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767

Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1023033156  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-6:00PM  
SA 8:00AM-5:00PM  
Website: N/A

### **PHYSICIANS ASSISTANT**

#### **BERNARDO, RACHELLE**

Provider ID: 297083  
Board Certified Specialty: No  
1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1821237678  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

**PROVIDER**  
Website: N/A

### **PHYSICIANS ASSISTANT**

#### **BERNARDO, RACHELLE**

Provider ID: 296584  
Board Certified Specialty: No  
1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
Phone: (760) 736-6767  
Fax: (760) 736-6744  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1821237678  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A





### **PHYSICIANS ASSISTANT**

#### **CELESTINO, MISHEL**

Provider ID: 302439  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1578263760  
Provider English Spoken: Y



## D3. 專業提供者目錄

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*


### **PHYSICIANS ASSISTANT**


#### **GRAF, HALEY**


*Provider ID: 301290*  
*Board Certified Specialty: No*  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 *Phone: (760) 436-6767*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760)*  
*436-6767*  
*Provider Gender: Female*  
*NPI: 1598394371*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 2\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*

### **PHYSICIANS ASSISTANT**



#### **HERNANDEZ, MIRIAM**

*Provider ID: 298336*  
*Board Certified Specialty: No*  
 150 VALPRED A RD

SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6767*  
 *After Hours Phone: (760)*  
*736-6767*  
*Provider Gender: Female*  
*NPI: 1457903700*




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*

### **PHYSICIANS ASSISTANT**

#### **MATHIAS, WILLIAM**


*Provider ID: 302570*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 566-1501*  
 *After Hours Phone: (760)*  
*736-6767*


*Provider Gender: Male*  
*NPI: 1285806323*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*



 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


### **PHYSICIANS ASSISTANT**

#### **POLLEY, SHANNON**

*Provider ID: 296093*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*


 *After Hours Phone: (760)*  
*736-6767*

*Provider Gender: Female*  
*NPI: 1225608722*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*



 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F*  
*8:00AM-8:00PM*  
*SA 8:00AM-5:00PM*

 *Website: N/A*



### **PHYSICIANS ASSISTANT**

#### **RAMIREZ, JOSE**

*Provider ID: 296080*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*

 *After Hours Phone: (760)*  
*736-6767*

*Provider Gender: Male*  
*NPI: 1497834402*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 14\999*

### D3. 專業提供者目錄

American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **SACRAMENTO, CZAR**

Provider ID: 297879  
Board Certified Specialty: No  
1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Male  
NPI: 1316957061  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **SERING, MALIA**

Provider ID: 297122  
Board Certified Specialty: No  
838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Phone: (760) 738-7600  
Fax: (760) 828-9138  
After Hours Phone: (760)

738-7600  
Provider Gender: Female  
NPI: 1013198720  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **SERING, MALIA**

Provider ID: 269280  
Board Certified Specialty: No  
838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Phone: (760) 738-7600  
Fax: (760) 828-9138  
After Hours Phone: (760) 738-7600

Provider Gender: Female  
NPI: 1013198720  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

#### **PSYCHOLOGIST**

##### **ALTAMIRANO, LEON**

Provider ID: 290362

Board Certified Specialty: No  
150 VALPREDA RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Male  
NPI: 1619271517  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **PSYCHOLOGIST**

##### **ARIELLA, LYNDA**

Provider ID: 299716  
Board Certified Specialty: No  
150 VALPREDA RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1073518965  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 5\50  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F

### D3. 專業提供者目錄

8:00AM-5:00PM  
Website: N/A

#### **PSYCHOLOGIST** **CORTIZO, ROSA**

Provider ID: 290796  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1952316648

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **PSYCHOLOGIST** **FLYNN, DANIELLE**

Provider ID: 290795  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
NPI: 1477785137

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **PSYCHOLOGIST** **GEORGIEV, MARY JO**

Provider ID: 290793  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 737-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 737-6767  
Provider Gender: Female  
NPI: 1518996875

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

#### **PSYCHOLOGIST** **IMAM, SYED**

Provider ID: 298174  
Board Certified Specialty: No  
150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-6767  
Provider Gender: Male  
NPI: 1447428271

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 15\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

#### **PSYCHOLOGIST** **LOVE, YVONNE**

Provider ID: 301277  
Board Certified Specialty: No  
2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069  
Phone: (833) 867-4642  
Fax: (360) 462-5827  
After Hours Phone: (833) 867-4642  
Provider Gender: Female  
NPI: 1902812811

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

#### **PSYCHOLOGIST** **SIMPSON, ERIC**

Provider ID: 290803

## D3. 專業提供者目錄

*Board Certified Specialty: No*

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1710110416

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **PSYCHOLOGIST**

#### **TORRES, HECTOR**

Provider ID: 290788

*Board Certified Specialty: No*

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1720265614

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **RHEUMATOLOGY**

#### **AL NAHLAWI, BASMA**

Provider ID: 290068

*Board Certified Specialty: No*

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078

Phone: (760) 736-8091

Fax: (760) 736-8092

After Hours Phone: (760)  
736-8091

Provider Gender: Female

NPI: 1144455262

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR

MURRIETA, PALOMAR

MEDICAL CENTER, LOMA

LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **RHEUMATOLOGY**

#### **AL NAHLAWI, BASMA**

Provider ID: 295532

*Board Certified Specialty: No*

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078

Phone: (760) 736-8091

Fax: (760) 736-8092

After Hours Phone: (760)

736-8091

Provider Gender: Female

NPI: 1144455262

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR

MURRIETA, PALOMAR

MEDICAL CENTER, LOMA

LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

## **SAN YSIDRO**

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **IBARRA, MARTHA**

Provider ID: 304292

*Board Certified Specialty: No*

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS



## D3. 專業提供者目錄

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Website: N/A


### **CHIROPRACTOR**

#### **KELCHNER, MATTHEW**

Provider ID: 290508

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 428-4463

Fax: (619) 205-6305

 After Hours Phone: (619)  
428-4463

Provider Gender: Male

NPI: 1174656755

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


### **FAMILY PRACTICE**

#### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 294925

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PARADISE VALLEY

HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


### **FAMILY PRACTICE**

#### **ARRIETA, NOEMI**


Provider ID: 297794

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1912223496

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-8:00PM

SA 8:00AM-2:00PM

 Website: N/A


### **FAMILY PRACTICE**

#### **DALUGDUGAN, ESTHER**

Provider ID: 302285

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1962662718

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:30AM-5:00PM

 Website: N/A

### **FAMILY PRACTICE**

#### **MALEKMADANI, ARIENNE**

Provider ID: 303333

Board Certified Specialty: No

 4004 BEYER BLVD



### D3. 專業提供者目錄

SAN YSIDRO, CA 92173  
☎ Phone: (619) 662-4100  
Fax: (619) 205-6341  
🕒 After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1124648332  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Persian, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:30AM-5:00PM  
🌐 Website: N/A

#### **FAMILY PRACTICE**

##### **NAVARRO, VANESSA**

Provider ID: 297756  
Board Certified Specialty: No  
📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
☎ Phone: (619) 662-4100  
Fax: (619) 785-3384  
🕒 After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1952563421  
☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
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

## D3. 專業提供者目錄



*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

### **GENERAL PRACTICE**




#### **GARCIA-SANDOVAL, DAMARIS**

*Provider ID: 302644*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 662-4198*  
 *After Hours Phone: (619) 662-4100*

*Provider Gender: Female*  
*NPI: 1447838883*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*



*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*



### **INFECTIOUS DISEASE**

#### **ALDOUS, JEANNETTE**

*Provider ID: 290421*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD



SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6305*  
 *After Hours Phone: (619) 662-4100*

*Provider Gender: Female*  
*NPI: 1073650339*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*



*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

### **INTERNAL MEDICINE**




#### **BULOW, KWI**

*Provider ID: 302346*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6341*  
 *After Hours Phone: (619) 662-4100*

*Provider Gender: Female*  
*NPI: 1073608576*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:00PM*  
 *Website: N/A*

### **INTERNAL MEDICINE**

#### **PROMER, KATHERINE**


*Provider ID: 293527*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6305*  
 *After Hours Phone: (619) 662-4100*

*Provider Gender: Female*  
*NPI: 1306280607*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-8:00PM SA 8:00AM-2:00PM*  
 *Website: N/A*

### **INTERNAL MEDICINE**

#### **RAMIREZ SANCHEZ, CLAUDIA**

*Provider ID: 296122*

### D3. 專業提供者目錄

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1659720555

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM

Website: N/A

#### INTERNAL MEDICINE

##### **SY, RAMON**

Provider ID: 297757

Board Certified Specialty: No

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 785-3384

After Hours Phone: (619)  
662-4100

Provider Gender: Male  
NPI: 1982617403

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### OBSTETRICS / GYNECOLOGY

##### **CARSON, LATISA**

Provider ID: 290489

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1245229129

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Website: N/A

#### OBSTETRICS / GYNECOLOGY

##### **DINH, MY**

Provider ID: 290490

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 428-4463  
Fax: (213) 250-3369

After Hours Phone: (619)  
428-4463

Provider Gender: Female  
NPI: 1316146996

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### OBSTETRICS / GYNECOLOGY

##### **GOLDSTEIN, EDWARD**

Provider ID: 290471

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-1967

After Hours Phone: (619)  
662-4100

Provider Gender: Male  
NPI: 1982617494







Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

### D3. 專業提供者目錄

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL, SHARP*  
*CHULA VISTA MED CTR,*  
*SCRIPPS MERCY HOSPITAL*  
*CHULA VISTA, SCRIPPS*  
*MEMORIAL HOSPITAL,*  
*SCRIPPS MERCY HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:30AM-5:30PM*  
*SA 8:00AM-2:30PM*  
 *Website: N/A*

#### **OBSTETRICS / GYNECOLOGY**

##### **GOMEZ, DANIELA**


*Provider ID: 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**





##### **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**

##### **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*



### D3. 專業提供者目錄

 Website: N/A


#### **OBSTETRICS / GYNECOLOGY**

##### **MAJERSKI GONZALEZ, MANDY**

Provider ID: 290957

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1982812392

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **OPHTHALMOLOGY**

##### **DE SILVA, NIHAL**

Provider ID: 290551

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1003834789

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PEDIATRICS**

##### **FUJII, CINDY**

Provider ID: 298309

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1871664821

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

 Website: N/A


#### **PEDIATRICS**

##### **RODRIGUEZ, ALDO**

Provider ID: 295779

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


Fax: (619) 662-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1508209651

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10:00AM-4:00PM  
M 8:30AM-8:00PM

W-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

 Website: N/A


#### **PEDIATRICS**

##### **TAYLOR, TASHA**

Provider ID: 290077

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305


 After Hours Phone: (619)  
662-4100

Provider Gender: Female



### D3. 專業提供者目錄

NPI: 1528144433

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **IBANEZ, BERENICE**

Provider ID: 290465

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1740394386

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **PSYCHOLOGIST**

##### **JOHNSON, JENNIFER**

Provider ID: 301296

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1023783248

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\64

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL**


##### **THERAPIST**


##### **TORRES, JOANN**

Provider ID: 296045

Board Certified Specialty: No


 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1134732522

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **SPEECH PATHOLOGIST**


##### **HILL, CARLA**

Provider ID: 295894

Board Certified Specialty: No

 3364 BEYER BLVD STE  
102-103

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 600-4870

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1043950751


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### **SANTEE**


#### **CHIROPRACTOR**

##### **KELCHNER, MATTHEW**

Provider ID: 290940

Board Certified Specialty: No

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 Phone: (619) 662-4100

Fax: (619) 662-4196

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

### D3. 專業提供者目錄


NPI: 1174656755

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


#### **FAMILY PRACTICE**

##### **BAIOU, MOHAMED**

Provider ID: 302314

Board Certified Specialty: No

 120 TOWN CENTER PKWY  
SANTEE, CA 92071


 Phone: (619) 662-4100

Fax: (619) 662-4196

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1447542659

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:00AM-5:00PM  
W 1:00PM-5:00PM  
TH 8:00AM-5:00PM

 Website: N/A


#### **PHYSICIANS ASSISTANT**

##### **ROSENBLATT, SHERI**


Provider ID: 295738

Board Certified Specialty: No

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1114041621

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 10:00AM-2:30PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**


##### **MOORE, BRIAN**

Provider ID: 243961

Board Certified Specialty: No

 9640 MISSION GORGE RD  
STE H

SANTEE, CA 92071

 Phone: (619) 460-2770

Fax: (619) 460-2774

 After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1831144005

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
7:00AM-5:00PM

 Website: N/A

#### **RADIOLOGY DIAGNOSTIC**


##### **VENKATESH, VIJAY**

Provider ID: 269661

Board Certified Specialty: No

 9640 MISSION GORGE RD  
STE H

SANTEE, CA 92071

 Phone: (619) 460-2770

Fax: (619) 460-2774

 After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1689627085


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **REGISTERED PHYSICAL**

##### **THERAPIST**

##### **BOUTELLE, DAVID**

Provider ID: 248308

Board Certified Specialty: No

 9830 PROSPECT AVE STE A

### D3. 專業提供者目錄

SANTEE, CA 92071  
☎ Phone: (619) 448-4860  
Fax: (619) 448-1639  
🕒 After Hours Phone: (760) 591-7750  
Provider Gender: Male  
NPI: 1063461101  
🗨 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 7:00AM-7:00PM  
TU 7:00AM-5:00PM  
W 7:00AM-7:00PM  
TH 7:00AM-5:00PM  
F 7:00AM-7:00PM  
🌐 Website: N/A

#### **REGISTERED PHYSICAL THERAPIST**

**DANSEY, ASHLEY**  
Provider ID: 270339  
Board Certified Specialty: No  
📍 9830 PROSPECT AVE STE A  
SANTEE, CA 92071  
☎ Phone: (619) 448-4860  
Fax: (619) 448-1639  
🕒 After Hours Phone: (619) 448-4860  
Provider Gender: Female  
NPI: 1962716076  
🗨 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT

PROVIDER  
🌐 Website: N/A  
**REGISTERED PHYSICAL THERAPIST**  
**LERMA, NICOLE**  
Provider ID: 270343  
Board Certified Specialty: No  
📍 9830 PROSPECT AVE STE A  
SANTEE, CA 92071  
☎ Phone: (619) 448-4860  
Fax: (619) 448-1639  
🕒 After Hours Phone: (619) 448-4860  
Provider Gender: Female  
NPI: 1790155844  
🗨 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

### TEMECULA

#### **CERTIFIED ACUPUNCTURIST**

**CRAFT, KEVIN**  
Provider ID: 290944  
Board Certified Specialty: No  
📍 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
☎ Phone: (951) 225-6400  
Fax: (360) 462-2751  
🕒 After Hours Phone: (951) 225-6400  
Provider Gender: Male  
NPI: 1659745610  
🗨 Provider English Spoken: Y  
🗨 Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: TU-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

**MIRACLE, ANGELYN**  
Provider ID: 300260  
Board Certified Specialty: No  
📍 31170 TEMECULA PKWY  
STE 200  
TEMECULA, CA 92592  
☎ Phone: (951) 699-3299  
Fax: (951) 302-1313  
🕒 After Hours Phone: (951) 699-3299  
Provider Gender: Female  
NPI: 1144539842  
🗨 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: N  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE MIDWIFE**

**ZAMORA-FLYR, MARIA**  
Provider ID: 290646

### D3. 專業提供者目錄

Board Certified Specialty: No

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Phone: (951) 225-6400

Fax: (858) 633-4697

After Hours Phone: (951)  
225-6400

Provider Gender: Female

NPI: 1194938647

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

#### **PHYSICIANS ASSISTANT**

##### **ANWAR, YASMIN**

Provider ID: 300846

Board Certified Specialty: No

31515 RANCHO PUEBLO RD  
STE 102  
TEMECULA, CA 92592

Phone: (951) 225-7873

Fax: (951) 305-9117

After Hours Phone: (951)  
225-7873

Provider Gender: Female

NPI: 1588602247

Provider English Spoken: Y

Provider Language(s)  
Spoken: Persian, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **PODIATRIST**

##### **NEGRON, RICARDO**

Provider ID: 290468

Board Certified Specialty: No

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Phone: (951) 225-6400

Fax: (858) 633-4697

After Hours Phone: (951)  
225-6400

Provider Gender: Male

NPI: 1932548393

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Providence  
St Joseph Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

#### **PSYCHOLOGIST**

##### **WOODWORTH, JENNIFER**

Provider ID: 290633

Board Certified Specialty: No

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Phone: (951) 225-6400

Fax: (858) 633-4697

After Hours Phone: (951)  
225-6400

Provider Gender: Female

NPI: 1639362494

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-5:00PM

Website: N/A

#### **SURGERY GENERAL**

##### **VASCULAR**

##### **HOWE, STEVEN**

Provider ID: 206759

Board Certified Specialty: No

31700 TEMECULA VALLEY  
PARKWAY  
TEMECULA, CA 92592

Phone: (951) 303-2349

Fax: (951) 303-8591

After Hours Phone: (951)  
303-2349

Provider Gender: Male

NPI: 1497702740

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, TRI  
CITY MEDICAL CTR




Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N








## D3. 專業提供者目錄

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

### VISTA

#### ANESTHESIOLOGY PAIN MANAGEMENT

##### **GUPTA, ANUJ**




*Provider ID: 297703*  
*Board Certified Specialty: No*  
 2023 W VISTA WAY STE D  
VISTA, CA 92083  
 *Phone: (619) 330-8771*  
*Fax: (619) 330-8772*  
 *After Hours Phone: (619)  
330-8771*  
*Provider Gender: Male*  
*NPI: 1073629549*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR,  
PARADISE VALLEY HOSPITAL,  
TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*



N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
9:00AM-5:00PM*  
 *Website: N/A*  
*Email:  
CARMEDBILL@AOL.COM*

#### CARDIOLOGY



##### **PARKS, MONICA**

*Provider ID: 302414*  
*Board Certified Specialty: No*  
 906 SYCAMORE AVE STE  
104  
VISTA, CA 92081  
 *Phone: (760) 630-2550*  
*Fax: (760) 726-2305*  
 *After Hours Phone: (760)  
630-2550*  
*Provider Gender: Female*  
*NPI: 1740634971*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish,  
Vietnamese*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, TRI CITY  
MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

#### CARDIOVASCULAR DISEASE

##### **DO, HULBERT**

*Provider ID: 290574*  
*Board Certified Specialty: No*  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)  
631-5000*

*Provider Gender: Male*  
*NPI: 1679733760*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*


 *Hours: SU 9:00AM-8:00PM  
M-TH 9:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM*  
 *Website: N/A*

#### CERTIFIED ACUPUNCTURIST


##### **SCARLETT, YVONNE**


*Provider ID: 290450*  
*Board Certified Specialty: No*  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760)  
631-5000*

*Provider Gender: Female*  
*NPI: 1083026223*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

#### CERTIFIED ACUPUNCTURIST

##### **SONG, CAROL**



### D3. 專業提供者目錄

Provider ID: 290550  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000

Provider Gender: Female  
NPI: 1518166685  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **AYELE, MAHOGANY**

Provider ID: 257587  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (844) 308-5003  
Fax: (760) 414-3763  
After Hours Phone: (844) 308-5003

Provider Gender: Female  
NPI: 1902120421  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **BERNETICH, MEGHAN**

Provider ID: 302526  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3702  
After Hours Phone: (760) 631-5000

Provider Gender: Female  
NPI: 1629354360  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\24  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **BERNETICH, MEGHAN**

Provider ID: 304506  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000

Fax: (760) 414-3702  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1629354360  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **CARDINELL, ANNA**

Provider ID: 291411  
Board Certified Specialty: No  
910 SYCAMORE AVE STE 270  
VISTA, CA 92081  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1306978614  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Website: N/A

### D3. 專業提供者目錄

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CHILAKA, SAMUEL**

Provider ID: 301312

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CHILAKA, SAMUEL**

Provider ID: 301311

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CHRISTY, TYLER**

Provider ID: 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: 303932

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CHRISTY, TYLER**

Provider ID: 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

### D3. 專業提供者目錄

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**

##### **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

### D3. 專業提供者目錄

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**








##### **HARRIS, PAMELA**

Provider ID: 302287  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1407545221  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**






##### **HARRIS, PAMELA**

Provider ID: 302291  
Board Certified Specialty: No

 105 DURIAN ST STE A  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1407545221  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**








##### **HERNANDEZ, JESSICA**

Provider ID: 302301  
Board Certified Specialty: No  
 105 DURIAN ST STE A  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
Provider Gender: Female  
NPI: 1013668680  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A





#### **CERTIFIED NURSE PRACTITIONER**

##### **HERNANDEZ, JESSICA**

Provider ID: 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: 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






### D3. 專業提供者目錄

*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**








##### **HERNANDEZ, JESSICA**

*Provider ID: 302296*  
*Board Certified Specialty: No*  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Female*  
*NPI: 1013668680*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**






##### **HERNANDEZ, JESSICA**



*Provider ID: 304492*  
*Board Certified Specialty: No*

 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Female*  
*NPI: 1013668680*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**

##### **KELLEHER, BRIDGET**



*Provider ID: 298085*  
*Board Certified Specialty: No*  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Female*  
*NPI: 1245695006*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**

##### **KELLEHER, BRIDGET**

*Provider ID: 298083*  
*Board Certified Specialty: No*  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*

*Provider Gender: Female*  
*NPI: 1245695006*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

#### **CERTIFIED NURSE PRACTITIONER**


##### **KHUAT, LIEN**

*Provider ID: 297848*  
*Board Certified Specialty: No*  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Female*





### D3. 專業提供者目錄

NPI: 1366558678

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### **CERTIFIED NURSE PRACTITIONER**

##### **KHUAT, LIEN**

Provider ID: 297847

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084


 Phone: (760) 631-5000

Fax: (760) 414-3892


 After Hours Phone: (760)  
631-5000


Provider Gender: Female

NPI: 1366558678

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**

##### **PRACTITIONER**


##### **KORMANIK, PATRICIA**

Provider ID: 282072

Board Certified Specialty: No

 910 SYCAMORE AVE STE  
102

VISTA, CA 92081

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093895047

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **CERTIFIED NURSE**


##### **PRACTITIONER**

##### **MONTGOMERY, KEITH ALLEN**

Provider ID: 295288

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 6\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:00AM-5:00PM  
W 10:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

#### **CERTIFIED NURSE**


##### **PRACTITIONER**

##### **MONTGOMERY, KEITH ALLEN**

Provider ID: 295284

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1790978617


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 6\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:00AM-5:00PM  
W 10:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

### D3. 專業提供者目錄

#### **CERTIFIED NURSE PRACTITIONER**

##### **NICHOLAS, ESTELA**

Provider ID: 239866

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1558384792

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 8:00AM-5:00PM  
TU-TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **PRITZKER, JOELY**

Provider ID: 239773

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619384351

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **SHAHBAZ, LINNAE**

Provider ID: 304820

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1427712215

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: TU-W  
0:00PM-8:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

##### **SRILASAK, MICHELE**

Provider ID: 281857

Board Certified Specialty: No

📍 910 SYCAMORE AVE STE  
102  
VISTA, CA 92081

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265487326

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CERTIFIED NURSE PRACTITIONER**

##### **TAYLOR, CHRISTOPHER**

Provider ID: 295507

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892



📞 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166

☐ Provider English Spoken: Y

### D3. 專業提供者目錄

*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 12\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:00AM-2:00PM*  
*SA 9:00AM-4:00PM*  
 *Website: N/A*

#### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **TAYLOR, CHRISTOPHER**

*Provider ID: 295504*  
*Board Certified Specialty: No*  
 105 DURIAN ST STE A  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*


*Provider Gender: Male*


*NPI: 1851747166*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 12\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-2:00PM*  
*SA 9:00AM-4:00PM*

 *Website: N/A*


#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **TAYLOR, CHRISTOPHER**

*Provider ID: 295502*

*Board Certified Specialty: No*

 1000 VALE TERRACE DR  
VISTA, CA 92084


 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*


*Provider Gender: Male*

*NPI: 1851747166*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 12\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-2:00PM*  
*SA 9:00AM-4:00PM*

 *Website: N/A*


#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **WILLIAMS, JINA**

*Provider ID: 293676*  
*Board Certified Specialty: No*

 134 GRAPEVINE RD  
VISTA, CA 92083


 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

*Provider Gender: Female*


*NPI: 1225500259*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 18\999*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*

*PROVIDER*

 *Hours: M 8:00AM-5:00PM*

*TU 10:30AM-7:30PM*

*W-F 8:00AM-5:00PM*

 *Website: N/A*

#### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **WINDHAM, SUZONNE**

*Provider ID: 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)*

### D3. 專業提供者目錄

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: 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



### D3. 專業提供者目錄

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013349919

🗪 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **GUIDI, CASEY**

Provider ID: 303315

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013349919

🗪 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH

8:00AM-8:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **ZAMORA-FLYR, MARIA**

Provider ID: 290640

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1194938647

🗪 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-8:00PM

🌐 Website: N/A

#### **CERTIFIED REGISTERED NURSE MIDWIFE**

##### **ZAMORA-FLYR, MARIA**

Provider ID: 290641

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)

631-5000

Provider Gender: Female

NPI: 1194938647

🗪 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **CHIROPRACTOR CORTEZ, JAIME**

Provider ID: 290483

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 414-3892

Fax: (760) 631-5000

🕒 After Hours Phone: (760)  
414-3892

Provider Gender: Male

NPI: 1508195348

🗪 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **CHIROPRACTOR**



### D3. 專業提供者目錄

#### **JU, NATHANIEL**

Provider ID: 290220

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1972883882

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

#### **CHIROPRACTOR**

#### **JU, NATHANIEL**

Provider ID: 290222

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1972883882

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

#### **FAMILY PRACTICE**

#### **HIKES, RYAN**

Provider ID: 291652

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1609862358

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **FAMILY PRACTICE**

#### **MARTINEZ, LESLY**

Provider ID: 298007

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)

631-5000

Provider Gender: Female

NPI: 1629509260

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM

🌐 Website: N/A

#### **FAMILY PRACTICE**

#### **MARTINEZ, LESLY**

Provider ID: 298003

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629509260

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM

### D3. 專業提供者目錄

W-F 8:00AM-5:00PM  
Website: N/A

#### **FAMILY PRACTICE**

##### **VIDAL, MONICA**

Provider ID: 293354

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1871791749

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **FAMILY PRACTICE**

##### **VIDAL, MONICA**

Provider ID: 293349

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (844) 308-5003

Fax: (760) 414-3763

After Hours Phone: (844)  
308-5003

Provider Gender: Female

NPI: 1871791749

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

Website: N/A

#### **HOSPICE AND PALLIATIVE**

##### **MEDICINE**

##### **RUBENZIK, TAMARA**

Provider ID: 282128

Board Certified Specialty: No

910 SYCAMORE AVE STE  
102

VISTA, CA 92081

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811200652

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

#### **INFECTIOUS DISEASE**

##### **HALPERIN, JASON**

Provider ID: 296420

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1952626228

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

Website: N/A

#### **INTERNAL MEDICINE**

##### **CHEN, MAX**

Provider ID: 302045

Board Certified Specialty: No

105 DURIAN ST STE B  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1285750356

Provider English Spoken: Y






Provider Language(s)  
Spoken: Burmese, Chinese,

### D3. 專業提供者目錄

Mandarin, Spanish,  
Taiwanese  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TU  
8:00AM-5:00PM  
TH-F 8:00AM-5:00PM  
 Website: N/A

#### **INTERNAL MEDICINE**









##### **DAO, MARC**

Provider ID: 297754  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3763  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Male  
NPI: 1467542175  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French,  
Vietnamese  
Cultural Competency: N  
Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,  
PALOMAR MEDICAL CENTER,  
SHARP MEMORIAL HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, EL CENTRO  
REGIONAL MEDICAL CENTER,  
PALOMAR HEALTH  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A








#### **OBSTETRICS / GYNECOLOGY**

##### **ARRIETA, IRIS**

Provider ID: 290607  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1659614303  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A





#### **OBSTETRICS / GYNECOLOGY**

##### **BINDER, PRATIBHA**



Provider ID: 282168  
Board Certified Specialty: No  
 910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1174758031  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **DIETERICH, FREDERICK**


Provider ID: 304868  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Male  
NPI: 1720183650  
 Provider English Spoken: Y


### D3. 專業提供者目錄

Cultural Competency: N  
Hospital Affiliation: Providence  
St Jude Medical Center,  
PLACENTIA LINDA HOSP,  
Foothill Regional Medical  
Center, LOS ALAMITOS  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-4:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**






##### **HAWKINS, MELISSA**




Provider ID: 290596  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3755  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1851620447  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH

8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**

##### **LEON, JOSUE**


Provider ID: 290729  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Male  
NPI: 1497799092  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER, TRI CITY  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**






##### **LEONARD, LISA**

Provider ID: 290710  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1477588598  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
9:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A



#### **OBSTETRICS / GYNECOLOGY**

##### **POUNTNEY, MARLENE**








Provider ID: 290190  
Board Certified Specialty: No  
 161 THUNDER DR STE 210  
VISTA, CA 92083  
 Phone: (760) 757-5841  
Fax: (619) 736-8740  
 After Hours Phone: (760)  
757-5841  
Provider Gender: Female  
NPI: 1174703680  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY







### D3. 專業提供者目錄

MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

#### **OBSTETRICS / GYNECOLOGY**




**SCHWEIKERT, SUZANNE**  
Provider ID: 290423  
Board Certified Specialty: No  
 161 THUNDER DR STE 210  
VISTA, CA 92083  
 Phone: (760) 757-5841  
Fax: (619) 736-8740  
 After Hours Phone: (760)  
757-5841  
Provider Gender: Female  
NPI: 1477560142  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A





#### **OPTOMETRIST**

**GEE, JENNIFER**  
Provider ID: 273113  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1336589332  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999





American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A

#### **OPTOMETRIST**

**GEE, JENNIFER**  
Provider ID: 290209  
Board Certified Specialty: No  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1336589332

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8:00AM-5:00PM  
TU 9:30AM-5:00PM  
W 8:00AM-5:00PM  
TH 10:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A

#### **OPTOMETRIST**

**GEE, JENNIFER**  
Provider ID: 290208  
Board Certified Specialty: No  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1336589332  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH  
Medi-Cal Open Panel: Y




### D3. 專業提供者目錄

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### OPTOMETRIST

##### **GEE, JENNIFER**

Provider ID: 273114

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1336589332

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P A P H  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:00AM-5:00PM  
TU 9:30AM-5:00PM  
W 8:00AM-5:00PM  
TH 10:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A



#### OPTOMETRIST

##### **KASAI, SARAH**

Provider ID: 302767

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1023406238

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


#### OPTOMETRIST

##### **KASAI, SARAH**

Provider ID: 302519

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1023406238

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### OPTOMETRIST

##### **KASAI, SARAH**

Provider ID: 303740

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1023406238


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


#### OPTOMETRIST

##### **KIM, MICHAEL**

Provider ID: 290697

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083


 Phone: (760) 631-5000  
Fax: (760) 414-3892

### D3. 專業提供者目錄

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1164546313

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W

8:00AM-5:00PM

TH 10:30AM-7:30PM

F 8:00AM-5:00PM


 Website: N/A


#### **OPTOMETRIST**

##### **KIM, MICHAEL**

Provider ID: 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: 290238

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1376958389

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

#### **OPTOMETRIST**



##### **MORA, WENDY**

Provider ID: 242634

Board Certified Specialty: No



 1000 VALE TERRACE DR  
VISTA, CA 92084

### D3. 專業提供者目錄

 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000


Provider Gender: Female  
NPI: 1376958389

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM


 Website: N/A



#### **OPTOMETRIST**

##### **TAM, EMILY**

Provider ID: 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

### D3. 專業提供者目錄

#### **OPTOMETRIST**

##### **TRAN, JESSICA**

Provider ID: 303729

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3702

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1457922957

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 5\21

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

#### **OPTOMETRIST**

##### **TRAN, JESSICA**

Provider ID: 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



## D3. 專業提供者目錄

**PROVIDER**  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

### **PHYSICIANS ASSISTANT WALLACE, STEPHANIE**

Provider ID: 239770  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (888)  
216-8482  
Provider Gender: Female  
NPI: 1518104942  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M 8:00AM-5:00PM  
TU-TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A

### **PODIATRIST MILLER, JULIE**

Provider ID: 290666  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000

Fax: (760) 414-3763  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1619115664

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, TRI CITY MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A

### **PSYCHOLOGIST GUTIERREZ, VERONICA**

Provider ID: 304731  
Board Certified Specialty: No  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1467674176

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Website: N/A

### **PSYCHOLOGIST GUTIERREZ, VERONICA**

Provider ID: 304729  
Board Certified Specialty: No  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3702  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1467674176  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TH  
9:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM  
Website: N/A

### **PULMONARY DISEASES BAUTISTA, JENNIFER**

Provider ID: 300864  
Board Certified Specialty: No  
2067 W VISTA WAY STE 160  
VISTA, CA 92083  
Phone: (760) 230-8994  
Fax: (760) 944-1309  
After Hours Phone: (760)  
230-8994



### D3. 專業提供者目錄

Provider Gender: Female

NPI: 1770727034

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


ENCINITAS, COMMUNITY  
HOSPITAL OF THE MONTEREY  
PENINSULA, NATIVIDAD  
MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 21\199

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


#### **REGISTERED PHYSICAL**


##### **THERAPIST**

#### **AMBROSE, CHRISTOPHER**

Provider ID: 248009

Board Certified Specialty: No

 2067 W VISTA WAY STE 185  
VISTA, CA 92083

 Phone: (760) 631-5888

Fax: (760) 631-5880

 After Hours Phone: (760)  
591-7750

Provider Gender: Male

NPI: 1114977535


Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 8\125

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 7:00AM-7:00PM  
TU 7:00AM-5:00PM  
W 7:00AM-7:00PM  
TH 7:00AM-5:00PM  
F 7:00AM-7:00PM


 Website: N/A


#### **SURGERY GENERAL**

##### **ARMANI, AVA**

Provider ID: 282144

Board Certified Specialty: No

 910 SYCAMORE AVE STE  
102  
VISTA, CA 92081

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1861759383


Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: MEDICAL  
CTR AT UCSF, UCSF Medical  
Center At Mission Bay, UCSF  
MEDICAL CENTER AT MOUNT  
ZION, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **SURGERY GENERAL**

#### **GROVE, JAY**

Provider ID: 245227

Board Certified Specialty: No

 2385 S MELROSE DR  
VISTA, CA 92081

 Phone: (760) 300-3647

Fax: (760) 482-1316

 After Hours Phone: (760)  
300-3647

Provider Gender: Male

NPI: 1912971334

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER, TRI CITY MEDICAL  
CTR, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

#### **WILDOMAR**

#### **ANESTHESIOLOGY**

##### **HYLTON, DIANA**

Provider ID: 241737

Board Certified Specialty: No

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

 Phone: (800) 926-8273

### D3. 專業提供者目錄

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932527751

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SOUTHWEST HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **ANESTHESIOLOGY**

##### **KRAUSE, MARTIN**

Provider ID: 287654

Board Certified Specialty: No

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

☎ Phone: (951) 677-1111

Fax: (951) 677-9757

☎ After Hours Phone: (951) 677-1111

Provider Gender: Male

NPI: 1417243239

☐ Provider English Spoken: Y  
☐ Provider Language(s)

Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **EMERGENCY MEDICINE**

##### **LI, JINGHONG**

Provider ID: 255940

Board Certified Specialty: No

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

☎ Phone: (951) 677-1111

☎ After Hours Phone: (951) 677-1111

Provider Gender: Female

NPI: 1619014479

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **KUMAR, AVNEE**

Provider ID: 300013

Board Certified Specialty: No

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

☎ Phone: (951) 677-1111

Fax: (951) 677-9757

☎ After Hours Phone: (951) 677-1111

Provider Gender: Female

NPI: 1750745394

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

#### **PULMONARY DISEASES**

##### **SURI, RAJAT**

Provider ID: 283349

Board Certified Specialty: No

📍 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

☎ Phone: (951) 677-1111

Fax: (951) 677-9757

☎ After Hours Phone: (951) 677-1111

Provider Gender: Male

NPI: 1144615337

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT

### D3. 專業提供者目錄

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*PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*

## D4. 醫院名錄 - 普通急症醫院

### SAN DIEGO

#### ALVARADO HOSPITAL LLC

Provider ID: 170056

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (619) 287-3270

After Hours Phone: (619)  
287-3270

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: M-F  
8:00AM-4:30PM

License Number: N/A

NPI: 1265468946

Website: [www.alvaradohospital.com](http://www.alvaradohospital.com)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### KINDRED HOSPITAL SAN DIEGO

Provider ID: 169663

1940 EL CAJON BLVD  
SAN DIEGO, CA 92104

Phone: (619) 543-4500

After Hours Phone: (619)  
543-4500

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1992880512

Website: N/A

American Sign Language (ASL):  
N

N

Accessibility: CONTACT  
PROVIDER

### POWAY

#### PALOMAR HEALTH

Provider ID: 170052

15615 POMERADO RD  
POWAY, CA 92064

Phone: (858) 613-4000

After Hours Phone: (858)  
613-4000

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000127

NPI: 1376513754

Website: [www.palomarhealth.org/facilities/palomar-poway-outpatient](http://www.palomarhealth.org/facilities/palomar-poway-outpatient)

American Sign Language (ASL):  
N

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](http://www.palomarhealth.org/facilities/palomar-medical-center)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### NATIONAL CITY

#### PARADISE VALLEY HOSPITAL

Provider ID: 170057

2400 E 4TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 470-4321

After Hours Phone: (619)  
470-4321

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1356410351

Website: [www.paradisevallhospital.net](http://www.paradisevallhospital.net)

American Sign Language (ASL):  
N

Accessibility: CONTACT

## D4. 醫院名錄 - 普通急症醫院

### 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](http://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](http://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](http://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](http://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. 醫院名錄 - 普通急症醫院

 Hours: 24 Hours / 7 days/week

License Number: N/A

NPI: 1659359446

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-mercy-hospital\\_\\_scripps-mercy-hospital-san-diego](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-san-diego)

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Birthing Friendly: Y


### CHULA VISTA

#### SCRIPPS MERCY HOSPITAL CHULA VISTA

Provider ID: 170256

 435 H ST  
CHULA VISTA, CA 91910

 Phone: (619) 691-7000


 After Hours Phone: (619) 691-7000

Accepting New Patients: N

Min/Max Age: 0\150


 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 090000074

NPI: 1659359446

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-mercy-hospital\\_\\_scripps-mercy-hospital-chula-vista](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista)

American Sign Language (ASL): N

 Accessibility: CONTACT


### PROVIDER


#### SAN DIEGO

#### SELECT SPECIALTY HOSPITAL SAN DIEGO

Provider ID: 170165

 555 WASHINGTON ST  
SAN DIEGO, CA 92103

 Phone: (619) 260-8300


 After Hours Phone: (619) 260-8300

Accepting New Patients: N

Min/Max Age: 0\150

 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 090000404

NPI: 1639172133

 Website: N/A

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


### CHULA VISTA

#### SHARP CHULA VISTA MED CTR

Provider ID: 170251


 751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

 Phone: (619) 502-5800


 After Hours Phone: (619) 502-5800

Accepting New Patients: N

Min/Max Age: 0\150


 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 090000008

NPI: 1396728630

 Website: [www.sharp.com/hospitals/chula-vista/](http://www.sharp.com/hospitals/chula-vista/)  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Birthing Friendly: Y


### CORONADO

#### SHARP CORONADO HOSP AND HEALTHCARE CTR

Provider ID: 170252


 250 PROSPECT PL  
CORONADO, CA 92118

 Phone: (619) 522-3600


 After Hours Phone: (619) 522-3600

Accepting New Patients: N

Min/Max Age: 0\150


 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

 Hours: 24 Hours / 7 days/week

License Number: N/A

NPI: 1154304475

 Website: [www.sharp.com/hospitals/coronado/](http://www.sharp.com/hospitals/coronado/)  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### SAN DIEGO

#### SHARP MARY BIRCH HOSP FOR WOMEN AND

## D4. 醫院名錄 - 普通急症醫院

### NEWBORNS

Provider ID: 170054

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 939-3400

After Hours Phone: (858)  
939-3400

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000039

NPI: 1407839921

Website: [www.sharp.com](http://www.sharp.com)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### SHARP MEMORIAL HOSPITAL

Provider ID: 170047

7901 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 939-3400

After Hours Phone: (858)  
939-3400

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1407839921

Website: [www.sharp.com/hospitals/memorial/](http://www.sharp.com/hospitals/memorial/)

American Sign Language (ASL): Accepting New Patients: N  
N

Accessibility: CONTACT  
PROVIDER

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](http://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. 醫院名錄 - 普通急症醫院

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## D5. 長期服務與支援 (LTSS) 服務提供者

### I. 長期護理 (LTC) 和熟練護理機構 (SNF)


#### CARLSBAD

N

 Accessibility: CONTACT PROVIDER

 Website: [www.sharp.com/hospitals/coronado/departments/long-term-care.cfm](http://www.sharp.com/hospitals/coronado/departments/long-term-care.cfm)


Credentials and/or certifications:


 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

#### 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


 Accessibility: CONTACT PROVIDER

#### EL CAJON

#### AVOCADO POST ACUTE

Provider ID: 171985

 510 E WASHINGTON AVE  
EL CAJON, CA 92020


 Phone: (619) 440-1211

Fax: (619) 956-3929


 After Hours Phone: (619) 440-1211

Accepting New Patients: N

NPI: 1568484517

 Website: [www.avocadopostacute.com](http://www.avocadopostacute.com)

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

#### CHULA VISTA

#### BIRCH PATRICK CONV CTR

Provider ID: 171998

 751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911


 Phone: (619) 502-3600

Fax: (619) 502-5835

 After Hours Phone: (619) 502-3600

Accepting New Patients: N

NPI: 1538142369

 Website: [www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm)

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):


#### 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. 長期服務與支援 (LTSS) 服務提供者**  
**I. 長期護理 (LTC) 和熟練護理機構 (SNF)**

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Fax: (619) 444-1403

☎ After Hours Phone: (619) 444-1107

Accepting New Patients: N

NPI: 1013953199

🌐 Website: <http://cottonwoodcanyonhc.com>

Credentials and/or certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

**COUNTRY HILLS HEALTH CARE CENTER**

Provider ID: 416853

📍 1580 BROADWAY  
EL CAJON, CA 92021

☎ Phone: (619) 441-8745

Fax: (619) 442-2553

☎ After Hours Phone: (619) 441-8745

Accepting New Patients: N

NPI: 1700973963

🌐 Website: [www.countryhills.com](http://www.countryhills.com)

Credentials and/or certifications:

☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: American Sign Language, Arabic, Korean, Spanish, Tagalog, Farsi, Vietnamese, Mandarin

Cultural Competency: N

American Sign Language (ASL): Y

♿ Accessibility: CONTACT PROVIDER

**COUNTRY HILLS POST ACUTE**

Provider ID: 503510

📍 1580 BROADWAY  
EL CAJON, CA 92021

☎ Phone: (619) 441-8745

Fax: (619) 441-9029

☎ After Hours Phone: (619) 441-8745

Accepting New Patients: N

NPI: 1063974285

🌐 Website: N/A  
Credentials and/or

certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

**GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC**

Provider ID: 286282

📍 1340 E MADISON AVE  
EL CAJON, CA 92021

☎ Phone: (619) 447-1020

Fax: (619) 447-1024

☎ After Hours Phone: (619) 447-1020

Accepting New Patients: N

NPI: 1346516937

🌐 Website: N/A  
Credentials and/or

certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

**MAGNOLIA POST ACUTE CARE**

Provider ID: 380518

📍 635 S MAGNOLIA AVE  
EL CAJON, CA 92020

☎ Phone: (616) 442-8826

Fax: (619) 442-0288

☎ After Hours Phone: (616) 442-8826

Accepting New Patients: N

NPI: 1316340227

🌐 Website: N/A  
Credentials and/or certifications:

☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

**PARKSIDE HEALTH AND WELLNESS CENTER**

Provider ID: 349923

📍 444 W LEXINGTON AVE  
EL CAJON, CA 92020

☎ Phone: (619) 442-7744

☎ After Hours Phone: (619) 442-7744

Accepting New Patients: N

NPI: 1447653340

🌐 Website: <http://parksidehealth.net>

Credentials and/or certifications:


☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N




**D5. 長期服務與支援 (LTSS) 服務提供者**  
**I. 長期護理 (LTC) 和熟練護理機構 (SNF)**

 *Accessibility: CONTACT PROVIDER*

**SAN DIEGO POST ACUTE CENTER**

*Provider ID: 173508*

 1201 S ORANGE AVE  
EL CAJON, CA 92020


 *Phone: (619) 441-1988*

*Fax: (619) 441-7416*

 *After Hours Phone: (619) 441-1988*

*Accepting New Patients: N*

*NPI: 1285061085*

 *Website: <http://sdpostacute.com>*

*Credentials and/or certifications:*

 *Site English Spoken: Y*  
*Cultural Competency: N*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**SOMERSET SUBACUTE AND CARE**

*Provider ID: 348526*

 151 CLAYDELLE AVE  
EL CAJON, CA 92020

 *Phone: (619) 442-0245*

*Fax: (614) 423-3631*

 *After Hours Phone: (619) 442-0245*

*Accepting New Patients: N*

*NPI: 1073916987*

 *Website: <http://somensetsubacute.com>*

*Credentials and/or certifications:*

 *Site English Spoken: Y*  
*Cultural Competency: N*


*American Sign Language (ASL): American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**THE BRADLEY COURT**

*Provider ID: 419158*

 675 E BRADLEY AVE  
EL CAJON, CA 92021

 *Phone: (619) 448-6633*

*Fax: (619) 448-5462*

 *After Hours Phone: (619) 448-6633*


*Accepting New Patients: N*

*NPI: 1629129267*

 *Website: N/A*  
*Credentials and/or*

*certifications:*

 *Site English Spoken: Y*

 *Site Language(s) Spoken: Tagalog, Spanish*

*Cultural Competency: N*


*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

**VICTORIA POST ACUTE CARE**

*Provider ID: 387720*

 654 S ANZA ST  
EL CAJON, CA 92020

 *Phone: (619) 440-5005*

 *After Hours Phone: (619) 440-5005*

*Accepting New Patients: N*

*NPI: 1326441239*

 *Website: <http://victoriapostacute.com>*

*Credentials and/or certifications:*


 *Site English Spoken: Y*  
*Cultural Competency: N*


 *Accessibility: CONTACT PROVIDER*

**VICTORIA POST ACUTE CARE**

*Provider ID: 387720*

 654 S ANZA ST  
EL CAJON, CA 92020

 *Phone: (619) 440-5005*

 *After Hours Phone: (619) 440-5005*

*Accepting New Patients: N*

*NPI: 1326441239*

 *Website: [www.VICTORIAPOSTACUTE.com](http://www.VICTORIAPOSTACUTE.com)*

*Credentials and/or certifications:*

 *Site English Spoken: Y*  
*Cultural Competency: N*


*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

**VILLA LAS PALMAS HEALTHCARE CTR**

*Provider ID: 172020*

 622 S ANZA ST  
EL CAJON, CA 92020

 *Phone: (619) 442-0544*

 *After Hours Phone: (619) 442-0544*

*Accepting New Patients: N*

*NPI: 1023048295*


 *Website: <http://villalaspalmascares.com>*

*Credentials and/or certifications:*

 *Site English Spoken: Y*  
*Cultural Competency: N*





*American Sign Language (ASL):*

**D5. 長期服務與支援 (LTSS) 服務提供者**  
**I. 長期護理 (LTC) 和熟練護理機構 (SNF)**

N  
 *Accessibility: CONTACT PROVIDER*


**ENCINITAS**


**AVIARA HEALTHCARE CENTER**

*Provider ID: 171995*  
 944 REGAL RD  
 ENCINITAS, CA 92024  
 *Phone: (760) 944-0331*  
 *After Hours Phone: (760) 944-0331*  
*Accepting New Patients: N*  
*NPI: 1518146620*  
 *Website: <http://aviarahealthcare.com>*

*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Tagalog, Spanish*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*






**ENCINITAS NURSING AND REHAB CTR**


*Provider ID: 171977*  
 900 SANTA FE DR  
 ENCINITAS, CA 92024  
 *Phone: (760) 753-6423*  
*Fax: (760) 753-4979*  
 *After Hours Phone: (760) 753-6423*  
*Accepting New Patients: N*  
 *Hours: M-F 8:00AM-5:00PM*  
*NPI: 1265415749*  
 *Website: [www.covenantcare.com](http://www.covenantcare.com)*

*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*


**ESCONDIDO**





**ESCONDIDO CARE CENTER**

*Provider ID: 172027*  
 421 E MISSION AVE  
 ESCONDIDO, CA 92025  
 *Phone: (760) 747-0430*  
*Fax: (760) 747-0569*  
 *After Hours Phone: (760) 747-0430*  
*Accepting New Patients: N*  
 *Hours: M-F 8:00AM-4:30PM*  
*NPI: 1588660765*  
 *Website: <http://escondidopostacute.com>*





*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Tagalog, Spanish*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**LIFE CARE CENTER OF ESCONDIDO**

*Provider ID: 172010*  
 1980 FELICITA RD

ESCONDIDO, CA 92025  
 *Phone: (760) 741-6109*  
 *After Hours Phone: (760) 741-6109*  
*Accepting New Patients: N*  
*NPI: 1386681286*  
 *Website: <http://lifecarecentrofescondido.com>*  
*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**PALOMAR HEIGHTS CARE CTR**

*Provider ID: 170055*  
 1260 E OHIO AVE  
 ESCONDIDO, CA 92027  
 *Phone: (760) 746-1100*  
*Fax: (760) 746-1201*  
 *After Hours Phone: (760) 746-1100*  
*Accepting New Patients: N*  
*NPI: 1255337440*  
 *Website: <http://palomarheightsrehab.com>*

*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**PALOMAR VISTA HEALTHCARE CTR**

## D5. 長期服務與支援 (LTSS) 服務提供者

### I. 長期護理 (LTC) 和熟練護理機構 (SNF)

Provider ID: 171988

201 N FIG ST  
ESCONDIDO, CA 92025

Phone: (760) 746-0303

Fax: (760) 738-1749

After Hours Phone: (760)  
746-0303

Accepting New Patients: N

NPI: 1861491490

Website: <http://palomarvista.com>

Credentials and/or  
certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### VALLE VISTA POST ACUTE

Provider ID: 171968

1025 W 2ND AVE  
ESCONDIDO, CA 92025

Phone: (760) 745-1842

Fax: (760) 745-4346

After Hours Phone: (760)  
745-1842

Accepting New Patients: N

Hours: M-F  
8:00AM-5:00PM

NPI: 1659369262

Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or  
certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### FALLBROOK

##### FALLBROOK SKILLED NURSING

Provider ID: 298744

325 POTTER ST  
FALLBROOK, CA 92028

Phone: (760) 728-2330

Fax: (909) 863-4644

After Hours Phone: (760)  
728-2330

Accepting New Patients: N

Hours: M-F  
8:00AM-5:00PM

NPI: 1265823264

Website: [www.progressivecarecenters.com](http://www.progressivecarecenters.com)

Credentials and/or  
certifications:

Site English Spoken: Y

Site 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

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### LA JOLLA

##### LA JOLLA NURSING AND REHAB CTR

Provider ID: 171975

2552 TORREY PINES RD  
LA JOLLA, CA 92037

Phone: (858) 453-5810

Fax: (858) 214-1212

After Hours Phone: (858)  
453-5810

Accepting New Patients: N

Hours: M-F  
8:00AM-5:00PM

NPI: 1457486078

Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or  
certifications:

Site English Spoken: Y

Site 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. 長期服務與支援 (LTSS) 服務提供者

### I. 長期護理 (LTC) 和熟練護理機構 (SNF)


NPI: 1588067482

 Website: <http://thecoveatlajolla.com>

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

#### LA MESA


#### ARBOR HILLS NURSING CENTER

Provider ID: 172007

 7800 PARKWAY DR  
LA MESA, CA 91942

 Phone: (619) 460-2330  
 After Hours Phone: (619) 460-2330


Accepting New Patients: N  
NPI: 1356345706

 Website: [www.lifegen.net/arborhills/](http://www.lifegen.net/arborhills/)

Credentials and/or certifications:


Site English Spoken: Y  
 Site Language(s) Spoken: Tagalog, Spanish, Russian  
Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


#### CARE MERIDIAN LA MESA

Provider ID: 173379

 5640 AZTEC DR  
LA MESA, CA 91942

 Phone: (949) 263-6632

Fax: (619) 465-0019

 After Hours Phone: (949) 263-6632

Accepting New Patients: N  
NPI: 1235404674

 Website: [www.neurorestorative.com](http://www.neurorestorative.com)

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N



American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

#### COUNTRY MANOR LA MESA HEALTHCARE CENTER

Provider ID: 172023

 5696 LAKE MURRAY BLVD  
LA MESA, CA 91942

 Phone: (619) 460-7871  
 After Hours Phone: (619) 460-7871

Accepting New Patients: N  
NPI: 1457345001

 Website: N/A  
Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

#### GROSSMONT HOSPITAL DP SNF


Provider ID: 172643

 5555 GROSSMONT CENTER DR  
LA MESA, CA 91942

 Phone: (619) 740-4110

 After Hours Phone: (619) 740-4110

Accepting New Patients: N  
NPI: 1417930249

 Website: [www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm)

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

#### GROSSMONT POST ACUTE CARE

Provider ID: 310488

 8787 CENTER DR  
LA MESA, CA 91942

 Phone: (619) 460-4444  
Fax: (619) 713-5116

 After Hours Phone: (619) 460-4444


Accepting New Patients: N  
NPI: 1689077588

 Website: <http://grossmontpostacute.com>

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

#### LA MESA HEALTHCARE CTR

Provider ID: 172022

 3780 MASSACHUSETTS



## D5. 長期服務與支援 (LTSS) 服務提供者

### I. 長期護理 (LTC) 和熟練護理機構 (SNF)

AVE  
LA MESA, CA 91941  
☎ Phone: (619) 465-1313  
☎ Fax: (619) 465-8429  
🕒 After Hours Phone: (619)  
465-1313

Accepting New Patients: N  
NPI: 1003852666

🌐 Website: <http://lamesahealthcare.com>

Credentials and/or  
certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### PARKWAY HILLS NURSING & REHAB

Provider ID: 417047

📍 7760 PARKWAY DR  
LA MESA, CA 91942  
☎ Phone: (619) 469-0124  
☎ Fax: (619) 828-7654

🕒 After Hours Phone: (619)  
469-0124

Accepting New Patients: N

🕒 Hours: M-TH  
9:00AM-5:00PM  
F 5:00AM-5:00PM

NPI: 1174926448

🌐 Website: N/A  
Credentials and/or

certifications:

☐ Site English Spoken: Y  
☐ Site Language(s) Spoken:  
Farsi, Spanish, Tagalog

Cultural Competency: N  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### LEMON GROVE

#### BELLA VISTA HEALTH CENTER

Provider ID: 419062

📍 7922 PALM ST  
LEMON GROVE, CA 91945  
☎ Phone: (619) 644-1000  
☎ Fax: (619) 797-2920

🕒 After Hours Phone: (619)  
644-1000

Accepting New Patients: N

NPI: 1760709687

🌐 Website: [www.bellavistahealth.com](http://www.bellavistahealth.com)

Credentials and/or  
certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### LEMON GROVE CARE AND REHAB CTR

Provider ID: 172013

📍 8351 BROADWAY  
LEMON GROVE, CA 91945  
☎ Phone: (619) 463-0294  
☎ Fax: (619) 461-1064

🕒 After Hours Phone: (619)  
463-0294

Accepting New Patients: N

NPI: 1336134204

🌐 Website: <http://lemongrovecare.com>

Credentials and/or  
certifications:

☐ Site English Spoken: Y

Cultural Competency: N  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### NATIONAL CITY

#### CASTLE MANOR NURSING AND REHABILITATION CTR

Provider ID: 171978

📍 541 S V AVE  
NATIONAL CITY, CA 91950  
☎ Phone: (619) 791-7900  
🕒 After Hours Phone: (619)  
791-7900

Accepting New Patients: N  
NPI: 1497759856

🌐 Website: [www.lifegen.net/castlemanor/index.html](http://www.lifegen.net/castlemanor/index.html)

Credentials and/or  
certifications:

☐ Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### FRIENDSHIP MANOR NURSING AND REHABILITATION CTR

Provider ID: 171973

📍 902 EUCLID AVE  
NATIONAL CITY, CA 91950  
☎ Phone: (619) 791-7700  
☎ Fax: (619) 791-7791

🕒 After Hours Phone: (619)  
791-7700

Accepting New Patients: N


🕒 Hours: M-F  
9:00AM-5:00PM

NPI: 1235133687




## D5. 長期服務與支援 (LTSS) 服務提供者

### I. 長期護理 (LTC) 和熟練護理機構 (SNF)

 Website: [www.lifegen.net/fr](http://www.lifegen.net/fr)  
iendshipmanor/  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

#### PARADISE VALLEY HEALTH CARE CENTER


Provider ID: 171106

 2575 E 8TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 470-6700


 After Hours Phone: (619)  
470-6700

Accepting New Patients: N  
NPI: 1275513293

 Website: <http://pvhcc.com>  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


#### WINDSOR GARDENS CONV CTR OF SAN DIEGO

Provider ID: 172011


 220 E 24TH ST  
NATIONAL CITY, CA 91950

 Phone: (619) 474-6741

Fax: (619) 474-1925

 After Hours Phone: (619)  
474-6741

Accepting New Patients: N  
NPI: 1730176538

 Website: [www.windsorcare.com](http://www.windsorcare.com)  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


#### OCEANSIDE

#### LA PALOMA HEALTHCARE CTR


Provider ID: 172021

 3232 THUNDER DR  
OCEANSIDE, CA 92056


 Phone: (760) 724-2193

 After Hours Phone: (760)  
724-2193

Accepting New Patients: N  
NPI: 1265462436

 Website: [WWW.LAPALOMA  
HEALTHCARE.COM](http://WWW.LAPALOMAHEALTHCARE.COM)  
Credentials and/or  
certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Armenian, Korean,  
Tagalog

Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### MCNEALY HOUSE

Provider ID: 662925


 4602 ALLENDE AVE  
OCEANSIDE, CA 92057

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760)  
721-1706

Accepting New Patients: N  
NPI: 1962488007

 Website: N/A  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### MICHALOWSKI HOME

Provider ID: 662925


 4602 ALLENDE AVE  
OCEANSIDE, CA 92057

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760)  
721-1706

Accepting New Patients: N  
NPI: 1962488007

 Website: N/A  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

#### POWAY

#### BOULDER CREEK POST ACUTE

Provider ID: 276987

 12696 MONTE VISTA RD  
POWAY, CA 92064

 Phone: (858) 487-6242

Fax: (858) 487-4282

## D5. 長期服務與支援 (LTSS) 服務提供者

### I. 長期護理 (LTC) 和熟練護理機構 (SNF)

📞 After Hours Phone: (858)  
487-6242

Accepting New Patients: N

🕒 Hours: M-F  
8:00AM-5:30PM

NPI: 1073902672

🌐 Website: [http://bouldercre  
ekpa.com](http://bouldercre<br/>ekpa.com)

Credentials and/or  
certifications:

🗣️ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### POWAY HEALTHCARE CENTER

Provider ID: 171989

📍 15632 POMERADO RD  
POWAY, CA 92064

📞 Phone: (858) 485-5153  
Fax: (858) 485-7694

📞 After Hours Phone: (858)  
485-5153

Accepting New Patients: N  
NPI: 1407035512

🌐 Website: [http://powaycare.  
com](http://powaycare.<br/>com)

Credentials and/or  
certifications:

🗣️ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### THE VILLAS AT POWAY

Provider ID: 172642

📍 15615 POMERADO RD

POWAY, CA 92064

📞 Phone: (858) 613-4545

📞 After Hours Phone: (858)  
613-4545

Accepting New Patients: N  
NPI: 1619947090

🌐 Website: [www.palomarheal  
th.org/skilled-  
nursing/villa-  
pomerado](http://www.palomarheal<br/>th.org/skilled-<br/>nursing/villa-<br/>pomerado)

Credentials and/or  
certifications:

🗣️ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### SAN DIEGO

#### ACCESS TO INDEPENDENCE

Provider ID: 417267

📍 8885 RIO SAN DIEGO DR  
STE 131

SAN DIEGO, CA 92108  
📞 Phone: (619) 293-3500

Fax: (619) 704-2054

📞 After Hours Phone: (619)  
293-3500

Accepting New Patients: N

🕒 Hours: M-F  
8:00AM-5:00PM

NPI: 1083039861

🌐 Website: N/A  
Credentials and/or

certifications:

🗣️ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### ARROYO VISTA NURSING CTR

Provider ID: 172028

📍 3022 45TH ST  
SAN DIEGO, CA 92105

📞 Phone: (619) 283-5855  
Fax: (619) 284-6327

📞 After Hours Phone: (619)  
283-5855

Accepting New Patients: N

🕒 Hours: SU-SA  
9:00AM-5:00PM

NPI: 1487640066

🌐 Website: [http://arroyovista  
care.com](http://arroyovista<br/>care.com)

Credentials and/or  
certifications:

🗣️ Site English Spoken: Y

🗣️ Site Languages(s) Spoken:  
Mandarin, Spanish,  
Vietnamese, Arabic,  
Tagalog

Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### BALBOA NURSING AND REHAB CTR

Provider ID: 416840

📍 3520 4TH AVE  
SAN DIEGO, CA 92103

📞 Phone: (619) 291-5270

📞 After Hours Phone: (619)  
291-5270

Accepting New Patients: N

NPI: 1578521274

🌐 Website: [http://balboahc.c  
om](http://balboahc.c<br/>om)

Credentials and/or  
certifications:

🗣️ Site English Spoken: Y






🗣️ Site Languages(s) Spoken:

## D5. 長期服務與支援 (LTSS) 服務提供者

### I. 長期護理 (LTC) 和熟練護理機構 (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. 長期服務與支援 (LTSS) 服務提供者**  
**I. 長期護理 (LTC) 和熟練護理機構 (SNF)**

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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<br/>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](http://www.rchsd.org)

Credentials and/or  
certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**REO VISTA HEALTHCARE CTR**

Provider ID: 171993

6061 BANBURY ST  
SAN DIEGO, CA 92139

Phone: (619) 475-2211

Fax: (619) 479-9126

After Hours Phone: (619)  
475-2211

Accepting New Patients: N

NPI: 1255499174

Website: [http://reovista.co  
m](http://reovista.co<br/>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**

**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<br/>arecenter.com)

Credentials and/or  
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Mandarin,

Russian, Vietnamese, Farsi,  
Spanish

Cultural Competency: N




## D5. 長期服務與支援 (LTSS) 服務提供者

### I. 長期護理 (LTC) 和熟練護理機構 (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](http://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/SStanfordCourt/](http://www.lifegen.net/StanfordCourt/)  
Credentials and/or  
certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

#### SPRING VALLEY

##### AMAYA SPRINGS HEALTH CARE CENTER

Provider ID: 420233

 8625 LAMAR ST  
SPRING VALLEY, CA 91977

 Phone: (323) 326-6186

Fax: (619) 461-3575

 After Hours Phone: (323) 326-6186

Accepting New Patients: N

NPI: 1518974542

 Website: N/A

Credentials and/or  
certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

#### BRIGHTON PLACE SPRING



**D5. 長期服務與支援 (LTSS) 服務提供者**  
**I. 長期護理 (LTC) 和熟練護理機構 (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: covlivingmountmi  
 guel.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: www.mountmigue  
 lcoventantvillage.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. 長期服務與支援 (LTSS) 服務提供者

### I. 長期護理 (LTC) 和熟練護理機構 (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. 長期服務與支援 (LTSS) 服務提供者**  
**I. 長期護理 (LTC) 和熟練護理機構 (SNF)**

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*Cultural Competency: N*

*American Sign Language (ASL):* certifications:


N

 *Accessibility: CONTACT PROVIDER*

**VISTA HEALTHCARE CENTER**

*Provider ID: 171990*


 247 E BOBIER DR  
VISTA, CA 92084

 *Phone: (760) 945-3033*

*Fax: (760) 724-3169*

 *After Hours Phone: (760) 945-3033*

*Accepting New Patients: N*

 *Hours: M-F  
8:00AM-5:00PM*


*NPI: 1912189812*

 *Website: <http://astorhealth.com>*

*Credentials and/or*

*certifications:*


 *Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Spanish, Tagalog*

*Cultural Competency: N*

*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*

**VISTA HOUSE**

*Provider ID: 662916*

 1768 MONTE MAR RD  
VISTA, CA 92084

 *Phone: (760) 721-1706*

*Fax: (760) 721-9872*

 *After Hours Phone: (760) 721-1706*

*Accepting New Patients: N*

*NPI: 1962488007*

 *Website: N/A*

*Credentials and/or*

*certifications:*

 *Site English Spoken: Y*

*Cultural Competency: N*

*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*

**VISTA KNOLL SPECIALIZED CARE FACILITY**

*Provider ID: 172017*


 2000 WESTWOOD RD  
VISTA, CA 92083

 *Phone: (760) 630-2273*

*Fax: (760) 630-0913*

 *After Hours Phone: (760) 630-2273*

*Accepting New Patients: N*

 *Hours: SU-SA  
8:30AM-5:00PM*


*NPI: 1275533929*

 *Website: <http://vistaknoll.com>*

*Credentials and/or*

*certifications:*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Korean, Tagalog,*

*Vietnamese, Spanish*

*Cultural Competency: N*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

## D5. 長期服務與支援 (LTSS) 服務提供者

### II. 縣居家支援服務 (IHSS)


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#### SAN DIEGO

#### AGING & INDEPENDENCE SERVICES

*Specialty: Case Management*

 5560 OVERLAND AVE  
SAN DIEGO, CA 92123

 Phone: (858) 495-5885


License Number: 1710308986

Accessibility: CONTACT

#### PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome\\_supportive\\_services.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html)


## D5. 長期服務與支援 (LTSS) 服務提供者

### III. 基於社群的成人服務 (CBAS) - 成人日間服務


#### CHULA VISTA

##### OPEN ARMS ADHC


Provider ID: 417307

 301 E J ST

CHULA VISTA, CA 91910


 Phone: (619) 420-1404

Fax: (619) 420-1408

 After Hours Phone: (619) 420-1404

Accepting New Patients: N

NPI: 1598882169

 Accessibility: CONTACT PROVIDER

American Sign Language (ASL):

N

Language line interpreter services: N

Cultural Competency: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English

Languages: N

 Website: <http://openarmsadhc.com>

##### PROVIDER

American Sign Language (ASL):  N

Language line interpreter services: N

Cultural Competency: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English

Languages: N

 Website: N/A


##### 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):

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>

Provider ID: 417305


 240 S MAGNOLIA AVE  
EL CAJON, CA 92020

 Phone: (619) 631-7222

Fax: (619) 631-9228

 After Hours Phone: (619) 631-7222

Accepting New Patients: N

 Hours: M-F  
8:00AM-3:30PM

NPI: 1821125550

 Accessibility: CONTACT PROVIDER

American Sign Language (ASL):


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

##### 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

 Accessibility: CONTACT PROVIDER

American Sign Language (ASL):


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>


#### LA MESA

##### GOLDEN LIFE ADHC

Provider ID: 619502

 9158 FLETCHER PKWY

LA MESA, CA 91942

 Phone: (619) 357-7753

Fax: (619) 439-6038

 After Hours Phone: (619) 357-7753

Accepting New Patients: N

NPI: 1093921900

 Accessibility: CONTACT PROVIDER

American Sign Language (ASL):

N

##### WESTERN ADHC



## D5. 長期服務與支援 (LTSS) 服務提供者

### III. 基於社群的成人服務 (CBAS) - 成人日間服務

Language line interpreter services: N  
Cultural Competency: N  
Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English Languages: N  
Website: N/A

#### NATIONAL CITY

##### HORIZON CBAS

Provider ID: 642082  
1035 HARBISON AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 474-1822  
Fax: (619) 474-1826  
After Hours Phone: (619) 474-1822  
Accepting New Patients: N  
License Number: 060000582  
NPI: 1396476388  
Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N  
Language line interpreter services: N  
Cultural Competency: N  
Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English Languages: N  
Website: N/A

#### POWAY

##### POWAY ADULT DAY HEALTH CARE CENTER

Provider ID: 404183  
12250 CROSTHWAITE CIR

POWAY, CA 92064  
Phone: (858) 748-5044  
Fax: (858) 748-5405  
After Hours Phone: (858) 748-5044  
Accepting New Patients: N  
License Number: 60000822  
NPI: 1568659977  
Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N  
Cultural Competency: N  
Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English Languages: N  
Website: N/A

#### SAN DIEGO

##### SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE

Provider ID: 539018  
4428 CONVOY ST STE 288  
SAN DIEGO, CA 92111  
Phone: (858) 244-4555  
Fax: (858) 724-3302  
After Hours Phone: (858) 244-4555  
Accepting New Patients: N  
Site Language(s) Spoken: Vietnamese, Mandarin, Spanish  
Hours: M-F 8:00AM-5:00PM  
License Number: 550005837  
NPI: 1396201828  
Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N  
Language line interpreter services: Y  
Cultural Competency: N  
Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English Languages: Y  
Website: Sandiegofamilycircle.com

##### LOVING CARE ADHC

Provider ID: 419961  
2565 CAMINO DEL RIO S STE 201  
SAN DIEGO, CA 92108  
Phone: (619) 718-9777  
Fax: (619) 569-2855  
After Hours Phone: (619) 718-9777  
Accepting New Patients: N  
Hours: SU-SA 8:30AM-4:00PM  
NPI: 1346455961  
Accessibility: CONTACT PROVIDER  
American Sign Language (ASL): N  
Language line interpreter services: N  
Cultural Competency: N  
Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English Languages: N  
Website: www.lovingcareadhc.com






##### CASA PACIFICA ADHCC

Provider ID: 417303

## D5. 長期服務與支援 (LTSS) 服務提供者





### III. 基於社群的成人服務 (CBAS) - 成人日間服務

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 1424 30TH ST STE C  
SAN DIEGO, CA 92154  
 Phone: (619) 424-8181  
 After Hours Phone: (619)  
424-8181  
Accepting New Patients: N  
NPI: 1609920305  
 Accessibility: CONTACT  
PROVIDER  
American Sign Language (ASL):  
N  
Language line interpreter  
services: N  
Cultural Competency: N  
Facility has access to skilled  
medical interpreters on site?: N  
Interpreter Non-English  
Languages: N  
 Website: www.americaread  
hc.com

#### **SAN MARCOS**

#### **AMERICARE ADULT DAY HEALTH CARE CENTER**

Provider ID: 420060  
 340 RANCHEROS DR STE  
196  
SAN MARCOS, CA 92069  
 Phone: (760) 682-2424  
Fax: (760) 471-5104  
 After Hours Phone: (760)  
682-2424  
Accepting New Patients: N  
License Number: 060000832  
NPI: 1528271186  
 Accessibility: CONTACT  
PROVIDER  
American Sign Language (ASL):  
N  
Language line interpreter  
services: N

## D6. 心理健康名錄

### 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. 心理健康名錄

- 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. 心理健康名錄

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. 心理健康名錄

 Site English 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. 心理健康名錄

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. 心理健康名錄

 *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. 心理健康名錄

8:00AM-5:00PM

### POSTLETHWAITE, ALEJANDRA





Provider Gender: Female  
License Number: A88938  
NPI: 1750566915  
Provider English Spoken: Y  
Cultural Competency: N


### ALEJANDRA POSTLETHWAITE

 855 E MADISON AVE  
EL CAJON, CA 92020  
 Phone: (619) 440-2751  
Fax: (858) 633-4692  
 After Hours Phone: (619)  
440-2751  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### SANDERS, ROBERT

Provider Gender: Male  
License Number: 20A5544  
NPI: 1144264300  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ROBERT B SANDERS

 215 W MADISON AVE  
EL CAJON, CA 92020  
 Phone: (619) 667-6125  
Fax: (619) 590-9036  
 After Hours Phone: (619)  
667-6125  
 Website: N/A  
Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U




Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### SANDERS, ROBERT

Provider Gender: Male  
License Number: 20A5544  
NPI: 1144264300  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ROBERT B SANDERS

 225 W MADISON AVE STE 2  
EL CAJON, CA 92020  
 Phone: (619) 401-6236  
Fax: (760) 741-2782  
 After Hours Phone: (619)  
334-7542  
 Website: N/A  
Accepting New Patients: Y


 Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
10:30AM-3:30PM



### TAYAG, DYLAN

Provider Gender: Male  
License Number: LCS96462  
NPI: 1902281983  
Provider English Spoken: Y  
Cultural Competency: N  
DYLAN S TAYAG

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100  
 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U


Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM


### THOMAS, DALIA

Provider Gender: Female  
License Number: LCS82132  
NPI: 1104151372  
Provider English Spoken: Y  
Cultural Competency: N  
DALIA M THOMAS

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100  
 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U


Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### THOMAS, DALIA



## D6. 心理健康名錄



Provider Gender: Female  
License Number: LCS82132  
NPI: 1104151372  
Provider English Spoken: Y  
Cultural Competency: N  
DALIA M THOMAS

 436 S MAGNOLIA AVE STE 101  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 401-7411  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### WEAVER, MARINEL







Provider Gender: Female  
License Number: LCS15627  
NPI: 1871786558  
Provider English Spoken: Y  
Cultural Competency: N  
MARINEL E AVER

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM




### WEAVER, AMANDA



Provider Gender: Female  
License Number: MFC105361  
NPI: 1174266423  
Provider English Spoken: Y  
Cultural Competency: N  
AMANDA R WEAVER

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### WHEELER, KIM

Provider Gender: Female  
License Number: PSY34237  
NPI: 1700577434  
Provider English Spoken: Y  
Cultural Competency: N  
KIM N WHEELER









 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 785-3356  
 After Hours Phone: (619) 662-4100

 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 11\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

## ENCINITAS

### GARCIA, ROSEMARIE

Provider Gender: Female  
License Number: MFC123590  
NPI: 1710410980  
Provider English Spoken: Y  
Cultural Competency: N  
ROSEMARIE C GARCIA

 1130 2ND ST  
ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
 Site 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. 心理健康名錄

*Provider Gender: Female*  
*License Number: PSY27439*  
*NPI: 1790915759*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
JUANITA GOMEZ

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
 *Website: N/A*  
*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*


### LOPEZ, JOANNA




*Provider Gender: Female*  
*License Number: MFC50381*  
*NPI: 1275664385*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
JOANNA M LOPEZ  
 1130 2ND ST  
ENCINITAS, CA 92024  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760)*  
*736-6767*  
 *Website: N/A*  
*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*

## ESCONDIDO

### ARLINGHAUS, RENE

*Provider Gender: Female*  
*License Number: LCS80909*  
*NPI: 1568973964*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
RENE M ARLINGHAUS  
 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 *Phone: (619) 662-4100*  
*Fax: (619) 662-4196*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: N/A*






*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*

### BECERRA, GABRIEL

*Provider Gender: Male*  
*License Number: LCS114743*  
*NPI: 1205313319*  
*Provider English Spoken: Y*  
*Spanish*  
*Cultural Competency: N*  
GABRIEL CELESTINO

BECERRA  
 425 N DATE ST  
ESCONDIDO, CA 92025  
 *Phone: (760) 520-8340*  
*Fax: (360) 462-2752*  
 *After Hours Phone: (760)*  
*520-8340*  
 *Website: N/A*  
*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M 7:00AM-7:30PM*  
*TU 7:00AM-4:30PM*  
*W 7:00AM-7:30PM*  
*TH-F 7:00AM-4:30PM*

### BELINSKY, MARIA

*Provider Gender: Female*  
*License Number: LCS69175*  
*NPI: 1760867824*  
*Provider English Spoken: Y*  
*Spanish*  
*Cultural Competency: N*  
MARIA T BELINSKY  
 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*


## D6. 心理健康名錄

 Accessibility: CONTACT PROVIDER

### **BELINSKY, MARIA**

Provider Gender: Female  
License Number: LCS69175  
NPI: 1760867824  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N


MARIA T BELINSKY

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
Fax: (760) 520-8100

 After Hours Phone: (760) 737-6900


 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### **BELINSKY, MARIA**


Provider Gender: Female  
License Number: LCS69175  
NPI: 1760867824  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N

MARIA T BELINSKY

 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

### **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. 心理健康名錄

*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. 心理健康名錄

 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. 心理健康名錄

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. 心理健康名錄

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. 心理健康名錄

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. 心理健康名錄

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. 心理健康名錄

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. 心理健康名錄

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. 心理健康名錄


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. 心理健康名錄

 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. 心理健康名錄

Accepting New 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

### 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

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

### ELLEDDGE, LINDSAY

Provider Gender: Female  
License Number: LCS96136  
NPI: 1619428828

Provider English Spoken: Y  
Cultural Competency: N

LINDSAY E ELLEDGE

8950 VILLA LA JOLLA DR  
STE 101  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FINN, DAPHNA

Provider Gender: Female  
License Number: A152291  
NPI: 1639522725

Provider English Spoken: Y  
Cultural Competency: N

DAPHNA M FINN

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

## D6. 心理健康名錄

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### HUEGE, STEVEN

Provider Gender: Male

License Number: C141122

NPI: 1598716367

Provider English Spoken: Y

Cultural Competency: N

STEVEN F HUEGE

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### HUEGE, STEVEN

Provider Gender: Male

License Number: C141122

NPI: 1598716367

Provider English Spoken: Y

Cultural Competency: N

STEVEN F HUEGE

📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### KHAFAJA, MOHAMAD

Provider Gender: Male

License Number: A115892

NPI: 1780867119

Provider English Spoken: Y

Arabic

Cultural Competency: N

MOHAMAD H KHAFAJA

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### LASSWELL, EVE

Provider Gender: Female

License Number: PSY30220

NPI: 1013483635

Provider English Spoken: Y

Cultural Competency: N

EVE N LASSWELL

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### LEDBETTER, ALEX

Provider Gender: Male

License Number: 20A20454

NPI: 1073017315

Provider English Spoken: Y

Cultural Competency: N

ALEX W LEDBETTER

📍 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)



## D6. 心理健康名錄

926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### LEE, DAVID

Provider Gender: Male  
License Number: A124329  
NPI: 1871884130  
Provider English Spoken: Y  
Korean

Cultural Competency: N

DAVID J LEE

9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### LI, XIA

Provider Gender: Female  
License Number: A163344  
NPI: 1336670413  
Provider English Spoken: Y

Mandarin

Cultural Competency: N

XIA LI

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### LINKE, SARAH

Provider Gender: Female  
License Number: PSY27116  
NPI: 1487026415  
Provider English Spoken: Y  
Cultural Competency: N  
SARAH E LINKE

8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### MAGINOT-CHESTER, TAMARA

Provider Gender: Female  
License Number: PSY28678  
NPI: 1043441165  
Provider English Spoken: Y  
Cultural Competency: N  
TAMARA R MAGINOT  
CHESTER

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. 心理健康名錄

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

📍 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

### NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620

Provider English Spoken: Y

Vietnamese


Cultural Competency: N

## D6. 心理健康名錄


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. 心理健康名錄

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. 心理健康名錄

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. 心理健康名錄

SAMUEL KUGEL

502 EUCLID AVE STE 305  
NATIONAL CITY, CA 91950

Phone: (619) 472-2600

Fax: (619) 472-5721

After Hours Phone: (619)  
472-2600

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish, Portuguese

TDD: U

Min/Max Age: 18\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

9:00AM-5:00PM

**SACHS, MELISSA**

Provider Gender: Female

License Number: LCS76968

NPI: 1649760356

Provider English Spoken: Y

Cultural Competency: N

MELISSA R SACHS

2400 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F

8:30AM-5:30PM

SA 8:00AM-2:30PM

**SILVEY, CHRISTOPHER**

Provider Gender: Male

License Number: LCS85942

NPI: 1932793502

Provider English Spoken: Y

Cultural Competency: N

CHRISTOPHER J SILVEY

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 474-4008

After Hours Phone: (844)  
200-2426

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

### OCEANSIDE

**ACOSTA, AZUCENA**

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496

Provider English Spoken: Y

Spanish

Cultural Competency: N

AZUCENA ACOSTA

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

**ACOSTA, AZUCENA**

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496

Provider English Spoken: Y

Spanish

Cultural Competency: N

AZUCENA ACOSTA

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM



## D6. 心理健康名錄

### ACOSTA, AZUCENA

Provider Gender: Female  
License Number: LCS98304  
NPI: 1255937496  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
AZUCENA ACOSTA

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TU  
8:00AM-5:00PM  
W 8:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### CHALMERS, VIRGINIA

Provider Gender: Female  
License Number: LCS28053  
NPI: 1265613715  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
VIRGINIA C CHALMERS  
619 CROUCH ST  
OCEANSIDE, CA 92054  
Phone: (760) 736-6767  
Fax: (760) 566-1501

After Hours Phone: (760) 736-6767  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### CHRISTIANSON, WARREN

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
WARREN R CHRISTIANSON II  
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  
517 N HORNE ST  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### CHRISTIANSON, WARREN

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
WARREN R CHRISTIANSON II  
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

## D6. 心理健康名錄


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Spanish

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664


NPI: 1932359445

Provider English Spoken: Y  
Spanish

Cultural Competency: N


WARREN R CHRISTIANSON II

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Spanish

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664


NPI: 1932359445

Provider English Spoken: Y

Cultural Competency: N

WARREN R CHRISTIANSON II

 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): Cultural Competency: 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):

 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. 心理健康名錄


*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. 心理健康名錄

 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### DOUGHERTY, CHRISTINE

Provider Gender: Female

License Number: LCS26686


NPI: 1003194960

Provider English Spoken: Y

Cultural Competency: N

CHRISTINE A DOUGHERTY

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### 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

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### GODINEZ, BRENDA

Provider Gender: Female

License Number: LCS88306


NPI: 1568918647

Provider English Spoken: Y  
Spanish

Cultural Competency: N

BRENDA GODINEZ

 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

### 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. 心理健康名錄




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 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### **GUTIERREZ, VERONICA**

Provider Gender: Female  
License Number: PSY21413  
NPI: 1467674176  
Provider English Spoken: Y  
Spanish

Cultural Competency: N  
VERONICA GUTIERREZ

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000




 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U



Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **GUTIERREZ, VERONICA**

Provider Gender: Female  
License Number: PSY21413  
NPI: 1467674176  
Provider English Spoken: Y  
Spanish

Cultural Competency: N  
VERONICA GUTIERREZ

 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



### **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. 心理健康名錄





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

 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N





 Accessibility: CONTACT  
PROVIDER

### **MENDEZ, ADRIANA**


Provider Gender: Female  
License Number: LCS86435  
NPI: 1356777361  
Provider English Spoken: Y  
Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N





 Accessibility: CONTACT  
PROVIDER

### **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

### **MEYERHOF, GRETA**


Provider Gender: Female  
License Number: MFC32299  
NPI: 1487196333  
Provider English Spoken: Y

Cultural Competency: N

GRETA R MEYERHOF

 818 PIER VIEW WAY


OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **MEYERHOF, GRETA**

Provider Gender: Female  
License Number: MFC32299  
NPI: 1487196333  
Provider English Spoken: Y  
Cultural Competency: N


GRETA R MEYERHOF

 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. 心理健康名錄

*Provider English Spoken: Y*

*Cultural Competency: N*

GRETA R MEYERHOF

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

*Accepting New Patients: Y*

 Site English Spoken: Y

TDD: U

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 Accessibility: CONTACT  
PROVIDER

### MONTEZ, REBECCA

*Provider Gender: Female*

*License Number: LCS26869*

*NPI: 1396047809*


*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: N*

REBECCA MONTEZ

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054

 Phone: (760) 757-5841

Fax: (619) 736-8740

 After Hours Phone: (760)  
757-5841

 Website: N/A

*Accepting New Patients: Y*

 Site English Spoken: Y

TDD: U

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 Accessibility: CONTACT  
PROVIDER

### NEVILLE, MARGARET

*Provider Gender: Female*

*License Number: LCS82407*


*NPI: 1073682407*

*Provider English Spoken: Y*

*Cultural Competency: N*

MARGARET R NEVILLE

 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. 心理健康名錄

736-6767  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

### PATEL, MITESH

Provider Gender: Male  
License Number: A181164  
NPI: 1568880292  
Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### PATEL, MITESH

Provider Gender: Male  
License Number: A181164  
NPI: 1568880292

Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL

517 N HORNE ST  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### PATEL, MITESH

Provider Gender: Male  
License Number: A181164  
NPI: 1568880292  
Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\999  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### SANCHEZ, ADRIANA

Provider Gender: Female  
License Number: LCS97093  
NPI: 1609450451  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ADRIANA SANCHEZ

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. 心理健康名錄

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. 心理健康名錄

📞 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

📍 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

### 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

### 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. 心理健康名錄

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. 心理健康名錄

 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
Fax: (858) 633-4688  
 After Hours Phone: (858)  
218-3000

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

### SAN DIEGO

#### ABERCROMBIE, SHERI

Provider Gender: Female

License Number: PSY18536


NPI: 1932292422

Provider English Spoken: Y

Cultural Competency: N

SHERI ABERCROMBIE

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-4:00PM

#### ABERCROMBIE, SHERI

Provider Gender: Female

License Number: PSY18536


NPI: 1932292422

Provider English Spoken: Y

Cultural Competency: N


SHERI ABERCROMBIE

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8787


Fax: (858) 987-5825

 After Hours Phone: (858)  
810-8787

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

#### ALVAREZ, IRAIDA

Provider Gender: Female

License Number: MFC105698


NPI: 1174683189

Provider English Spoken: Y  
Spanish

Cultural Competency: N

IRAIDA ALVAREZ


 3025 BEYER BLVD  
SAN DIEGO, CA 92154

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### ARONLEE, TRACY

Provider Gender: Female

License Number: LCS83778


NPI: 1619304748

Provider English Spoken: Y

Cultural Competency: N

TRACY S ARONLEE

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### ARONLEE, TRACY

Provider Gender: Female

License Number: LCS83778

NPI: 1619304748

Provider English Spoken: Y

Cultural Competency: N

## D6. 心理健康名錄

TRACY S ARONLEE

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 810-8700  
Fax: (858) 633-4680  
After Hours Phone: (858)  
810-8700  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **BANKS, SARAH**

Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132

Provider English Spoken: Y  
Cultural Competency: N  
SARAH J BANKS

200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### **BANKS, SARAH**

Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132  
Provider English Spoken: Y  
Cultural Competency: N  
SARAH J BANKS  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **BANKS, SARAH**

Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132

Provider English Spoken: Y  
Cultural Competency: N  
SARAH J BANKS

4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### **BARRON, KAVITA**

Provider Gender: Female  
License Number: A155596  
NPI: 1821418542  
Provider English Spoken: Y  
Cultural Competency: N  
KAVITA BARRON

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### **BASS, GURGIANA**

Provider Gender: Male  
License Number: PSY24750  
NPI: 1639325277

Provider English Spoken: Y  
Cultural Competency: N  
GURGIANA BASS

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 810-8787  
Fax: (858) 987-5825  
After Hours Phone: (858)  
810-8787








## D6. 心理健康名錄

 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### BRAR, SIMERJEET








Provider Gender: Female  
License Number: A144765  
NPI: 1417393307  
Provider English Spoken: Y  
Cultural Competency: N

### SIMERJEET K BRAR

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
Fax: (858) 966-8164  
 After Hours Phone: (858)  
576-1700  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM






### BREEDLOVE, AMANDA

Provider Gender: Female  
License Number: MFC139230  
NPI: 1316487119  
Provider English Spoken: Y  
Cultural Competency: N

AMANDA A BREEDLOVE  
 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 785-3384  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### BROWN, 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 Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

### CASTELLANOS, GRACIELA

Provider Gender: Female  
License Number: MFC114148  
NPI: 1033484530  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
GRACIELA CASTELLANOS  
 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
 Phone: (619) 662-4100



## D6. 心理健康名錄

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. 心理健康名錄

COSMINA S CIOBANU

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 576-1700  
Fax: (858) 966-8164  
After Hours Phone: (858)  
576-1700  
Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

**CIOBANU, COSMINA**

Provider Gender: Female

License Number: A137628

NPI: 1285049932

Provider English Spoken: Y

Cultural Competency: N

COSMINA S CIOBANU

8001 FROST ST  
SAN DIEGO, CA 92123  
Phone: (858) 576-1700  
Fax: (858) 966-8164

After Hours Phone: (858)  
576-1700

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

**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. 心理健康名錄

 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
Fax: (619) 662-4158  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-4:30PM

### DE LEEUW, KELLEY





Provider Gender: Female  
License Number: A114857  
NPI: 1720395361  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
KELLEY J DE LEEUW

 1685 HOLLISTER ST  
SAN DIEGO, CA 92154  
 Phone: (619) 662-4100  
Fax: (619) 336-2323  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### DEACON, CASSIE

Provider Gender: Female  
License Number: LCS94105  
NPI: 1720452998  
Provider English Spoken: Y  
Cultural Competency: N  
CASSIE C DEACON

 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. 心理健康名錄

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. 心理健康名錄

*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. 心理健康名錄

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. 心理健康名錄

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

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

### 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

### 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. 心理健康名錄

SAN DIEGO, CA 92131  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273  
🌐 Website: N/A  
Accepting New Patients: Y  
📄 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### HANNA-HADDAD, WEGDAN

Provider Gender: Female  
License Number: PSY26481  
NPI: 1457769333  
Provider English Spoken: Y  
Arabic  
Cultural Competency: N  
WEGDAN HANNA-HADDAD  
📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
☎ Phone: (619) 662-4100  
Fax: (619) 662-4158  
📞 After Hours Phone: (619) 662-4100  
🌐 Website: N/A  
Accepting New Patients: Y  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM

**HERNANDEZ, SILVIA**  
Provider Gender: Female  
License Number: MFC51787  
NPI: 1982821179  
Provider English Spoken: Y  
Cultural Competency: N  
SILVIA E HERNANDEZ  
📍 3025 BEYER BLVD  
SAN DIEGO, CA 92154  
☎ Phone: (760) 520-8340  
Fax: (619) 662-4119  
📞 After Hours Phone: (760) 520-8340  
🌐 Website: N/A  
Accepting New Patients: Y  
📄 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### JALBERT, KATIE

Provider Gender: Female  
License Number: LCS112693  
NPI: 1134825979  
Provider English Spoken: Y  
Cultural Competency: N  
KATIE L JALBERT  
📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 279-0925  
Fax: (858) 633-4680  
📞 After Hours Phone: (858) 279-0925  
🌐 Website: N/A  
Accepting New Patients: Y  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM

### JALBERT, KATIE

Provider Gender: Female  
License Number: LCS112693  
NPI: 1134825979  
Provider English Spoken: Y  
Cultural Competency: N  
KATIE L JALBERT  
📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
Fax: (858) 633-4680  
📞 After Hours Phone: (858) 810-8700  
🌐 Website: N/A  
Accepting New Patients: Y  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM

### JOSHI, YASH


Provider Gender: Male  
License Number: A147156  
NPI: 1598151433  
Provider English Spoken: Y  
Cultural Competency: N  
YASH B JOSHI

## D6. 心理健康名錄

 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. 心理健康名錄

 Website: N/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. 心理健康名錄

 Website: N/A  
Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### LEE, DAVID

Provider Gender: Male

License Number: A124329

NPI: 1871884130


Provider English Spoken: Y  
Korean

Cultural Competency: N

DAVID J LEE


 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273


 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

### LI, XIA

Provider Gender: Female

License Number: A163344

NPI: 1336670413


Provider English Spoken: Y  
Mandarin

Cultural Competency: N

XIA LI

 16918 DOVE CANYON RD  
STE 100

SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

### LINKE, SARAH

Provider Gender: Female

License Number: PSY27116

NPI: 1487026415

Provider English Spoken: Y

Cultural Competency: N

SARAH E LINKE

 4910 DIRECTORS PL STE  
250

SAN DIEGO, CA 92121


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### LINKE, SARAH

Provider Gender: Female

License Number: PSY27116

NPI: 1487026415


Provider English Spoken: Y

Cultural Competency: N

SARAH E LINKE

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### LIU, TIMOTHY

Provider Gender: Male

License Number: A105535

NPI: 1720262801


Provider English Spoken: Y

Mandarin, Yue Chinese

Cultural Competency: N

TIMOTHY C LIU

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925



## D6. 心理健康名錄

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

### LONGARDNER, KATHERINE

Provider Gender: Female

License Number: A137963

NPI: 1801215926

Provider English Spoken: Y

Cultural Competency: N

KATHERINE M LONGARDNER

📍 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. 心理健康名錄

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

📍 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

### 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

### MCCULLUM, TIFFANY

Provider Gender: Female

License Number: PSY29329

NPI: 1528306206

Provider English Spoken: Y  
Cultural Competency: N

TIFFANY MCCULLUM

📍 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

☎ Phone: (619) 662-4100  
Fax: (619) 205-1949

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Y

📄 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### MEYER, AARON

Provider Gender: Male

License Number: A133702

NPI: 1538505425

Provider English Spoken: Y  
Cultural Competency: N

AARON A MEYER

📍 200 W ARBOR DR FL 7  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Y

📄 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### MEYER, AARON

Provider Gender: Male

License Number: A133702

NPI: 1538505425

Provider English Spoken: Y  
Cultural Competency: N

AARON A MEYER

📍 4290 POLK AVE  
SAN DIEGO, CA 92105

☎ Phone: (619) 563-0250

## D6. 心理健康名錄

Fax: (858) 633-4681

☎ After Hours Phone: (619)  
563-0250

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM

### MILLS, BRAD

Provider Gender: Male

License Number: LCS87409

NPI: 1598542813

Provider English Spoken: Y  
Spanish

Cultural Competency: N

BRAD A MILLS

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

☎ Phone: (619) 233-8500

Fax: (619) 687-1067

☎ After Hours Phone: (619)  
233-8500

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### MIRON, JEAN-PHILIPPE

Provider Gender: Male

License Number: A186033

NPI: 1952178196

Provider English Spoken: Y

Cultural Competency: N

JEAN-PHILIPPE MIRON

📍 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)  
926-8273

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### MONTOYA, JESSICA

Provider Gender: Female

License Number: PSY31647

NPI: 1003421256

Provider English Spoken: Y

Cultural Competency: N

JESSICA L MONTOYA

📍 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### MOORE, SHAVON

Provider Gender: Female

License Number: A152789

NPI: 1053682773

Provider English Spoken: Y

Cultural Competency: N

SHAVON C MOORE

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)  
926-8273

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### MUHAMMAD, LAMA

Provider Gender: Female

License Number: A156500

NPI: 1558701623

Provider English Spoken: Y

Arabic

Cultural Competency: N

## D6. 心理健康名錄

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

### MUHAMMAD, LAMA

Provider Gender: Female

License Number: A156500

NPI: 1558701623

Provider English Spoken: Y  
Arabic

Cultural Competency: N

LAMA MUHAMMAD

350 DICKINSON ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### 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

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

### 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

### NING, GRACE

Provider Gender: Female

License Number: PSY27293

NPI: 1598911315

Provider English Spoken: Y




## D6. 心理健康名錄

*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

 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

### OJHA, PRITI

*Provider Gender: Female*

*License Number: A139807*

*NPI: 1760897284*

*Provider English Spoken: Y*

*Cultural Competency: N*

PRITI OJHA

 350 DICKINSON ST



## D6. 心理健康名錄

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  
📍 4290 POLK AVE

## D6. 心理健康名錄

SAN DIEGO, CA 92105  
☎ Phone: (619) 563-2050  
Fax: (858) 633-4681  
🕒 After Hours Phone: (619) 563-2050

🌐 Website: N/A  
Accepting New Patients: Y  
📄 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER

### PEDERSEN, SUESAN

Provider Gender: Female  
License Number: A138369  
NPI: 1558603837  
Provider English Spoken: Y  
Cultural Competency: N

SUESAN M PEDERSEN  
📍 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
☎ Phone: (619) 280-2058  
Fax: (858) 633-4682  
🕒 After Hours Phone: (619) 280-2058  
🌐 Website: N/A  
Accepting New Patients: Y  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM

W 8:30AM-5:30PM  
TH 8:30AM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PEDERSEN, SUESAN

Provider Gender: Female  
License Number: A138369  
NPI: 1558603837  
Provider English Spoken: Y  
Cultural Competency: N

SUESAN M PEDERSEN  
📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 279-0925  
Fax: (858) 633-4680  
🕒 After Hours Phone: (858) 279-0925

🌐 Website: N/A  
Accepting New Patients: Y  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W 8:30AM-5:30PM  
TH 8:30AM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### PEDERSEN, SUESAN

Provider Gender: Female  
License Number: A138369  
NPI: 1558603837  
Provider English Spoken: Y  
Cultural Competency: N

SUESAN M PEDERSEN  
📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
Fax: (858) 633-4680

🕒 After Hours Phone: (858) 810-8700  
🌐 Website: N/A  
Accepting New Patients: Y  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W 8:30AM-5:30PM  
TH 8:30AM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### 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


## D6. 心理健康名錄

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-6:00PM

### QAYOUMI, WALI

Provider Gender: Male

License Number: A168429

NPI: 1093178220


Provider English Spoken: Y  
French

Cultural Competency: N

WALI Z QAYOUMI


 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121


 Phone: (619) 294-3746

Fax: (888) 539-8781

 After Hours Phone: (619)  
294-3746

 Website: N/A

Accepting New Patients: Y


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### RADOJEVIC, NATASHA

Provider Gender: Female

License Number: PSY28495


NPI: 1821365008

Provider English Spoken: Y

Cultural Competency: N

NATASHA RADOJEVIC

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 279-0377

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### RIBEIRO CALDAS DOMINGUES, ISABEL

Provider Gender: Female

License Number: A132160


NPI: 1023367216

Provider English Spoken: Y  
French, Portuguese, Spanish

Cultural Competency: N


ISABEL A RIBEIRO CALDAS  
DOMINGUES

 350 DICKINSON ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### RICHARD, MARLA

Provider Gender: Female


License Number: G65188


NPI: 1578720934


Provider English Spoken: Y  
Cultural Competency: N

MARLA G RICHARD


 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273


 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### 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

## D6. 心理健康名錄


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SACHS, MELISSA

Provider Gender: Female

License Number: LCS76968


NPI: 1649760356

Provider English Spoken: Y

Cultural Competency: N

MELISSA R SACHS

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: N/A


Accepting New Patients: Y


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

### SAWYER, CAROLYN

Provider Gender: Female

License Number: A149116

NPI: 1043653249


Provider English Spoken: Y

Cultural Competency: N

CAROLYN M SAWYER


 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123


 Phone: (858) 966-4032

Fax: (858) 966-6227

 After Hours Phone: (858)  
966-4032

 Website: N/A

Accepting New Patients: Y


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SAWYER, CAROLYN

Provider Gender: Female


License Number: A149116

NPI: 1043653249


Provider English Spoken: Y

Cultural Competency: N

CAROLYN M SAWYER


 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

### 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




## D6. 心理健康名錄


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SCHELLINGER, KRISTON


Provider Gender: Female  
License Number: PSY26313  
NPI: 1710234273


Provider English Spoken: Y  
Cultural Competency: N

KRISTON B SCHELLINGER

 9333 GENESEE AVE STE  
200


SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273


 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

### SCHELLINGER, KRISTON


Provider Gender: Female  
License Number: PSY26313  
NPI: 1710234273


Provider English Spoken: Y  
Cultural Competency: N

KRISTON B SCHELLINGER

 9909 MIRA MESA BLVD  
STE 200


SAN DIEGO, CA 92131

 Phone: (858) 246-1979

 After Hours Phone: (858)  
246-1979

 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SCHLOSSER, TARA


Provider Gender: Female  
License Number: MFC107868  
NPI: 1407220437


Provider English Spoken: Y

Cultural Competency: N

TARA S SCHLOSSER


 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### SHU, I WEI

Provider Gender: Male

License Number: A103813


NPI: 1992840144

Provider English Spoken: Y

Cultural Competency: N

I WEI SHU

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (858) 534-6200

Fax: (858) 534-6205

 After Hours Phone: (800)  
926-8273

 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### SILVEY, CHRISTOPHER

Provider Gender: Male  
License Number: LCS85942  
NPI: 1932793502


Provider English Spoken: Y

Cultural Competency: N


CHRISTOPHER J SILVEY

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126


 Phone: (858) 578-4220

Fax: (858) 578-4417

 After Hours Phone: (858)  
578-4220

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U



## D6. 心理健康名錄

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

### **SOLORIO JR, ROBERTO**

Provider Gender: Male

License Number: LCS102729


NPI: 1972088185


Provider English Spoken: Y

Cultural Competency: N

ROBERTO SOLORIO JR


 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 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 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

### **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


## D6. 心理健康名錄

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

### THIESSEN, KAREN


Provider Gender: Female  
License Number: MFC52523  
NPI: 1184798241  
Provider English Spoken: Y  
Cultural Competency: N  
KAREN A THIESSEN

 350 DICKINSON ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A

Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM


### TILTON, PETER

Provider Gender: Male  
License Number: G27781  
NPI: 1538258694  
Provider English Spoken: Y  
Cultural Competency: N  
PETER A TILTON

 2630 1ST AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
Fax: (619) 234-0505

 After Hours Phone: (619)  
234-2158

 Website: N/A  
Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

### TO, TUAN

Provider Gender: Male  
License Number: PSY30204  
NPI: 1255696183

Provider English Spoken: Y  
Cultural Competency: N


TUAN TO

 4290 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### TO, TUAN


Provider Gender: Male  
License Number: PSY30204  
NPI: 1255696183


Provider English Spoken: Y  
Cultural Competency: N

TUAN TO

 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

## D6. 心理健康名錄

Provider English Spoken: Y

Cultural Competency: N

EMILY A TROYER

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619)  
280-2058

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM

### TROYER, EMILY

Provider Gender: Female

License Number: A149101

NPI: 1326484437

Provider English Spoken: Y

Cultural Competency: N

EMILY A TROYER

4290 POLK AVE

SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)  
563-0250

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

SA 8:00AM-2:00PM

### VANFOSSEN, BRIAN

Provider Gender: Male

License Number: PSY23462

NPI: 1396072500

Provider English Spoken: Y

Cultural Competency: N

BRIAN VANFOSSEN

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Phone: (619) 325-1161

Fax: (619) 325-1717

After Hours Phone: (619)  
325-1161

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken:

Spanish

TDD: U

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

### VIERLING, SABRINA

Provider Gender: Female

License Number: PSY26117

NPI: 1215288238

Provider English Spoken: Y

Cultural Competency: N

SABRINA C VIERLING

4305 UNIVERSITY AVE STE  
2301

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

## D6. 心理健康名錄

### WU, MICHELLE

Provider Gender: Female  
License Number: A125139  
NPI: 1043650088  
Provider English Spoken: Y  
Cultural Competency: N

#### MICHELLE L WU

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8145  
Fax: (858) 966-8164  
After Hours Phone: (858) 966-8145  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### YAGUDAYEVA, RAISA

Provider Gender: Female  
License Number: 20A14848  
NPI: 1942555990  
Provider English Spoken: Y  
Russian  
Cultural Competency: N

#### RAISA YAGUDAYEVA

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y

TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### YIDI, DIANA

Provider Gender: Female  
License Number: LCS110300  
NPI: 1194438663  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
DIANA L YIDI

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
Fax: (858) 633-4680  
After Hours Phone: (858) 279-0925  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:30AM-5:30PM

### 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



## D6. 心理健康名錄

 Hours: M-TU  
9:00AM-7:00PM  
W-F 9:00AM-6:00PM


### ZIMMERMAN, JENNIFER

Provider Gender: Female  
License Number: LCS28729  
NPI: 1811449077

Provider English Spoken: Y  
Cultural Competency: N

JENNIFER A ZIMMERMAN

 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



## D6. 心理健康名錄

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FLYNN, DANIELLE

Provider Gender: Female

License Number: PSY26184


NPI: 1477785137

Provider English Spoken: Y

Cultural Competency: N

DANIELLE I FLYNN

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767


 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### GEORGIEV, MARY JO

Provider Gender: Female

License Number: PSY17954


NPI: 1518996875

Provider English Spoken: Y

Cultural Competency: N

MARY-JO GEORGIEV

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 737-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
737-6767

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### IMAM, SYED

Provider Gender: Male

License Number: PSY27695

NPI: 1447428271


Provider English Spoken: Y

Hindi

Cultural Competency: N

SYED IMAM

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 15\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### LOVE, YVONNE

Provider Gender: Female

License Number: PSY18321


NPI: 1902812811

Provider English Spoken: Y  
Spanish


Cultural Competency: N

YVONNE R LOVE

 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

 Phone: (833) 867-4642


Fax: (360) 462-5827

 After Hours Phone: (833)  
867-4642

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

### REEG, JESSICA

Provider Gender: Female

License Number: MFC124306


NPI: 1144382987

Provider English Spoken: Y  
Spanish

Cultural Competency: N

JESSICA REEG


 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

## D6. 心理健康名錄


 Website: N/A  
Accepting New 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

### SO LORIO JR, ROBERTO

Provider Gender: Male

License Number: LCS102729


NPI: 1972088185

Provider English Spoken: Y

Cultural Competency: N

ROBERTO SO LORIO 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 Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 4\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-5:00PM

### TORRES, HECTOR

Provider Gender: Male

License Number: PSY13309


NPI: 1720265614

Provider English Spoken: Y  
Spanish

Cultural Competency: N

HECTOR M TORRES

 150 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

## D6. 心理健康名錄

Fax: (619) 205-6305

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Y

🗣 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

### ALVAREZ, IRAIDA

Provider Gender: Female

License Number: MFC105698

NPI: 1174683189

Provider English Spoken: Y  
Spanish

Cultural Competency: N

IRAIDA ALVAREZ

📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 785-3384

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Y

🗣 Site English Spoken: Y  
TDD: U

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### BALTRUS, JUSTINE

Provider Gender: Female

License Number: MFC132018

NPI: 1285040709

Provider English Spoken: Y

Cultural Competency: N

JUSTINE A BALTRUS

📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 600-4870

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Y

🗣 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### CARBAJAL, OSCAR

Provider Gender: Male

License Number: MFC118465

NPI: 1871966283

Provider English Spoken: Y  
Spanish

Cultural Competency: N

OSCAR A CARBAJAL

📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 205-6374

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Y

🗣 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

### CRAWFORD-DAY, ANN

Provider Gender: Female

License Number: A166646

NPI: 1386149706

Provider English Spoken: Y  
Spanish

Cultural Competency: N

ANN E CRAWFORD-DAY

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 205-6341

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Y

🗣 Site English Spoken: Y  
🗣 Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM

### DEPAOLO, AMANDA

Provider Gender: Female

License Number: LCS99056

NPI: 1215420138

## D6. 心理健康名錄

Provider English Spoken: Y

Cultural Competency: N

AMANDA L DEPAOLO

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

### DIA, ALI

Provider Gender: Male

License Number: A47803

NPI: 1912031030

Provider English Spoken: Y

Arabic

Cultural Competency: N

ALI R DIA

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Phone: (619) 428-4463

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



## D6. 心理健康名錄

Provider Gender: Female  
License Number: LCS82040  
NPI: 1174909071  
Provider English Spoken: Y  
Cultural Competency: N  
SARAH M GUTIERREZ

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619)  
662-4100  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### IBANEZ, BERENICE

Provider Gender: Female  
License Number: PSY22080  
NPI: 1740394386  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
BERENICE B IBANEZ  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619)  
662-4100  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### JENNINGS, AMY

Provider Gender: Female  
License Number: LCS100075  
NPI: 1609549161  
Provider English Spoken: Y  
Cultural Competency: N  
AMY E JENNINGS  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619)  
662-4100  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM

### JOHNSON, JENNIFER


Provider Gender: Female  
License Number: PSY33295  
NPI: 1023783248  
Provider English Spoken: Y  
Cultural Competency: N  
JENNIFER JOHNSON

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6341  
After Hours Phone: (619)  
662-4100  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\64  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM

### LOPEZ, MARIBEL

Provider Gender: Female  
License Number: LCS86171  
NPI: 1669180600  
Provider English Spoken: Y  
Cultural Competency: N  
MARIBEL, LOPEZ  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6341  
After Hours Phone: (619)  
662-4100  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

## D6. 心理健康名錄

 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM

### MISHRA, GAURAV

Provider Gender: Male  
License Number: A129941  
NPI: 1689804866  
Provider English Spoken: Y  
Hindi, Kannada  
Cultural Competency: N


### GAURAV MISHRA

 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 785-3384

 After Hours Phone: (619)  
662-4100


 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 5\999

American Sign Language (ASL): N



 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 10:00AM-4:00PM


### MONTES, DENISE

Provider Gender: Female  
License Number: LCS115972  
NPI: 1003694167  
Provider English Spoken: Y  
Cultural Competency: N

### DENISE F MONTES


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

### PALAZUELOS, MARGARITA

Provider Gender: Female  
License Number: LCS117172  
NPI: 1104379791  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N

American Sign Language (ASL): N

 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


## SANTEE

### 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

## D6. 心理健康名錄

📞 After Hours Phone: (760) 742-9919

🌐 Website: N/A

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

📍 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





## D6. 心理健康名錄




*Provider Gender: Male*  
*License Number: 20A9664*  
*NPI: 1932359445*  
*Provider English Spoken: Y*  
*Spanish*  
*Cultural Competency: N*  
WARREN R CHRISTIANSON II  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)*  
*631-5000*  
 *Website: N/A*

*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-TH*  
*8:00AM-7:00PM*  
*F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

### **CHRISTIANSON, WARREN**


*Provider Gender: Male*  
*License Number: 20A9664*  
*NPI: 1932359445*  
*Provider English Spoken: Y*  
*Spanish*  
*Cultural Competency: N*  
WARREN R CHRISTIANSON II  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)*  
*631-5000*  
 *Website: N/A*



*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-TH*  
*8:00AM-7:00PM*  
*F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

### **CRUZ, VANESSA**

*Provider Gender: Female*  
*License Number: LCS87166*  
*NPI: 1285170662*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
VANESSA Y CRUZ





 134 GRAPEVINE RD  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)*  
*631-5000*  
 *Website: N/A*

*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-TH*  
*9:00AM-7:00PM*  
*F 9:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

### **CRUZ, VANESSA**



*Provider Gender: Female*

*License Number: LCS87166*  
*NPI: 1285170662*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
VANESSA Y CRUZ  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760)*  
*631-5000*  
 *Website: N/A*

*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
 *Site Language(s) Spoken:*  
*Vietnamese, Chinese,*  
*Estonian, Farsi, French,*  
*Hindi, Korean, Marathi,*  
*Spanish, Tagalog, Telugu*  
*TDD: U*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-TU*  
*8:00AM-8:00PM*  
*W 9:00AM-7:00PM*  
*TH 8:00AM-8:00PM*  
*F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

### **CRUZ, VANESSA**

*Provider Gender: Female*  
*License Number: LCS87166*  
*NPI: 1285170662*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
VANESSA Y CRUZ  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 *Phone: (760) 631-5000*



## D6. 心理健康名錄

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y  
TDD: U

Min/Max Age: 4\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
9:00AM-7:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

### CRUZ, VANESSA

Provider Gender: Female

License Number: LCS87166

NPI: 1285170662

Provider English Spoken: Y

Cultural Competency: N

VANESSA Y CRUZ

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y

🗨 Site Languages(s) Spoken:  
Vietnamese, Chinese,  
Estonian, Farsi, French,  
Hindi, Korean, Marathi,  
Spanish, Tagalog, Telugu

TDD: U

Min/Max Age: 4\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TU  
8:00AM-8:00PM  
W 9:00AM-7:00PM  
TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### DOUGHERTY, CHRISTINE

Provider Gender: Female

License Number: LCS26686

NPI: 1003194960

Provider English Spoken: Y

Cultural Competency: N

CHRISTINE A DOUGHERTY

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3891

☎ After Hours Phone: (760) 631-5000

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y

🗨 Site Languages(s) Spoken:  
Chinese, Estonian, Farsi,  
French, Hindi, Korean,  
Marathi, Spanish, Telugu,  
Vietnamese, Tagalog

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
9:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

### DOUGHERTY, CHRISTINE

Provider Gender: Female

License Number: LCS26686

NPI: 1003194960

Provider English Spoken: Y

Cultural Competency: N

CHRISTINE A DOUGHERTY

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### GODINEZ, BRENDA

Provider Gender: Female

License Number: LCS88306

NPI: 1568918647

Provider English Spoken: Y

Spanish

Cultural Competency: N

BRENDA GODINEZ

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

🌐 Website: N/A

Accepting New Patients: Y


🗨 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

## D6. 心理健康名錄

N

 *Accessibility: CONTACT PROVIDER*


### **GODINEZ, BRENDA**

*Provider Gender: Female  
License Number: LCS88306  
NPI: 1568918647  
Provider English Spoken: Y  
Spanish*

*Cultural Competency: N*

**BRENDA GODINEZ**

 1000 VALE TERRACE DR  
VISTA, CA 92084


 *Phone: (562) 264-6000  
Fax: (760) 414-3892*

 *After Hours Phone: (562)  
264-6000*

 *Website: N/A*

*Accepting New Patients: Y*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken:  
Farsi, Spanish, Vietnamese,  
Chinese, Estonian, Telugu,  
Hindi, Korean, French,  
Marathi, Tagalog*


*TDD: U*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH  
9:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM*

### **GUTIERREZ, VERONICA**


*Provider Gender: Female  
License Number: PSY21413  
NPI: 1467674176  
Provider English Spoken: Y*

*Spanish*

*Cultural Competency: N*

**VERONICA GUTIERREZ**

 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*

## D6. 心理健康名錄

ADRIANA J MENDEZ

134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### MEYERHOF, GRETA

Provider Gender: Female  
License Number: MFC32299  
NPI: 1487196333  
Provider English Spoken: Y  
Cultural Competency: N  
GRETA R MEYERHOF  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### MEYERHOF, GRETA

Provider Gender: Female

License Number: MFC32299  
NPI: 1487196333  
Provider English Spoken: Y  
Cultural Competency: N  
GRETA R MEYERHOF  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### NEVILLE, MARGARET

Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407  
Provider English Spoken: Y  
Cultural Competency: N  
MARGARET R NEVILLE  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
Site Language(s) Spoken:  
Arabic, Chinese, Lithuanian,  
Farsi, Spanish, Tagalog,  
Urdu, Vietnamese  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM


### NEVILLE, MARGARET

Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407  
Provider English Spoken: Y  
Cultural Competency: N  
MARGARET R NEVILLE  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER


### PATEL, MITESH


Provider Gender: Male  
License Number: A181164  
NPI: 1568880292  
Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL  
134 GRAPEVINE RD  
VISTA, CA 92083

## D6. 心理健康名錄

 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760)  
631-5000


 Website: N/A  
Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **PATEL, MITESH**

Provider Gender: Male

License Number: A181164


NPI: 1568880292

Provider English Spoken: Y


Cultural Competency: N


MITESH K PATEL

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760)  
631-5000


 Website: N/A  
Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM

W-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

### **SANCHEZ, ADRIANA**

Provider Gender: Female


License Number: LCS97093


NPI: 1609450451

Provider English Spoken: Y  
Spanish

Cultural Competency: N

ADRIANA SANCHEZ


 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **SANCHEZ, ADRIANA**

Provider Gender: Female

License Number: LCS97093


NPI: 1609450451

Provider English Spoken: Y  
Spanish

Cultural Competency: N

ADRIANA SANCHEZ


 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **SMITH, SONYA**

Provider Gender: Female

License Number: LCS82598


NPI: 1902070857

Provider English Spoken: Y  
Spanish

Cultural Competency: N

SONYA L SMITH


 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **SMITH, SONYA**

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857

Provider English Spoken: Y  
Spanish


Cultural Competency: N





## D6. 心理健康名錄

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**SONYA L SMITH**

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**SRIVASTAVA, RAJEEV**

Provider Gender: Male

License Number: C176037


NPI: 1437489770

Provider English Spoken: Y

Cultural Competency: N

**RAJEEV SRIVASTAVA**

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**WILSON, CARLENE**

Provider Gender: Female

License Number: LCS74685


NPI: 1508327081

Provider English Spoken: Y


Cultural Competency: N

**CARLENE WILSON**

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH

8:00AM-8:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

**WILSON, CARLENE**

Provider Gender: Female

License Number: LCS74685


NPI: 1508327081

Provider English Spoken: Y

Cultural Competency: N

**CARLENE WILSON**

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

## D7. 視力提供者目錄 - 眼科和視力服務

### 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. 視力提供者目錄 - 眼科和視力服務




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. 視力提供者目錄 - 眼科和視力服務

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, 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

### **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):

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

NPI: 1982872552

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. 視力提供者目錄 - 眼科和視力服務

 *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. 視力提供者目錄 - 眼科和視力服務

 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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

 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. 視力提供者目錄 - 眼科和視力服務

- N**  
 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM**
- TOUBIA, ELIAS, OD**  
Provider Gender: Male  
License Number: 33758  
NPI: 1740701481  
Provider English Spoken: Y  
Arabic  
Cultural Competency: Y  
OTAY RANCH EYEWORKS  
OPTOMETRY  
 1741 EASTLAKE PKWY STE 101  
CHULA VISTA, CA 91915  
 **Phone: (619) 421-6600**  
**Fax: (619) 421-6006**  
 **After Hours Phone: (619) 421-6600**  
Accepting New Patients: Y  
 **Site English Spoken: Y**  
 **Site Languages(s) Spoken: Arabic, Hindi, Spanish**  
American Sign Language (ASL): N  
 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM**
- VILLA, ANGELICA, OD**  
Provider Gender: Female  
License Number: 10561  
NPI: 1962544965  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
VILLA OPTOMETRY INC  
 531 TELEGRAPH CANYON RD  
CHULA VISTA, CA 91910  
 **Phone: (619) 482-2020**  
**Fax: (619) 482-2671**  
 **After Hours Phone: (619) 482-2020**  
Accepting New Patients: Y  
 **Site English Spoken: Y**  
 **Site Languages(s) Spoken: Spanish**  
American Sign Language (ASL): N  
 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1T  
 **Hours: M-F 9:00AM-6:00PM**
- CORONADO**
- KATZMAN, LEE, MD**  
Provider Gender: Male  
License Number: A135673  
NPI: 1912297284  
Provider English Spoken: Y  
Cultural Competency: Y  
ALVARADO EYE ASSOCIATES  
MED CLINIC INC  
 801 ORANGE AVE STE 204  
CORONADO, CA 92118  
 **Phone: (619) 437-4406**  
**Fax: (619) 522-7983**  
 **After Hours Phone: (619) 437-4406**  
Accepting New Patients: Y
-  **Site English Spoken: Y**  
American Sign Language (ASL): N  
 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: M 9:00AM-4:30PM  
TU 9:00AM-3:00PM  
W-TH 9:00AM-4:30PM**
- MANNEN, JOSEPH, OD**  
Provider Gender: Male  
License Number: 33650  
NPI: 1851827034  
Provider English Spoken: Y  
Cultural Competency: Y  
ALVARADO EYE ASSOCIATES  
MED CLINIC INC  
 801 ORANGE AVE STE 204  
CORONADO, CA 92118  
 **Phone: (619) 437-4406**  
**Fax: (619) 522-7983**  
 **After Hours Phone: (619) 437-4406**  
Accepting New Patients: Y  
 **Site English Spoken: Y**  
American Sign Language (ASL): N  
 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours: M 9:00AM-4:30PM  
TU 9:00AM-3:00PM  
W-TH 9:00AM-4:30PM**
- OU, JOCELYN, OD**  
Provider Gender: Female  
License Number: 34063  
NPI: 1225518996  
Provider English Spoken: Y

## D7. 視力提供者目錄 - 眼科和視力服務

*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. 視力提供者目錄 - 眼科和視力服務

### **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 Language(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. 視力提供者目錄 - 眼科和視力服務

🕒 *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. 視力提供者目錄 - 眼科和視力服務







 *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. 視力提供者目錄 - 眼科和視力服務

☎ 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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

*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. 視力提供者目錄 - 眼科和視力服務

 *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. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y  
 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. 視力提供者目錄 - 眼科和視力服務

### 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. 視力提供者目錄 - 眼科和視力服務

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:00AM-5:00PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Spanish

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:00AM-5:00PM

### ZHAO, TAILUN, MD

Provider Gender: Male

License Number: C186414

NPI: 1952659203

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

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

### 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. 視力提供者目錄 - 眼科和視力服務

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): IT

 **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): IT

 **Hours: M-F  
8:00AM-5:00PM**

### **BANSAL, PREETI, MD**

Provider Gender: Female

License Number: A90890

NPI: 1871664631

Provider English Spoken: Y

Spanish


Cultural Competency: Y

RADY CHILDRENS

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**

### **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): IT

 **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): IT

 **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. 視力提供者目錄 - 眼科和視力服務

☎ 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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1T

 **Hours: M-F  
8:00AM-5:00PM**

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777

NPI: 1962031617


Provider English Spoken: Y

Cultural Competency: Y


ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Y

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1T

 **Hours: M-F  
8:00AM-5:00PM**

### **KIM, PHILIP, OD**

Provider Gender: Male

License Number: 33893

NPI: 1376929034


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Y

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within 1/2 mile from Site): 1T

 **Hours: M-F  
8:00AM-5:00PM**

### **KLAREN, AMANDA, OD**

Provider Gender: Female

License Number: 12617

NPI: 1396876611

Provider English Spoken: Y


Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Accepting New Patients: Y

 Site English Spoken: Y


American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within

1/2 mile from Site): 1T

 **Hours: M-F  
8:30AM-4:30PM**

### **LE, TAM, OD**

Provider Gender: Female

License Number: 12951

NPI: 1235268707

Provider English Spoken: Y


Spanish, Vietnamese

Cultural Competency: Y

TAM T LE OD INC

 1711 E VALLEY PKWY STE  
109

ESCONDIDO, CA 92027


 Phone: (760) 737-6064

Fax: (760) 737-6064

 After Hours Phone: (760)  
737-6064

Accepting New Patients: Y

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Vietnamese


American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Public transportation (within

1/2 mile from Site): 1T

 **Hours: M-TH  
9:00AM-5:30PM  
F 9:00AM-1:00PM**

### **LEE, JASON, OD**

Provider Gender: Male

License Number: 14881

NPI: 1679985584

Provider English Spoken: Y

Spanish

Cultural Competency: Y

RADY CHILDRENS



## D7. 視力提供者目錄 - 眼科和視力服務

### 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. 視力提供者目錄 - 眼科和視力服務

8:00AM-5:00PM

### **MOVAGHAR, MANSOOR, MD**

Provider Gender: Male

License Number: A100897

NPI: 1497792220

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:30AM-4:30PM

### **O HALLORAN, HENRY, MD**

Provider Gender: Male

License Number: A73282

NPI: 1235287947

Provider English Spoken: Y

German, Spanish

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:30AM-4:30PM

### **PANSARA, MEGHA, MD**

Provider Gender: Female

License Number: A143429

NPI: 1184983728

Provider English Spoken: Y  
Gujarati

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:30AM-4:30PM

### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Y

Site English Spoken: Y  
Site 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

### **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

## D7. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y  
 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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務



 *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. 視力提供者目錄 - 眼科和視力服務

 After Hours Phone: (760) 728-5728

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): 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, 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

### **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

### **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. 視力提供者目錄 - 眼科和視力服務

### 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. 視力提供者目錄 - 眼科和視力服務

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

☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F  
8:00AM-4:30PM

### HO, AMIEE, OD

Provider Gender: Female  
License Number: 14527  
NPI: 1396009478  
Provider English Spoken: Y  
Cultural Competency: Y  
PERLMAN  
OPHTHALMOLOGY-UCSD  
📍 9350 CAMPUS POINT DR STE 1B  
LA JOLLA, CA 92037  
☎ Phone: (858) 534-6290

Fax: (858) 732-0921  
🕒 After Hours Phone: (858) 534-6290  
Accepting New Patients: Y  
☐ Site English Spoken: Y  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F  
8:00AM-4:30PM

### HO, AMIEE, OD

Provider Gender: Female  
License Number: 14527  
NPI: 1396009478  
Provider English Spoken: Y  
Cultural Competency: Y  
UCSD SHILEY EYE CENTER  
📍 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
☎ Phone: (858) 534-6290  
Fax: (858) 732-0921  
🕒 After Hours Phone: (858) 534-6290  
Accepting New Patients: Y  
☐ Site English Spoken: Y  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

### HOO, PAMELA, OD

Provider Gender: Female  
License Number: 11033



## D7. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

☎ 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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

### UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

### MOOR, TRACY, OD

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:30PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### PERRY, ARTHUR, MD

Provider Gender: Male

License Number: C37934

NPI: 1194832725

Provider English Spoken: Y

Spanish

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE

310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### PRATT, STEVEN, MD

Provider Gender: Male

License Number: G32379

NPI: 1407963044

Provider English Spoken: Y

Spanish

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

## D7. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

*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. 視力提供者目錄 - 眼科和視力服務

*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. 視力提供者目錄 - 眼科和視力服務



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. 視力提供者目錄 - 眼科和視力服務

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

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

### HAMOUIE, JUDY, OD

Provider Gender: Female

License Number: 34984

NPI: 1518638287

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460  
Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### HAN, SULKI, OD

Provider Gender: Female

License Number: 34171

NPI: 1750802195

Provider English Spoken: Y

Korean

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460  
Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### HIXSON, THOMAS, OD

Provider Gender: Male

License Number: 7490

NPI: 1528072683

Provider English Spoken: Y

Cultural Competency: Y

LA MESA VISION CARE

8007 LA MESA BLVD  
LA MESA, CA 91942

Phone: (619) 466-5665  
Fax: (619) 466-5688

After Hours Phone: (619)  
466-5665

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 8:00AM-4:00PM  
TU 9:00AM-6:00PM  
W 8:00AM-4:00PM



## D7. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

Accepting New Patients: Y

Site 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. 視力提供者目錄 - 眼科和視力服務

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, 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

### LEE, SALLY, DO

Provider Gender: Female

License Number: 20A8088

NPI: 1457468514

Provider English Spoken: Y  
Spanish, Chinese

Cultural Competency: Y

SAN DIEGO EYE

PROFESSIONALS

5500 GROSSMONT  
CENTER DR # 326  
LA MESA, CA 91942

Phone: (619) 583-4295

Fax: (619) 825-7300

After Hours Phone: (619)  
583-4295

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
10:00AM-5:00PM  
SA 10:00AM-7:00PM

### LEVY, PHILLIP, OD

Provider Gender: Male

License Number: 4884

NPI: 1528189115

Provider English Spoken: Y

Cultural Competency: Y

PHILLIP A LEVY OD

5020 BALTIMORE DR STE B  
LA MESA, CA 91942

Phone: (619) 464-8303

Fax: (619) 464-4971

After Hours Phone: (619)  
464-8303

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10:00AM-5:00PM  
TU-TH 9:00AM-6:00PM  
F 10:00AM-5:00PM

### MARR, RYAN, OD

Provider Gender: Male

License Number: 35302

NPI: 1235857525

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## D7. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

### MARR, RYAN, OD

Provider Gender: Male  
License Number: 35302  
NPI: 1235857525

Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460  
Fax: (619) 722-8465

🕒 After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male  
License Number: A155228  
NPI: 1588624852

Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460  
Fax: (619) 722-8465

🕒 After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male  
License Number: A155228  
NPI: 1588624852

Provider English Spoken: Y  
Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

☎ Phone: (619) 465-2020  
Fax: (619) 698-1189

🕒 After Hours Phone: (619)  
465-2020

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

### MERALI, MURTAZA, OD

Provider Gender: Female  
License Number: 14558  
NPI: 1972944189

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460  
Fax: (619) 722-8465

🕒 After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male  
License Number: A125435  
NPI: 1235366782

Provider English Spoken: Y  
Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460  
Fax: (619) 722-8465



## D7. 視力提供者目錄 - 眼科和視力服務

☎ After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

☎ Phone: (619) 465-2020

Fax: (619) 698-1189

☎ After Hours Phone: (619)  
465-2020

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

### NEWMAN, DAVID, OD

Provider Gender: Male

License Number: 7296

NPI: 1508856378

Provider English Spoken: Y

Cultural Competency: Y

DAVID M NEWMAN OD

📍 5642 LAKE MURRAY BLVD  
LA MESA, CA 91942

☎ Phone: (619) 589-6263

Fax: (619) 589-6264

☎ After Hours Phone: (619)  
589-6263

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 10:00AM-4:00PM  
W 10:00AM-4:00PM  
F 10:00AM-4:00PM

### NGUYEN, THY, OD

Provider Gender: Female

License Number: 12746

NPI: 1750490413

Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

☎ After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### OU, JOCELYN, OD

Provider Gender: Female

License Number: 34063

NPI: 1225518996

Provider English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

📍 7877 PARKWAY DR STE 100  
LA MESA, CA 91942

☎ Phone: (619) 460-3711

Fax: (619) 460-2184

☎ After Hours Phone: (619)  
460-3711

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:30AM-4:30PM

### PANDYA, BHUMIKA, OD

Provider Gender: Female

License Number: 35025

NPI: 1063182822

## D7. 視力提供者目錄 - 眼科和視力服務

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): IT

Hours: M-F  
8:00AM-5:00PM

### PATEL, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

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): 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

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): IT

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): IT

Hours: M-TU  
9:00AM-5:30PM  
W 8:00AM-5:00PM  
TH 9:00AM-6:00PM  
F 8:00AM-1:00PM

### PRABHU, SUJATA, MD

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

Spanish

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020

Accepting New Patients: Y

Site English Spoken: Y

## D7. 視力提供者目錄 - 眼科和視力服務

- Site Languages(s) Spoken:* Spanish  
*Provider 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
- 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
- QUACH, PHUC, OD**  
*Provider Gender:* Male  
*License Number:* 12891  
*NPI:* 1770617805
- Site English Spoken:* Y  
*Site Languages(s) Spoken:* Spanish  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1U  
 *Hours:* M-F 8:00AM-5:00PM
- SCOTT, JEFFREY, OD**  
*Provider Gender:* Male  
*License Number:* 34978  
*NPI:* 1568813434  
*Provider English Spoken:* Y  
*Cultural Competency:* Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J LA MESA, CA 91942  
 *Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
 *After Hours Phone:* (619) 722-8460  
*Accepting New Patients:* Y  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Spanish  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1T  
 *Hours:* M-F 8:00AM-5:00PM
- TILLMAN, SYLVIA, OD**  
*Provider Gender:* Female  
*License Number:* 9726  
*NPI:* 1174730824  
*Provider English Spoken:* Y  
*Spanish*

## D7. 視力提供者目錄 - 眼科和視力服務

*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. 視力提供者目錄 - 眼科和視力服務

 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. 視力提供者目錄 - 眼科和視力服務

☎ 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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

8:00AM-4:30PM

### DEAN, MOENA, OD

Provider Gender: Female  
License Number: 33955  
NPI: 1265927578  
Provider English Spoken: Y  
Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### DEAN, MOENA, OD

Provider Gender: Female  
License Number: 33955  
NPI: 1265927578  
Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:

Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### 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. 視力提供者目錄 - 眼科和視力服務

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. 視力提供者目錄 - 眼科和視力服務

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):  
Cultural Competency: Y  
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. 視力提供者目錄 - 眼科和視力服務

**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. 視力提供者目錄 - 眼科和視力服務

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

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

### 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

### MCGRAW, JOSEPH, MD

Provider Gender: Male  
License Number: A155228  
NPI: 1588624852

Provider English Spoken: Y  
Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700  
Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male  
License Number: A155228  
NPI: 1588624852

Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010  
Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Y

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### MENDOZA, RAYMUNDO, OD

Provider Gender: Male  
License Number: 8150  
NPI: 1306837760



## D7. 視力提供者目錄 - 眼科和視力服務

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

NATIONAL CITY EYECARE

2403 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Phone: (619) 475-2184

Fax: (619) 475-3917

After Hours Phone: (619)  
475-2184

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TU  
10:00AM-5:00PM  
TH-F 10:00AM-5:00PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y  
Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:

Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y  
Indonesian, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### **NGUYEN, THERESA, OD**

Provider Gender: Female

License Number: 35530TLG

NPI: 1609555713

Provider English Spoken: Y

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Phone: (619) 477-2159

Fax: (619) 477-2128

After Hours Phone: (619)  
477-2159

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y  
Gujarati, Hindi, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

## D7. 視力提供者目錄 - 眼科和視力服務

- 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*
- 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*  
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 Language(s) Spoken: Spanish*  
*American Sign Language (ASL): N*  
♿ *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
🕒 *Hours: M-F 8:00AM-4:30PM*
- 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*
- TON-NU, MY LINH, OD**  
*Provider Gender: Female*  
*License Number: 34990*  
*NPI: 1245733476*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
WEST COAST EYE CARE  
📍 2240 E PLAZA BLVD STE FG NATIONAL CITY, CA 91950  
☎ *Phone: (619) 470-2700*  
*Fax: (619) 267-8221*  
🕒 *After Hours Phone: (619) 470-2700*  
*Accepting New Patients: Y*  
📄 *Site English Spoken: Y*  
*American Sign Language (ASL): N*  
♿ *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
🕒 *Hours: M-F 8:00AM-4:30PM*

## D7. 視力提供者目錄 - 眼科和視力服務

**PROVIDER**  
Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

### **TOUBIA, ELIAS, OD**

Provider Gender: Male  
License Number: 33758  
NPI: 1740701481  
Provider English Spoken: Y  
Arabic

Cultural Competency: Y

LUSTRO EYEWORKS  
OPTOMETRY

📍 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
☎ Phone: (619) 477-2159  
Fax: (619) 477-2128  
🕒 After Hours Phone: (619)  
477-2159

Accepting New Patients: Y

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

### **VINH, JOHN, OD**

Provider Gender: Male  
License Number: 14177  
NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

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

### **VINH, JOHN, OD**

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

### **VIVIRITO, MARY, OD**

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

### **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

## D7. 視力提供者目錄 - 眼科和視力服務

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

### 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



## D7. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M 10:00AM-6:00PM  
TU 9:00AM-4:00PM  
W 9:00AM-5:00PM  
F 9:00AM-12:00AM

### ROSA, ADAM, OD

Provider Gender: Male

License Number: 34093

NPI: 1295250264

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

NORTH COAST OPTOMETRY

📍 3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

📞 Phone: (760) 757-8771

📠 After Hours Phone: (760)  
757-8771

Accepting New Patients: Y

🗳 Site English Spoken: Y

🗳 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU  
9:00AM-6:00PM  
W 10:00AM-7:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM

### RAMONA

### HOMESLEY, SUSAN, OD

Provider Gender: Female

License Number: 6693

NPI: 1720068984

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

SUSAN D HOMESLEY OD

📍 1516 MAIN ST STE 102  
RAMONA, CA 92065

📞 Phone: (760) 789-0950

Fax: (760) 789-6057

📠 After Hours Phone: (760)  
789-0950

Accepting New Patients: Y

🗳 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-11:00AM

### SAN DIEGO

### ACKROYD, ARCHIE, OD

Provider Gender: Male

License Number: 4774

NPI: 1629107172

Provider English Spoken: Y

Cultural Competency: Y

VAN HOOSE OPTOMETRIC  
CORPORATION

📍 7246 CLAIREMONT MESA  
BLVD

SAN DIEGO, CA 92111

📞 Phone: (858) 292-7193

Fax: (858) 292-8247

📠 After Hours Phone: (858)  
292-7193

Accepting New Patients: Y

🗳 Site English Spoken: Y

🗳 Site Languages(s) Spoken:

Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M 8:00AM-5:00PM  
TU-TH 9:00AM-6:00PM  
F 8:00AM-5:00PM

### ADAMS, MONA, OD

Provider Gender: Female

License Number: 14457

NPI: 1942564521

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

📞 Phone: (858) 309-7702

Fax: (858) 966-8901

📠 After Hours Phone: (858)  
309-7702

Accepting New Patients: Y

🗳 Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
7:00AM-5:00PM

### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

## D7. 視力提供者目錄 - 眼科和視力服務

*Spanish, Vietnamese*

*Cultural Competency: Y*

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

🕒 After Hours Phone: (858)  
565-8822

*Accepting New Patients: Y*

🗳 Site English Spoken: Y

*American Sign Language (ASL):*

N

♿ Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **AOTO, KIM, OD**

*Provider Gender: Female*

*License Number: 14524*

*NPI: 1780935650*

*Provider English Spoken: Y*

*Spanish, Vietnamese*

*Cultural Competency: Y*

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600

Fax: (619) 697-2410

🕒 After Hours Phone: (619)  
697-4600

*Accepting New Patients: Y*

🗳 Site English Spoken: Y

*American Sign Language (ASL):*

N

♿ Accessibility: CONTACT

PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **ARCHIBALD, JOHN, OD**

*Provider Gender: Male*

*License Number: 11813*

*NPI: 1902893357*

*Provider English Spoken: Y*

*Cultural Competency: Y*

EYELUX OPTOMETRY

📍 16615 DOVE CANYON RD  
STE 105

SAN DIEGO, CA 92127

☎ Phone: (858) 487-7900

Fax: (858) 487-1896

🕒 After Hours Phone: (858)  
487-7900

*Accepting New Patients: Y*

🗳 Site English Spoken: Y

*American Sign Language (ASL):*

N

♿ Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-2:00PM

### **BANSAL, PREETI, MD**

*Provider Gender: Female*

*License Number: A90890*

*NPI: 1871664631*

*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: Y*

RADY CHILDRENS

SPECIALISTS

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702

Fax: (858) 966-8901

🕒 After Hours Phone: (858)  
309-7702

*Accepting New Patients: Y*

🗳 Site English Spoken: Y

*American Sign Language (ASL):*

N

♿ Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 Hours: M-F  
7:00AM-5:00PM

### **BERGMARK, JAMIE, OD**

*Provider Gender: Female*

*License Number: 33657*

*NPI: 1669920757*

*Provider English Spoken: Y*

*Cultural Competency: Y*

RADY CHILDRENS

SPECIALISTS

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702

Fax: (858) 966-8901

🕒 After Hours Phone: (858)  
309-7702

*Accepting New Patients: Y*

🗳 Site English Spoken: Y

*American Sign Language (ASL):*

N

♿ Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 Hours: M-F

## D7. 視力提供者目錄 - 眼科和視力服務


- 7:00AM-5:00PM
- BHATIA, SHAGUN, MD**  
Provider Gender: Female  
License Number: A154902  
NPI: 1104237353  
Provider English Spoken: Y  
Cultural Competency: Y  
RADY CHILDRENS  
SPECIALISTS
- 7910 FROST ST STE 200  
SAN DIEGO, CA 92123  
Phone: (858) 309-7702  
Fax: (858) 966-8901  
After Hours Phone: (858) 309-7702  
Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
Hours: M-F  
7:00AM-5:00PM
- BINDER, NICHOLAS, MD**  
Provider Gender: Male  
License Number: A124698  
NPI: 1306076716  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE
- 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Phone: (858) 565-8822  
Fax: (858) 565-2449  
After Hours Phone: (858) 565-8822  
Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM
- BOECK, CARL, OD**  
Provider Gender: Male  
License Number: 6620  
NPI: 1588656151  
Provider English Spoken: Y  
German, Spanish  
Cultural Competency: Y  
VAN HOOSE OPTOMETRIC CORPORATION
- 7246 CLAIREMONT MESA BLVD  
SAN DIEGO, CA 92111  
Phone: (858) 292-7193  
Fax: (858) 292-8247  
After Hours Phone: (858) 292-7193  
Accepting New Patients: Y  
Site English Spoken: Y  
Site 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  
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

## D7. 視力提供者目錄 - 眼科和視力服務


Accepting New Patients: Y

- Site English Spoken: Y
- 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

 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

### 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

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



## D7. 視力提供者目錄 - 眼科和視力服務

9:00AM-5:00PM  
TH 9:00AM-1:30PM  
F 9:00AM-5:00PM  
SA 9:00AM-1:00PM

### COLEMAN, BROOKE, OD

Provider Gender: Female  
License Number: 13551  
NPI: 1700040748  
Provider English Spoken: Y  
Cultural Competency: Y  
EYELUX OPTOMETRY

16615 DOVE CANYON RD  
STE 105

SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)  
487-7900

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-2:00PM

### COOPER, MICHAEL, OD

Provider Gender: Male  
License Number: 10476  
NPI: 1164586244  
Provider English Spoken: Y  
Cultural Competency: Y  
EYELUX OPTOMETRY

16615 DOVE CANYON RD  
STE 105

SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)  
487-7900

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-2:00PM

### DAVIS, JADE, OD

Provider Gender: Female  
License Number: 11765  
NPI: 1457303398  
Provider English Spoken: Y  
Cultural Competency: Y  
FASHION VALLEY EYE CARE  
OPTOMETR

7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken:

Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

### DAVIS, JADE, OD

Provider Gender: Female  
License Number: 11765  
NPI: 1457303398  
Provider English Spoken: Y  
Cultural Competency: Y  
OPTOM-EYES VISION CARE  
OPTOMETRY

5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900

Fax: (888) 210-5799

After Hours Phone: (619)  
295-2900

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

### DEAN, MOENA, OD

Provider Gender: Female  
License Number: 33955  
NPI: 1265927578  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)

## D7. 視力提供者目錄 - 眼科和視力服務

565-8822  
Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **DUONG, KIM, OD**

Provider Gender: Female  
License Number: 34222  
NPI: 1114448651  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: Y  
RADY CHILDRENS  
SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123  
Phone: (858) 309-7702  
Fax: (858) 966-8901  
After Hours Phone: (858)  
309-7702  
Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
Hours: M-F  
7:00AM-5:00PM

### **DUONG, CHERYL, OD**

Provider Gender: Female  
License Number: 34070  
NPI: 1366935678  
Provider English Spoken: Y  
Cultural Competency: Y  
EYELUX OPTOMETRY  
16615 DOVE CANYON RD  
STE 105  
SAN DIEGO, CA 92127  
Phone: (858) 487-7900  
Fax: (858) 487-1896  
After Hours Phone: (858)  
487-7900  
Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-2:00PM

### **DYER, SHARON, OD**

Provider Gender: Female  
License Number: 33450  
NPI: 1063866887  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Phone: (858) 565-8822  
Fax: (858) 565-2449  
After Hours Phone: (858)  
565-8822  
Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **DYER, SHARON, OD**

Provider Gender: Female  
License Number: 33450  
NPI: 1063866887  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Phone: (619) 697-4600  
Fax: (619) 697-2410  
After Hours Phone: (619)  
697-4600  
Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **GIANG, STEVEN, OD**

Provider Gender: Male  
License Number: 34489  
NPI: 1730710104  
Provider English Spoken: Y

## D7. 視力提供者目錄 - 眼科和視力服務

*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

### 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

## D7. 視力提供者目錄 - 眼科和視力服務

*Provider Gender: Male*  
*License Number: 34561*  
*NPI: 1033736079*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
JASMINE P NGUYEN OD INC  
4029 43RD ST STE 300  
SAN DIEGO, CA 92105  
Phone: (619) 284-3937  
Fax: (619) 284-3938  
After Hours Phone: (619) 284-3937  
*Accepting New Patients: Y*  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish, Vietnamese  
*American Sign Language (ASL): N*  
Accessibility: CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site): 1T*  
Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### **HOM, GREGORY, OD**

*Provider Gender: Male*  
*License Number: 9694*  
*NPI: 1154473916*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
GREGORY G HOM OD  
11230 SORRENTO VLY RD  
STE 145  
SAN DIEGO, CA 92121  
Phone: (858) 535-9835  
Fax: (858) 535-1266  
After Hours Phone: (858) 535-9835  
*Accepting New Patients: Y*  
Site English Spoken: Y

*American Sign Language (ASL): N*  
Accessibility: CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site): 1U*  
Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

### **HOO, PAMELA, OD**

*Provider Gender: Female*  
*License Number: 11033*  
*NPI: 1275566010*  
*Provider English Spoken: Y*  
Spanish  
*Cultural Competency: Y*  
HILLCREST EYE  
CENTER-UCSD  
4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Phone: (619) 543-6244  
Fax: (619) 295-5034  
After Hours Phone: (619) 543-6244

*Accepting New Patients: Y*  
Site English Spoken: Y  
*American Sign Language (ASL): N*  
Accessibility: CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site): 1T*  
Hours: M-F  
8:00AM-4:00PM

### **HUDSON, HENRY, MD**

*Provider Gender: Male*  
*License Number: G76091*  
*NPI: 1851349195*  
*Provider English Spoken: Y*

*Cultural Competency: Y*  
WEST COAST EYE CARE  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Phone: (619) 697-4600  
Fax: (619) 697-2410  
After Hours Phone: (619) 697-4600  
*Accepting New Patients: Y*  
Site English Spoken: Y  
*American Sign Language (ASL): N*  
Accessibility: CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site): 1U*  
Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **HUSTANA, LARA, OD**

*Provider Gender: Female*  
*License Number: 11472*  
*NPI: 1235161597*  
*Provider English Spoken: Y*  
French  
*Cultural Competency: Y*  
HILLCREST EYE  
CENTER-UCSD  
4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Phone: (619) 543-6244  
Fax: (619) 295-5034  
After Hours Phone: (619) 543-6244  
*Accepting New Patients: Y*  
Site English Spoken: Y  
*American Sign Language (ASL): N*  
Accessibility: CONTACT



## D7. 視力提供者目錄 - 眼科和視力服務

**PROVIDER**  
Public transportation (within  
1/2 mile from Site): 1T  
🕒 Hours: M-F  
8:00AM-4:00PM

### **HUYNH, CHI, OD**

Provider Gender: Female  
License Number: 12901  
NPI: 1922187426  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: Y  
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

### **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

### **KALBAKJI, NATALY, OD**

Provider Gender: Female

## D7. 視力提供者目錄 - 眼科和視力服務

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y  
Arabic

Cultural Competency: Y  
WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

🕒 After Hours Phone: (858)  
565-8822

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **KALBAKJI, NATALY, OD**

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y  
Arabic

Cultural Competency: Y  
WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600

Fax: (619) 697-2410

🕒 After Hours Phone: (619)  
697-4600

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL): License Number: A34834

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y  
Spanish

Cultural Competency: Y  
WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600

Fax: (619) 697-2410

🕒 After Hours Phone: (619)  
697-4600

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male

NPI: 1760473797

Provider English Spoken: Y  
Spanish

Cultural Competency: Y  
WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

🕒 After Hours Phone: (858)  
565-8822

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **KHALIGHI, PAYMAN, OD**

Provider Gender: Male

License Number: 13014

NPI: 1396897880

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

JASMINE P NGUYEN OD INC

📍 4029 43RD ST STE 300  
SAN DIEGO, CA 92105

☎ Phone: (619) 284-3937

Fax: (619) 284-3938

🕒 After Hours Phone: (619)  
284-3937

Accepting New Patients: Y

☐ Site English Spoken: Y

## D7. 視力提供者目錄 - 眼科和視力服務

Site Languages(s) Spoken: Spanish, Vietnamese  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### **KHALIL, VADY, OD**

Provider Gender: Male  
License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
Arabic  
Cultural Competency: Y  
WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
Fax: (619) 697-2410  
 After Hours Phone: (619) 697-4600

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
Arabic  
Cultural Competency: Y  
WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
Fax: (858) 565-2449  
 After Hours Phone: (858) 565-8822

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **KHAN, FAHAD, MD**

Provider Gender: Male  
License Number: A163142  
NPI: 1548605843  
Provider English Spoken: Y  
Hindi  
Cultural Competency: Y  
VISION SPECIALISTS OF CALIFORNIA  
 233 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (619) 501-9050  
Fax: (619) 501-9054  
 After Hours Phone: (619) 501-9050  
Accepting New Patients: Y

Site English Spoken: Y  
 Site Languages(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

## D7. 視力提供者目錄 - 眼科和視力服務

License Number: 35494  
NPI: 1750066726  
Provider English Spoken: Y  
Cultural Competency: Y  
EYELUX OPTOMETRY

16615 DOVE CANYON RD  
STE 105  
SAN DIEGO, CA 92127

Phone: (858) 487-7900  
Fax: (858) 487-1896

After Hours Phone: (858)  
487-7900

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-2:00PM

### KIM, PHILIP, OD

Provider Gender: Male  
License Number: 33893  
NPI: 1376929034

Provider English Spoken: Y  
Cultural Competency: Y

HILLCREST EYE  
CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244  
Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:00PM

### KLAREN, AMANDA, OD

Provider Gender: Female  
License Number: 12617  
NPI: 1396876611

Provider English Spoken: Y  
Cultural Competency: Y

RADY CHILDRENS  
SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702  
Fax: (858) 966-8901

After Hours Phone: (858)  
309-7702

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
7:00AM-5:00PM

### KULISCHAK, JOHN, OD

Provider Gender: Male  
License Number: 9279  
NPI: 1740205236

Provider English Spoken: Y  
Cultural Competency: Y

HILLCREST EYE  
CENTER-UCSD

4060 4TH AVE STE 610

SAN DIEGO, CA 92103

Phone: (619) 543-6244  
Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:00PM

### LAM, ANNE, OD

Provider Gender: Female  
License Number: 12810  
NPI: 1174550768

Provider English Spoken: Y  
Cultural Competency: Y

HILLCREST EYE  
CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244  
Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:00PM

### LARSEN, STEVEN, OD



## D7. 視力提供者目錄 - 眼科和視力服務

*Provider Gender: Male*

*License Number: 7687*

*NPI: 1629194782*

*Provider English Spoken: Y*  
*Spanish*

*Cultural Competency: Y*

UPTOWN OPTOMETRY

4096 PARK BLVD  
SAN DIEGO, CA 92103

Phone: (619) 291-5505

Fax: (619) 291-4404

After Hours Phone: (619)  
291-5505

*Accepting New Patients: Y*

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: TU-F  
9:00AM-3:00PM  
SA 10:00AM-2:00PM

### LAU, KUEN CHINE, OD

*Provider Gender: Male*

*License Number: 11166*

*NPI: 1821001645*

*Provider English Spoken: Y*  
*Cultural Competency: Y*

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, KUEN CHINE, OD

*Provider Gender: Male*

*License Number: 11166*

*NPI: 1821001645*

*Provider English Spoken: Y*  
*Cultural Competency: Y*

FASHION VALLEY EYE CARE  
OPTOMETR

7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

*Accepting New Patients: Y*

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

### LAU, JANICE, OD

*Provider Gender: Female*

*License Number: 13037*

*NPI: 1952453300*

*Provider English Spoken: Y*  
*Cultural Competency: Y*

SABRE SPRINGS OPTOMETRY

12650 SABRE SPGS PKWY  
STE 203

SAN DIEGO, CA 92128

Phone: (858) 748-1265

Fax: (844) 269-9527

After Hours Phone: (858)  
748-1265

*Accepting New Patients: Y*

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TU  
9:00AM-5:00PM  
W 10:00AM-6:00PM  
TH 9:00AM-5:00PM  
F 10:00AM-6:00PM

### LAU, KUEN CHINE, OD

*Provider Gender: Male*

*License Number: 11166*

*NPI: 1821001645*

*Provider English Spoken: Y*  
*Cultural Competency: Y*

OPTOM-EYES VISION CARE  
OPTOMETRY

1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

Phone: (619) 297-2020

Fax: (888) 210-5799

## D7. 視力提供者目錄 - 眼科和視力服務

☎ 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

### 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

FASHION VALLEY EYE CARE

OPTOMETR

📍 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

☎ Phone: (619) 291-2020

Fax: (888) 210-5799

☎ After Hours Phone: (619)

291-2020

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

### LIN, HENRY, OD

Provider Gender: Male

License Number: 11368

NPI: 1861405664

Provider English Spoken: Y  
Spanish, Chinese

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

📍 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

## D7. 視力提供者目錄 - 眼科和視力服務

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  
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

## D7. 視力提供者目錄 - 眼科和視力服務

☎ 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

### **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



## D7. 視力提供者目錄 - 眼科和視力服務

### 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

### 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

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

### 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

### 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

## D7. 視力提供者目錄 - 眼科和視力服務

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
9:00AM-5:00PM

### **NGUYEN, JASMINE, OD**

Provider Gender: Female

License Number: 11189

NPI: 1497896922

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

JASMINE P NGUYEN OD INC

📍 4029 43RD ST STE 300  
SAN DIEGO, CA 92105

☎ Phone: (619) 284-3937

Fax: (619) 284-3938

📞 After Hours Phone: (619)  
284-3937

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### **NGUYEN, THANH, OD**

Provider Gender: Female

License Number: 13126

NPI: 1992813323

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

JASMINE P NGUYEN OD INC

📍 4029 43RD ST STE 300  
SAN DIEGO, CA 92105

☎ Phone: (619) 284-3937

Fax: (619) 284-3938

📞 After Hours Phone: (619)  
284-3937

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### **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

☎ Phone: (858) 748-1265

Fax: (844) 269-9527

📞 After Hours Phone: (858)  
748-1265

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-TU  
9:00AM-5:00PM  
W 10:00AM-6:00PM  
TH 9:00AM-5:00PM  
F 10:00AM-6:00PM

### **NGUYEN, HOA PHUONG, OD**

Provider Gender: Female

License Number: 12630

## D7. 視力提供者目錄 - 眼科和視力服務

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

### 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

## D7. 視力提供者目錄 - 眼科和視力服務

1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 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



## D7. 視力提供者目錄 - 眼科和視力服務

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

### 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

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

## D7. 視力提供者目錄 - 眼科和視力服務

Site English Spoken: Y  
 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  
 5638 MISSION CENTER RD  
STE 103  
SAN DIEGO, CA 92108  
 Phone: (619) 295-2900  
Fax: (888) 210-5799  
 After Hours Phone: (619) 295-2900  
Accepting New Patients: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

### **SOLIS, KEVIN, OD**

Provider Gender: Male  
License Number: 10420  
NPI: 1538362116  
Provider English Spoken: Y  
Cultural Competency: Y  
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  
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

## D7. 視力提供者目錄 - 眼科和視力服務

### TAM, MAY, OD

Provider Gender: Female  
 License Number: 11960  
 NPI: 1548255896  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 FASHION VALLEY EYE CARE  
 OPTOMETR

7007 FRIARS RD STE 351  
 SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
 291-2020

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
 Spanish

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1T

Hours: M-F  
 10:00AM-7:00PM

SA 10:00AM-7:00PM

### TAM, MAY, OD

Provider Gender: Female  
 License Number: 11960  
 NPI: 1548255896  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 OPTOM-EYES VISION CARE  
 OPTOMETRY

1555 PALM AVE STE A2  
 SAN DIEGO, CA 92154

Phone: (619) 297-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
 297-2020

Accepting New Patients: Y

Site English Spoken: Y  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1T

Hours: M-F  
 9:30AM-6:00PM

SA 9:00AM-3:00PM

### TILLMAN, SYLVIA, OD

Provider Gender: Female  
 License Number: 9726  
 NPI: 1174730824  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
 SAN DIEGO, CA 92105

Phone: (619) 284-3937

Fax: (619) 284-3938

After Hours Phone: (619)  
 284-3937

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
 Spanish, Vietnamese

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1T

Hours: M-F  
 9:00AM-5:00PM

SA 9:00AM-1:00PM

### TON-NU, MY LINH, OD

Provider Gender: Female  
 License Number: 34990  
 NPI: 1245733476  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE

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

### 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

## D7. 視力提供者目錄 - 眼科和視力服務

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

### 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

### 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

### 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 Languages(s) Spoken:  
French, Spanish,  
Vietnamese

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 10:00AM-3:00PM  
W 10:00AM-3:00PM  
F 10:00AM-5:00PM  
SA 9:00AM-1:00PM



## D7. 視力提供者目錄 - 眼科和視力服務

### **TU, CHARLES, OD**

Provider Gender: Male

License Number: 34618

NPI: 1073137691

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

📍 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

☎ Phone: (619) 297-2020

Fax: (888) 210-5799

🕒 After Hours Phone: (619)  
297-2020

Accepting New Patients: Y

🗒 Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
9:30AM-6:00PM  
SA 9:00AM-3:00PM

### **VAN HOOSE, MARC, OD**

Provider Gender: Male

License Number: 12667

NPI: 1932280054

Provider English Spoken: Y

Spanish

Cultural Competency: Y

VAN HOOSE OPTOMETRIC

CORPORATION

📍 7246 CLAIREMONT MESA  
BLVD

SAN DIEGO, CA 92111

☎ Phone: (858) 292-7193

Fax: (858) 292-8247

🕒 After Hours Phone: (858)  
292-7193

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 8:00AM-5:00PM  
TU-TH 9:00AM-6:00PM  
F 8:00AM-5:00PM

### **VIVIRITO, MARY, OD**

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

🕒 After Hours Phone: (858)  
565-8822

Accepting New Patients: Y

🗒 Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM

F 8:00AM-4:00PM

### **VO, ANDREW MINH, OD**

Provider Gender: Male

License Number: 33869

NPI: 1790291565

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

📍 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

☎ Phone: (619) 543-6244

Fax: (619) 295-5034

🕒 After Hours Phone: (619)  
543-6244

Accepting New Patients: Y

🗒 Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-4:00PM

### **YU, CAROL, OD**

Provider Gender: Female

License Number: 34047

NPI: 1639697451

Provider English Spoken: Y

Spanish, Chinese

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

📍 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

☎ Phone: (619) 543-6244

Fax: (619) 295-5034

## D7. 視力提供者目錄 - 眼科和視力服務

☎ After Hours Phone: (619)  
543-6244

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-4:00PM

### ZHAO, TAILUN, MD

Provider Gender: Male

License Number: C186414

NPI: 1952659203

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

☎ After Hours Phone: (858)  
565-8822

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

**SAN MARCOS**

### GARFF, KEVIN, MD

Provider Gender: Male

License Number: A160988

NPI: 1609258920

Provider English Spoken: Y

Spanish

Cultural Competency: Y

RSF OPHTHALMOLOGY

📍 100 N RANCHO SNTA FE  
RD STE 12

SAN MARCOS, CA 92069

☎ Phone: (760) 598-0400

Fax: (760) 249-7394

☎ After Hours Phone: (760)  
598-0400

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:

Spanish, Thai

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### GUAN, HOWARD, MD

Provider Gender: Male

License Number: A119766

NPI: 1134427636

Provider English Spoken: Y

Spanish, Chinese

Cultural Competency: Y

RSF OPHTHALMOLOGY

📍 100 N RANCHO SNTA FE  
RD STE 12

SAN MARCOS, CA 92069

☎ Phone: (760) 598-0400

Fax: (760) 249-7394

☎ After Hours Phone: (760)

598-0400

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:

Spanish, Thai

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### PRESTERA, TORY, MD

Provider Gender: Male

License Number: A62321

NPI: 1346224557

Provider English Spoken: Y

Spanish

Cultural Competency: Y

RSF OPHTHALMOLOGY

📍 100 N RANCHO SNTA FE  
RD STE 12

SAN MARCOS, CA 92069

☎ Phone: (760) 598-0400

Fax: (760) 249-7394

☎ After Hours Phone: (760)  
598-0400

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:

Spanish, Thai

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

## D7. 視力提供者目錄 - 眼科和視力服務

### SKAY, RICHARD, OD

Provider Gender: Male

License Number: 7649

NPI: 1639251945

Provider English Spoken: Y

Cultural Competency: Y

RICHARD M SKAY OD

1903 W SAN MARCOS  
BLVD STE 130  
SAN MARCOS, CA 92078

Phone: (760) 727-2211

Fax: (760) 727-2533

After Hours Phone: (760)  
727-2211

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
9:00AM-3:00PM

### TA, MINI, OD

Provider Gender: Female

License Number: 15170

NPI: 1578955605

Provider English Spoken: Y

Cultural Competency: Y

NEW OPTIX OPTOMETRY

640 GRAND AVE STE 101  
SAN MARCOS, CA 92078

Phone: (760) 736-0020

Fax: (760) 736-0019

After Hours Phone: (760)  
736-0020

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 9:00AM-5:00PM  
TU 9:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM

### TRAN, MICHAEL, OD

Provider Gender: Male

License Number: 14530

NPI: 1649524216

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

NEW OPTIX OPTOMETRY

640 GRAND AVE STE 101  
SAN MARCOS, CA 92078

Phone: (760) 736-0020

Fax: (760) 736-0019

After Hours Phone: (760)  
736-0020

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 9:00AM-5:00PM  
TU 9:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM

## SPRING VALLEY

### FLEMING, JOHN, OD

Provider Gender: Male

License Number: 8461

NPI: 1033192133

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

9628 CAMPO RD STE C  
SPRING VALLEY, CA 91977

Phone: (619) 463-9318

Fax: (619) 463-9640

After Hours Phone: (619)  
463-9318

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 9:00AM-5:30PM  
W-TH 9:00AM-5:00PM  
F 9:00AM-4:00PM

### HOANG, KENNY, OD

Provider Gender: Male

License Number: 35207

NPI: 1740868603

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

9628 CAMPO RD STE C  
SPRING VALLEY, CA 91977

Phone: (619) 463-9318

Fax: (619) 463-9640

After Hours Phone: (619)  
463-9318

Accepting New Patients: Y

## D7. 視力提供者目錄 - 眼科和視力服務

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

### 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



## D7. 視力提供者目錄 - 眼科和視力服務

Provider Gender: Female  
License Number: 35530TLG  
NPI: 1609555713  
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

### 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

## D7. 視力提供者目錄 - 眼科和視力服務

☎ After Hours Phone: (760)  
751-8771

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 9:00AM-6:00PM  
TU-F 9:00AM-5:00PM

### LE, TAM, OD

Provider Gender: Female

License Number: 12951

NPI: 1235268707

Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

VALLEY CENTER OPTOMETRY

📍 29115 VALLEY CENTER RD  
STE E  
VALLEY CENTER, CA 92082

☎ Phone: (760) 751-8771

Fax: (760) 751-8772

☎ After Hours Phone: (760)  
751-8771

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 9:00AM-6:00PM  
TU-F 9:00AM-5:00PM

## VISTA

### DEMLINGER, GLENN, OD

Provider Gender: Male

License Number: 8954

NPI: 1508932518

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

SHADOWRIDGE FAMILY

VISION

📍 741 SHADOWRIDGE DR  
VISTA, CA 92083

☎ Phone: (760) 727-1844

Fax: (760) 727-3044

☎ After Hours Phone: (760)  
727-1844

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-TU  
9:00AM-6:00PM

W 7:00AM-5:00PM

TH 9:00AM-6:00PM

### GEORGE, 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

## D7. 視力提供者目錄 - 眼科和視力服務

---

*Public transportation (within  
1/2 mile from Site): IT*

 *Hours: M 9:00AM-5:00PM  
TU-W 9:00AM-6:00PM  
TH-F 9:00AM-5:00PM*

### **TRAN, THAO, OD**

*Provider Gender: Female*

*License Number: 12867*

*NPI: 1962581421*


*Provider English Spoken: Y*

*Vietnamese*

*Cultural Competency: Y*

**KINDERSPECS-GOOD EYES  
OPTOMETRY**

 **110 CIVIC CENTER DR STE  
204  
VISTA, CA 92084**

 **Phone: (760) 753-3665**

**Fax: (408) 969-1653**


 **After Hours Phone: (760)  
753-3665**

*Accepting New Patients: Y*


 *Site English Spoken: Y*

*American Sign Language (ASL):*

**N**

 **Accessibility: CONTACT  
PROVIDER**

*Public transportation (within  
1/2 mile from Site): IT*

 *Hours: M-TH  
10:00AM-5:00PM*

## D8. 其他服務提供者

---


### SAN MARCOS


#### AMERICARE ADULT DAY HEALTH CARE CENTER†

*License Number: 060000832*


 340 RANCHEROS DR STE  
196

SAN MARCOS, CA 92069

 *Phone: (760) 682-2424*

 *After Hours Phone: (760)  
682-2424*

 *Site English Spoken: Y*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: [www.americaread  
hc.com](http://www.americaread<br/>hc.com)*

*Cultural Competency: N*

*Accepting New Patients: N*



## D9. Blue Shield Promise 緊急護理設施

### CHULA VISTA

#### AFC URGENT CARE OF BONITA\*

NPI: 1316225147

760 OTAY LAKES RD  
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

Site Languages(s) Spoken:  
Spanish

SU 8:00AM-5:00PM

M-F 8:00AM-8:00PM

SA 8:00AM-8:00PM

Accessibility: CONTACT  
PROVIDER

[www.afcurgentcare.com/chula-vista/](https://www.afcurgentcare.com/chula-vista/)

Accepting New Patients: N

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: 1952995466

8260 MIRA MESA BLVD  
STE A

SAN DIEGO, CA 92126

(858) 900-3550

(858) 900-3550

SU-SA 8:00AM-8:00PM

Accessibility: CONTACT  
PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: N

### SAN DIEGO

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1558788620

1740 ROSECRANS ST  
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

SU-SA 8:00AM-8:00PM

Accessibility: CONTACT  
PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: N

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1558788620

8590 RIO SAN DIEGO DR  
STE 111

SAN DIEGO, CA 92108

(619) 736-4600

(619) 736-4600

SU-SA 8:00AM-8:00PM

Accessibility: CONTACT  
PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: N

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1558788620

5671 BALBOA AVE  
SAN DIEGO, CA 92111

(858) 800-2880

(858) 800-2880

SU-SA 8:00AM-8:00PM

Accessibility: CONTACT  
PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: N

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1952995466

1740 ROSECRANS ST  
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

SU-SA 8:00AM-8:00PM

#### AFC URGENT CARE OF SAN DIEGO\*

NPI: 1558788620

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. Blue Shield Promise 緊急護理設施

 (858) 800-2880  
 SU-SA 8:00AM-8:00PM  
 *Accessibility:* CONTACT PROVIDER  
 <https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: N






### SANTEE

#### AFC URGENT CARE OF SANTEE\*






*NPI:* 1396058137  
 10538 MISSION GORGE RD STE 100  
SANTEE, CA 92071  
 (619) 456-0033  
 (619) 456-0033  
 Site Languages(s) Spoken: Arabic, Spanish  
 SU-SA 8:00AM-8:00PM  
 *Accessibility:* CONTACT PROVIDER  
 [www.afcurgentcare.com/santee/](http://www.afcurgentcare.com/santee/)  
Accepting New Patients: N

### CHULA VISTA






#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\*

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N






#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED

**FNDTN\***  
*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N


#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\*




*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N

#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\*






*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N

#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\*






*NPI:* 1669617197  
 386 E H ST STE 202

CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N





#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\*

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N



#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\*

*NPI:* 1669617197  
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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






## D9. Blue Shield Promise 緊急護理設施

 PROVIDER  
 N/A  
Accepting New Patients: N






### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N






### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N






### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N






### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N

### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N






### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N






### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED**

**FNDTN\***  
*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N





### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***


*NPI:* 1669617197  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N





### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202


## D9. Blue Shield Promise 緊急護理設施






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  
FNDDN\***  
*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  
FNDDN\***  
*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  
FNDDN\***  
*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  
FNDDN\***  
*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  
FNDDN\***  
*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  
FNDDN\***  
*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  
FNDDN\***  
*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  
FNDDN\***  
*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  
FNDDN\***  
*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**





## D9. Blue Shield Promise 緊急護理設施

### FNDTN\*

NPI: 1669617197

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

 (858) 966-8133

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: N


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN\*

NPI: 1669617197

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-8133

 (858) 966-8133

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: N


## ESCONDIDO


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN\*


NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: N

### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED


### FNDTN\*

NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: N

### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED


### FNDTN\*

NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: N

### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED


### FNDTN\*


NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

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 *Accessibility:* CONTACT PROVIDER

 N/A

## D9. Blue Shield Promise 緊急護理設施


Accepting New Patients: N


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197

 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

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 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: N


### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197

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PROVIDER

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Accepting New Patients: N


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Accepting New Patients: N


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PROVIDER

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Accepting New Patients: N






### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197







 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029







## D9. Blue Shield Promise 緊急護理設施

 (760) 755-7600  
 (760) 755-7600  
 M-F 8:00AM-5:00PM  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N

### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***






*NPI:* 1669617197  
 2125 CITRACADO PKWY  
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 (760) 755-7600  
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Accepting New Patients: N

### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***







*NPI:* 1669617197  
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 N/A  
Accepting New Patients: N


### **RADY CHILDRENS**


## D9. Blue Shield Promise 緊急護理設施


### SPECIALISTS SAN DIEGO MED

#### FNDTN\*

NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: N


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

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Accepting New Patients: N


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### SPECIALISTS SAN DIEGO MED

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Accepting New Patients: N


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Accepting New Patients: N


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 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: N


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

#### FNDTN\*


NPI: 1669617197

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 (760) 294-9270

 (760) 294-9270

 M-F 8:00AM-5:00PM

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: N

### LA MESA


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

#### FNDTN\*

NPI: 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: N


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

#### FNDTN\*

NPI: 1669617197

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CENTER DR STE 2  
LA MESA, CA 91942

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 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: N


### 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



## D9. Blue Shield Promise 緊急護理設施

 PROVIDER  
 N/A  
Accepting New Patients: N





### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (858) 576-1700  
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 *Accessibility:* CONTACT  
PROVIDER  
 N/A  
Accepting New Patients: N

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 5565 GROSSMONT  
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PROVIDER  
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Accepting New Patients: N

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PROVIDER

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Accepting New Patients: N

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 5565 GROSSMONT  
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 N/A  
Accepting New Patients: N

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 5565 GROSSMONT  
CENTER DR STE 2  
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 N/A  
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PROVIDER  
 N/A  
Accepting New Patients: N


## D9. Blue Shield Promise 緊急護理設施

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 5565 GROSSMONT  
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 (858) 576-1700

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## D9. Blue Shield Promise 緊急護理設施

### FNDTN\*

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### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN\*

NPI: 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT  
PROVIDER

 N/A

Accepting New Patients: N


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN\*

NPI: 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

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 N/A

Accepting New Patients: N


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### RADY CHILDRENS

### SPECIALISTS SAN DIEGO MED





### FNDTN\*

NPI: 1669617197

 5565 GROSSMONT

## D9. Blue Shield Promise 緊急護理設施


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CENTER DR STE 2  
LA MESA, CA 91942  
 (858) 576-1700  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N


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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  
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 (619) 713-5375  
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LA MESA, CA 91942  
 (619) 713-5375



## D9. Blue Shield Promise 緊急護理設施

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 (619) 713-5375  
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 N/A  
Accepting New Patients: N




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 5565 GROSSMONT  
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LA MESA, CA 91942  
 (619) 713-5375  
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Accepting New Patients: N

### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***


*NPI:* 1669617197  
 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942  
 (619) 713-5375  
 (619) 713-5375

 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: N



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## D9. Blue Shield Promise 緊急護理設施

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 N/A  
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## D9. Blue Shield Promise 緊急護理設施


### OCEANSIDE

#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\*

NPI: 1669617197

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: N

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## D9. Blue Shield Promise 緊急護理設施

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 N/A  
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**SAN DIEGO**


**RADY CHILDRENS**


## D9. Blue Shield Promise 緊急護理設施

### **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

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
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 PROVIDER  
 N/A  
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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  
 (619) 280-2905  
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 N/A  
Accepting New Patients: N

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## D9. Blue Shield Promise 緊急護理設施

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

*NPI:* 1669617197  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 (619) 280-2905  
 (619) 280-2905  
 *Accessibility:* CONTACT  
PROVIDER  
 N/A  
Accepting New Patients: N

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*NPI:* 1669617197  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 (858) 966-8800  
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Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: N

### LA MESA

### RCH EAST COUNTY URGENT CARE\*

NPI: 1710065933

5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: N

### SAN DIEGO

### RCH MID CITY URGENT CARE\*

NPI: 1710065933

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

(619) 280-2905

(619) 280-2905

SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: N

### ESCONDIDO

### RCH NORTH COUNTY URGENT CARE\*

NPI: 1710065933

625 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92025

(760) 739-1543

(760) 739-1543

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: N

### OCEANSIDE

### RCH OCEANSIDE URGENT CARE\*

NPI: 1710065933

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

(760) 547-1000

(760) 547-1000

SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Accessibility: CONTACT  
PROVIDER

N/A

Accepting New Patients: N

### SAN DIEGO

### SOUTHBAY URGENT CARE INC\*

NPI: 1558746750

1628 PALM AVE  
SAN DIEGO, CA 92154  
(619) 591-9999

(619) 591-9999

Site Languages(s) Spoken:  
Spanish, Vietnamese

SU 10:00AM-6:00PM  
M-F 9:00AM-8:00PM  
SA 10:00AM-6:00PM

Accessibility: CONTACT  
PROVIDER

[https://www.southbayurgen  
tncare.com/](https://www.southbayurgen<br/>tncare.com/)

Accepting New Patients: N





## E. 服務提供者索引

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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. ມີແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մեզ մոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպության հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ լինելու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեզ կօգնի հարցերն իմացող թարգմանիչը: Ծառայությունն անվճար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافایت 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 1hly3 47 doodago azeé' bee aa 1hly3 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 կազմակերպիչներին հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հարցերին իմացող թարգմանիչը: Ծառայությունն անվճար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیت با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

**Thai** ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-776-4466 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี



## LANGUAGE ASSISTANCE NOTICE

**English ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.

**中文 Chinese** 请注意：如果您说中文，可以免费获得语言协助服务。请拨打 1-800-452-4413 (听障和语障专线：711)，每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。

**한국어 Korean** 주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-800-452-4413 (TTY: 711) 번으로 주 7 일, 오전 8 시부터 오후 8 시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

**Русский Russian** ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-800-452-4413 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

### فارسی Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره 1-800-452-4413- 4413 (TTY: 711)، از ساعت 8:00 صبح تا 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

**भाषा Hindi** ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। फ़ोन करना 1-800-452-4413 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फ़ोन करना फ़्री है।

**Lus Hmoob Hmong** LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-452-4413 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj, xya hnuv hauv ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

**Español Spanish** ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-800-452-4413 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

**Tiếng Việt Vietnamese** LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-800-452-4413 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

**Tagalog** PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na libreng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-800-452-4413 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.



## 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.



# Notes

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