



**Medi-Cal**

Condado de San Diego | November 2024



Promise Health Plan





Promise Health Plan

### LANGUAGE ASSISTANCE NOTICE

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

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

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

ប្រាសាទកម្ពុជា (Cambodian) ចំណាំ: បើសិនអ្នកត្រូវការជំនួយ ជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ 1-855-699-5557 (TTY: 711) ។ ជំនួយ និងសេវា សំរាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរព្រីល សំរាប់ជនពិការភ្នែក ឬឯកសារជាអក្សរព្រុំធំៗ ក៏មានដែរ។ ទូរស័ព្ទមកលេខ 1-855-699-5557 (TTY: 711)។ សេវាទាំងនេះមិនគិតថ្លៃឡើយ។

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

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

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

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

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

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

**ແທກໂລພາສາລາວ (Laotian)** ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ອັງ ມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕຮິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

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

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

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

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

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

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

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

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

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# A. Introducción

Gracias por elegir Blue Shield of California Promise Health Plan. Este Directorio de Proveedores incluye una lista de las clínicas, los médicos, los hospitales, las farmacias y otros tipos de proveedores que forman parte de Blue Shield Promise Health Plan.

Cuando se inscribe en Blue Shield of California Promise Health Plan, es importante que elija un médico de atención primaria (PCP, por sus siglas en inglés) para cada miembro. Si no elige un PCP, Blue Shield Promise elegirá uno por usted. Su PCP es el médico con el que usted se atenderá cuando necesite atención preventiva y cuando se enferme. Cuando sea necesario, su PCP le dirá que vaya a un médico especialista o a otro proveedor que tenga una especialidad. El PCP atiende sus necesidades de atención de la salud y trabaja con los miembros para ayudarlos a mantenerse saludables.


## Cómo cambiar de PCP

Usted puede cambiar de PCP en cualquier momento; para hacerlo, llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** [TTY: **711**]. Los cambios se aplicarán el primer día del próximo mes. También puede visitar nuestro sitio web en [blueshieldca.com/promise](http://blueshieldca.com/promise).

Como miembro de Blue Shield of California Promise Health Plan, recibirá una tarjeta de identificación de miembro como la que aparece en esta página. Deberá mostrar su tarjeta de identificación cada vez que vaya al médico, obtenga sus medicamentos

recetados, use la sala de emergencias o vaya al oculista. Tenga siempre esta tarjeta con usted. Cuando reciba su tarjeta de identificación, asegúrese de que los datos sean correctos. Si no lo son, llame a Atención al Cliente de Blue Shield of California Promise Health Plan al **(855) 699-5557**.

Guarde su tarjeta de Medi-Cal (BIC); la necesitará cuando vaya a su dentista de Medi-Cal y para obtener otros servicios de atención de la salud que Blue Shield of California Promise Health Plan no cubre.

 <b>Member:</b> JOHN DOE <b>Member ID:</b> AAA123456789 <b>CIN:</b> 123456789 <b>Health Plan Group #:</b> E0001001 <b>Effective Date:</b> MM/DD/YYYY	<b>Information</b> Information Line 2 <b>Information Line 2</b> <b>PCP Name</b> Phone Number 1234 Street City, ST Zip	<b>www.blueshieldca.com/promise</b> Customer Care <b>(855) 699-5557 (TTY: 711)</b> Provider Services <b>(800) 468-9935</b> Transportation <b>(800) 433-2178</b> Nurse Help Line <b>(800) 609-4166</b> Behavioral Health <b>(855) 321-2211 (TTY: 711)</b>
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This member has limited benefits outside of the plan service area and outside of California. Promise Health Plan is for individuals who reside in California and are eligible for services. Blue Shield of California Promise Health Plan is not available in all states. Please see all states with our local DUES license or where service is provided. For more information, visit [blueshieldca.com/promise](http://blueshieldca.com/promise). CA Promise Call Center hours: Monday through Friday, 8 a.m. to 8 p.m. PST. For more information, visit [blueshieldca.com/promise](http://blueshieldca.com/promise).  
Blue Shield of California Promise Health Plan is available to U.S. RESIDENTS who provide the appropriate information by contract and are not in a pending case. If the member is in a case of EMERGENCY care please call the case and notify Blue Shield of California Promise Health Plan as soon as possible. All services are subject to medical necessity, utilization management and other requirements. For more information, visit [blueshieldca.com/promise](http://blueshieldca.com/promise).  
Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.

*Tarjeta de Identificación de Blue Shield (BIC)*

## Servicios de farmacia a través de Medi-Cal Rx

El Departamento de Servicios de Atención Médica (DHCS) administra los servicios de farmacia para los miembros de Medi-Cal. Para servicios de farmacia, puede llamar a Medi-Cal Rx Call Línea central (1-800-977-2273) veinticuatro horas al día, siete días a la semana o 711 para TTY, de lunes a viernes, de 8 a.m. a 5 p.m.) La mayoría de las farmacias aceptan Medi-Cal Rx. Puede

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

comunicarse con la Línea de ayuda para miembros de Medi-Cal (1-800-541-5555, TTY 1-800-430-7077) para preguntar si su farmacia aceptará Medi-Cal Rx. Si necesita ayuda para encontrar una farmacia, use el localizador de farmacias de Medi-Cal Rx en línea en [www.Medi-CalRx.dhcs.ca.gov](http://www.Medi-CalRx.dhcs.ca.gov) o llame a la línea del centro de llamadas de Medi-Cal Rx al 1-800-977-2273.

### **Cómo usar este Directorio**

Puede usar este Directorio de Proveedores para elegir un PCP contratado de Blue Shield Promise. Los PCP y los especialistas, hospitales y otros proveedores de servicios de apoyo están ordenados alfabéticamente por ciudad. En la sección "Red de proveedores de Blue Shield Promise", encontrará información sobre cómo leer las secciones de listas de proveedores y buscar la información importante que necesite sobre cada proveedor.

### **Información importante sobre las listas del Directorio**

Este Directorio de Proveedores está actualizado a la fecha que aparece en la portada. Es posible que se hayan agregado o quitado PCP después de la impresión de este Directorio. No garantizamos que todos los PCP aún acepten miembros nuevos. Para obtener la información más actualizada sobre los PCP en su área, puede visitar [blueshieldca.com/promise](http://blueshieldca.com/promise) o llamar gratis a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** [TTY: **711**]. O visite nuestra

oficina de lunes a viernes, de 8:00 a. m. a 6:00 p. m. No es necesario tener una cita previa. Nuestro personal cuenta con miembros que hablan su idioma. También puede visitar nuestro sitio web en [blueshieldca.com/promise](http://blueshieldca.com/promise).

Divulgaciones y otra información importante Algunos proveedores y hospitales no ofrecen uno o más de los siguientes servicios que quizá estén cubiertos por su plan de salud y que usted podría necesitar: planificación familiar; servicios de anticoncepción, incluida la anticoncepción de emergencia; esterilización, incluida la ligadura de trompas inmediatamente después del parto; tratamientos por esterilidad; o aborto, entre otros. Comuníquese con Atención al Cliente de Blue Shield Promise al **(855) 699-5557** para asegurarse de que puede obtener los servicios de atención de la salud que necesita.

Para obtener más información sobre nuestros proveedores, incluida la información sobre sus estudios académicos y su experiencia (por ejemplo, la facultad de medicina a la que fueron, las residencias que hicieron y la matrícula profesional que tienen), llame a Atención al Cliente de Blue Shield Promise o use la herramienta de búsqueda de proveedores disponible en nuestro sitio web en [blueshieldca.com/promise](http://blueshieldca.com/promise). Es posible que necesite autorizaciones o referencias para tener acceso a algunos proveedores. Blue Shield Promise brinda acceso completo e igualitario a los servicios cubiertos, incluso

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

para los inscritos que tienen alguna discapacidad. Todos los proveedores reciben y deben hacer un entrenamiento en competencia cultural.

### **Servicios de intérpretes**

Para facilitarle las cosas, Blue Shield Promise brinda los siguientes servicios:

- Personal **bilingüe** para brindarle ayuda en su idioma.
- **Servicios de intérpretes**, incluso en lenguaje de señas estadounidense, para todas sus necesidades de atención de la salud, sin costo para usted. No tiene que pedirles a sus amigos o familiares que hagan de intérpretes. Usted puede obtener servicios de intérpretes las 24 horas, cualquier día de la semana, para lo siguiente:
  - ✓ **Servicios médicos:** visitas al médico, servicios fuera del horario de atención, servicios de atención urgente, servicios de farmacias y clases de educación sobre la salud.
  - ✓ **Servicios no médicos:** servicio al cliente, quejas de los miembros y reuniones informativas para miembros.
  - ✓ **Materiales en otros formatos**, como braille, audio o letra grande.

Solo debe llamar a su grupo médico o a Atención al Cliente de Blue Shield Promise. Si ya hizo una cita, asegúrese de pedir un intérprete al menos diez (10) días hábiles antes de su cita.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## AVISO DE NO DISCRIMINACIÓN

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La discriminación va contra la ley. Blue Shield of California Promise Health Plan cumple con las leyes federales y estatales de derechos civiles. Blue Shield of California Promise Health Plan no discrimina de manera ilícita, no excluye personas o las trata de manera diferente debido a su sexo, raza, color, religión, ascendencia, nacionalidad, identificación con un grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual.

Blue Shield of California Promise Health Plan proporciona:

- Asistencia y servicios gratuitos a las personas con discapacidades para ayudarlas a que se comuniquen mejor, como por ejemplo:
  - ✓ Intérpretes de lenguaje de señas capacitados
  - ✓ Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como por ejemplo:
  - ✓ Intérpretes capacitados
  - ✓ Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Blue Shield of California Promise Health Plan, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. Llame a Atención al Cliente en su región:

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

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

Si no puede oír o hablar bien, llame al **TTY: 711**. Si usted lo solicita, este documento puede estar disponible para usted en braille, letra grande, cinta de audio o formato electrónico. Para obtener una copia en uno de estos formatos alternativos, llame o escriba a:

Blue Shield of California Promise Health Plan Customer Care

3840 Kilroy Airport Way, Long Beach, CA 90806

(800) 605-2556 (Los Angeles)

(855) 699-5557 (San Diego)

TTY: 711

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## CÓMO PRESENTAR UNA QUEJA

Si usted cree que Blue Shield of California Promise Health Plan no ha brindado estos servicios o ha cometido una discriminación ilícita de alguna otra manera, por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con un grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual, usted puede presentar una queja ante el Coordinador de Derechos Civiles de Blue Shield of California Promise Health Plan. Puede presentar una queja por teléfono, por escrito, personalmente o por vía electrónica:

- Por teléfono: Comuníquese con el Coordinador de Derechos Civiles de Blue Shield of California Promise Health Plan, de lunes a viernes, de 8:00 a.m. a 6:00 p.m., llamando al (844) 883-2233. Si usted no puede oír o hablar bien, llame a la línea TTY/TDD 711.
- Por escrito: Llene un formulario de queja o escriba una carta, y envíelo(a) a:  
Blue Shield of California Promise Health Plan Civil Rights Coordinator  
3840 Kilroy Airport Way, Long Beach, CA 90806
- En persona: Vaya al consultorio de su médico o a Blue Shield of California Promise Health Plan y diga que desea presentar una queja.
- Por vía electrónica: Visite el sitio web de Blue Shield of California Promise Health Plan [www.blueshieldca.com/promise/medi-cal](http://www.blueshieldca.com/promise/medi-cal).

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### **OFICINA DE DERECHOS CIVILES (OFFICE OF CIVIL RIGHTS) – DEPARTAMENTO DE SERVICIOS DE ATENCIÓN MÉDICA DE CALIFORNIA (CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES)**

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California. Puede hacerlo por teléfono, por escrito o por vía electrónica:

- Por teléfono: Llame al **916-440-7370**. Si no puede hablar u oír bien, llame al **711 (Servicio de Retransmisión de Telecomunicaciones)**.
- Por escrito: Llene un formulario de queja o envíe una carta a:  
**Deputy Director, Office of Civil Rights**  
**Department of Health Care Services**  
**P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413**  
  
Los formularios de queja están disponibles en [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
- Por vía electrónica: Envíe un correo electrónico a [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

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### **OFICINA DE DERECHOS CIVILES – DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS ESTADOS UNIDOS (U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES)**

Si usted cree que ha sido discriminado por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, también puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos por teléfono, por escrito o por vía electrónica:

- Por teléfono: Llame al **1-800-368-1019**. Si usted no puede hablar u oír bien, llame al **TTY/TDD 1-800-537-7697**.
- Por escrito: Llene un formulario de queja o envíe una carta a:  
**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW Room 509F, HHH Building**  
**Washington, D.C. 20201**  
  
Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.
- Por vía electrónica: Visite el Portal de Quejas de la Oficina de Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

# Red De Proveedores De Blue Shield Promise

## Definiciones e información general

**Clínica comunitaria:** Es una clínica sin fines de lucro que brinda servicios de atención de la salud a los miembros de Blue Shield Promise.

**Médicos familiares y generales:** Son médicos que brindan atención a niños y adultos.

**Centro de salud federalmente calificado (FQHC, por sus siglas en inglés):** Es una organización comunitaria que brinda atención primaria y preventiva a personas de todas las edades, in importar si pueden pagar o si tienen un seguro de salud.

**Hospital:** Blue Shield Promise tiene un contrato con muchos hospitales. Compruebe que el hospital del médico de atención primaria que desea elegir esté afiliado.

**Médicos de medicina interna:** Son médicos que brindan atención a personas adultas mayores de 18 años.

**Asociación de Práctica Independiente (IPA, por**

**sus siglas en inglés):** Es un modelo de atención de la salud que tiene un contrato con un grupo de médicos para que brinden servicios de atención de la salud.

**Grupo médico:** Es un grupo de médicos que brindan servicios de atención de la salud a los miembros de Blue Shield Promise.









**Obstetras y ginecólogos:** Son médicos especializados en atención de la salud para la mujer y en atención por maternidad.

**Pediatras:** Son médicos que brindan atención a niños de hasta 18 años.

**Médico de atención primaria (PCP):** Como miembro de Blue Shield Promise, usted debe elegir un PCP para que se ocupe de sus necesidades generales de atención de la salud. Si no elige un PCP, elegiremos uno por usted. Todos los PCP están ordenados por ciudad. Usted puede elegir

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## Símbolos Usados En El Directorio De Proveedores

-  El proveedor no acepta pacientes nuevos en esta red de salud.
-  Dirección del proveedor
-  Número de teléfono del proveedor
-  Número de teléfono del proveedor para llamadas fuera del horario de atención
-  Idiomas que se hablan en el consultorio de este proveedor
-  Horario de atención del proveedor
-  Información sobre accesibilidad
-  Sitio web del proveedor

cualquiera de los siguientes tipos de médicos:

- Médicos familiares y generales
- Médicos de medicina interna
- Obstetras y ginecólogos
- Pediatras

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## Indicadores De Accesibilidad Física En El Directorio De Proveedores

A continuación, encontrará información sobre las necesidades básicas de acceso para adultos mayores y personas con discapacidad (SPD, por sus siglas en inglés) cuando visita el consultorio del médico. Sabemos que los miembros pueden tener distintas necesidades. Por eso, les pedimos que llamen al consultorio del médico para hablar sobre sus necesidades de acceso.

### **E = Sala de exámenes**

La entrada a la sala de exámenes es accesible y no tiene obstáculos. Las puertas son amplias y fáciles de abrir, para permitir el acceso de una silla de ruedas o un scooter. La sala de exámenes tiene espacio suficiente para una silla de ruedas o un scooter.

### **EB = Instalaciones externas**

Las rampas en el cordón de la acera y las otras rampas del edificio son anchas y permiten el acceso de personas en silla de ruedas o scooter. Hay pasamanos en ambos lados de la rampa. El edificio tiene una entrada "accesible". Las puertas son amplias para permitir el ingreso de personas en silla de ruedas o scooter, y tienen picaportes fáciles de usar.

### **IB = Instalaciones internas**

Las puertas son amplias para permitir el ingreso de personas en silla de ruedas o scooter, y tienen picaportes fáciles de usar. Las rampas internas son anchas y tienen pasamanos. Las escaleras, si las hay, tienen pasamanos.

Si hay elevadores, están disponibles para los pacientes y el público en general durante todo el tiempo que está abierto el edificio. Además, tienen sonidos fáciles de oír y botones en braille al alcance de la mano, como también espacio suficiente para que las personas en silla de ruedas o scooter puedan girar. Si hay una

plataforma elevadora, es posible usarla sin necesidad de obtener ayuda.

### **P = Estacionamiento**

Los espacios para estacionar, incluidos los espacios para camionetas, son accesibles. Los caminos y las entradas que conectan el estacionamiento, el consultorio y los puntos para dejar y recoger personas tienen rampas en los cordones.

### **R = Baño**

El baño es accesible, y las puertas son amplias y fáciles de abrir para permitir el acceso de una silla de ruedas o un scooter. Además, el baño tiene espacio suficiente para que las personas en silla de ruedas o scooter puedan girar y cerrar la puerta. Hay barras de seguridad para que las personas puedan moverse de la silla de ruedas o el scooter al inodoro, y viceversa. El lavabo está en un lugar accesible, y los grifos, el jabón y el papel higiénico están al alcance de la mano.

### **T = Camilla y balanza**

La camilla tiene un mecanismo que permite elevarla o bajarla, y la balanza es accesible y tiene pasamanos que sirven de ayuda a las personas en silla de ruedas o scooter. La balanza tiene espacio para silla de ruedas.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## Explicaciones de los Códigos de Accesibilidad

<b>CÓDIGO</b>	<b>Explicación</b>
P	Estacionamiento
EB	Instalaciones externas
IB	Instalaciones internas
W	Silla de ruedas
R	Baño
E	Sala de exámenes
T	Camilla y balanza

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# Cómo Leer las Listas de Proveedores

La siguiente información puede ayudarlo a elegir su PCP.

1. Especialidad médica del proveedor
2. Nombre del proveedor
3. N.º de id. del proveedor
4. Sexo del proveedor
5. Número de licencia del proveedor
6. Número de identificación de proveedor nacional (NPI, por sus siglas en inglés) del proveedor
7. Idiomas que hablan el proveedor y el personal
8. Entrenamiento en competencia cultural
9. Hospitales afiliados
10. Especialidad según matrícula profesional:
11. Nombre del FQHC/grupo médico
12. Dirección del proveedor
13. Número de teléfono del proveedor
14. N.º de fax del proveedor
15. Sitio web del proveedor
16. Dirección de correo electrónico del proveedor
17. Panel abierto de Medi-Cal:
18. Edad mín./máx.:
19. Acceso al edificio para personas con discapacidad
20. Horario de atención del proveedor

## Ejemplo:

1. Pediatría
2. Doe, Jane, Doctor en Medicina (MD)
3. N.º de id. del proveedor: 00A2123456
4. Mujer
5. N.º de licencia: 00A123456
6. NPI: 0123456789
7. Inglés, español, vietnamita, farsi, coreano, chino, árabe
8. Sí
9. Good Samaritan Hospital
10. Pediatría
11. Northeast County Community Clinic
12. 3840 Kilroy Airport Way  
Long Beach, CA 90806
13. (855) 699-5557
14. (855) 699-5557
15. www.northeastclinic.com
16. doctordoe@gmail.com
17. Sí/No
18. 0-18
19. Limitado. P, EB, IB, E
20. L a V, 8 A. M. - 5 P. M.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# Reglas Para Recibir Atención A Tiempo

<b>Tipo de cita</b>	<b>Debe tener la cita dentro de</b>
Citas para recibir atención urgente que no necesitan autorización previa	48 horas
Citas para recibir atención urgente que sí necesitan autorización previa	96 horas
Citas que no son urgentes para recibir atención primaria	10 días hábiles
Citas que no son urgentes para recibir atención de especialistas	15 días hábiles
Citas que no son urgentes para recibir atención de un proveedor de la salud mental (personal no médico)	10 días hábiles
Citas que no son urgentes para recibir servicios auxiliares para el diagnóstico o el tratamiento de lesiones, enfermedades u otros problemas de salud	15 días hábiles
Tiempo de espera en el teléfono durante el horario de atención habitual	10 minutos
Triaje y servicios de atención las 24 horas, todos los días	Servicios de atención las 24 horas, todos los días; no más de 30 minutos

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



This Doula Provider Directory is an addendum to the Blue Shield of California Promise Health Plan Provider Directory.

**San Diego:**

- 1. Brittany Negrete**  
Phone #: 619-817-5901
- 2. Jessi Hughes**  
Phone #: 619-206-4467
- 3. Joy Dunn Hurley**  
Phone #: 619-277-1094
- 4. Angela Gordon-Nichols**  
Phone #: 951-524-8876
- 5. Marisa Tervoort**  
Phone #: 909-553-4616
- 6. Casey Hetzel-Ramos**  
Phone #: 858-247-0009
- 7. For The Village, Inc.**  
Phone #: 619-657-3384  
Rendering Doulas Names:  
**Isabel Shawel**  
**Leslie Meza**  
**Lexus Carter**  
**Allyson Coughenor**  
**Elyde Arroyo**  
**Jamaica Rich**  
**Erikka Thorpe**
- 8. Latania Knox**  
Phone #: 619-248-1378
- 9. Frances Ayalasomayajula**  
Phone #: 619-800-6443
- 10. The Wingwomen Inc.**  
Phone #: 800-491-2142  
Rendering Doulas Names:  
**Adonica Shaw**  
**Natalie Jaconetty**  
**Connaitre Tillman**  
**Talitha Cumi Mcgirt**
- 11. National Doula Network**  
Phone #: 877-436-8527  
Rendering Doulas Names:  
**Candace Caballero**  
**Pamela Serna**  
**Ellen Branch**  
**Priscilla, Hsu**  
**Amanda, Mcnair-Robinson**  
**Brittany Negrete**  
**Jasmin Castillo**  
**LeeArtric Walker**  
**Michelle Brenhaug**





## B. Clínicas de salud con calificación federal

### ALPINE

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901-1103

 Phone: 619-445-6200


 After Hours Phone:  
619-445-6200

License Number: 20A17296

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes



Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No






Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal






SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

## BORREGO SPRINGS

### BORREGO MEDICAL CLINIC

Provider ID: 185179  
 4343 YAQUI PASS RD BORREGO SPRINGS, CA 92004  
 Phone: 760-767-5051  
 After Hours Phone: 760-767-5051  
 License Number: C39104  
 NPI: 1134144165  
 Accepting New Patients: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

### **BORREGO MEDICAL CLINIC**

Provider ID: 185179

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: 760-767-5051

Fax: 760-767-4552

After Hours Phone:  
760-767-5051

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

### **BORREGO MEDICAL CLINIC**

Provider ID: 185179

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: 760-767-5051

Fax: 760-767-4552

After Hours Phone:  
760-767-5051

License Number: 80000651

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: Yes

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

### **BORREGO MEDICAL CLINIC**

Provider ID: 185179

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: 760-767-5051

Fax: 760-767-4552

After Hours Phone:  
760-767-5051

License Number: G85319

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


FOUNDTION


 Website: N/A

### CAMPO

#### SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906-2028

 Phone: 619-445-6200

 After Hours Phone:  
619-445-6200


License Number: 20A17296

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

#### SAN YSIDRO HEALTH

#### MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906-2028

 Phone: 619-445-6200

 After Hours Phone:  
619-445-6200


License Number: A88893

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

#### SAN YSIDRO HEALTH

#### MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686


 1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906-2028

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

#### SAN YSIDRO HEALTH

#### MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

 1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906-2028

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A18400

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: N/A*

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

*Provider ID: 519686*

 1388 BUCKMAN SPRINGS RD CAMPO, CA 91906-2028

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: 90000660*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: N/A*

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

*Provider ID: 519686*

 1388 BUCKMAN SPRINGS RD CAMPO, CA 91906-2028

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

*License Number: PA20490*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: N/A*


## 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*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: N/A*

### **TRUECARE**


*Provider ID: 480120*


 1295 CARLSBAD VILLAGE DR, STE 100 CARLSBAD, CA 92008-1950

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A49273


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE DR, STE 100  
CARLSBAD, CA  
92008-1950

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: A93248


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE DR, STE 100  
CARLSBAD, CA  
92008-1950

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: PA53036


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

### CHULA VISTA

#### 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None




































Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


- N**  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ihpsocal.org*
- OTAY FAMILY HEALTH CLINIC**  
*Provider ID: 314546*  
 1637 3RD AVE STE H  
 CHULA VISTA, CA  
 91911-5823  
 *Phone: 619-205-1376*  
 *After Hours Phone: 619-205-1376*  
*License Number: A179598*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*  
*American Sign Language (ASL): N*
-  *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ihpsocal.org*
- OTAY FAMILY HEALTH CLINIC**  
*Provider ID: 314546*  
 1637 3RD AVE STE H  
 CHULA VISTA, CA  
 91911-5823  
 *Phone: 619-662-4100*  
*Fax: 619-336-2323*  
 *After Hours Phone: 619-662-4100*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*
-  1637 3RD AVE STE H  
 CHULA VISTA, CA  
 91911-5823  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: A123170*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*  
*American Sign Language (ASL): N*
-  *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ihpsocal.org*
- OTAY FAMILY HEALTH CLINIC**  
*Provider ID: 314546*  
 1637 3RD AVE STE H  
 CHULA VISTA, CA  
 91911-5823  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*NPI: 1134155377*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*
-  *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*  
*American Sign Language (ASL): N*
-  *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ihpsocal.org*
- CHULA VISTA FAMILY HLTH CTR**  
*Provider ID: 206355*  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 *Phone: 619-515-2500*  
 *After Hours Phone: 619-515-2500*  
*License Number: C174771*  
*NPI: 1134155377*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: DPM4819

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### 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

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM


TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)






### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355


 251 LANDIS AVE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal




CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
 License Number: NM792  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)




### 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





NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:

Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p>TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>	<p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>
<p><b>CHULA VISTA FAMILY HLTH CTR</b></p> <p>Provider ID: 206355</p> <p> 251 LANDIS AVE CHULA VISTA, CA 91910-2628</p> <p> Phone: 619-515-2500</p> <p> After Hours Phone: 619-515-2500</p> <p>License Number: NP95001705 NPI: 1134155377</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p>	<p><b>CHULA VISTA FAMILY HLTH CTR</b></p> <p>Provider ID: 206355</p> <p> 251 LANDIS AVE CHULA VISTA, CA 91910-2628</p> <p> Phone: 619-515-2500</p> <p> After Hours Phone: 619-515-2500</p> <p>License Number: NP95001964 NPI: 1134155377</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p><b>CHULA VISTA FAMILY HLTH CTR</b></p> <p>Provider ID: 206355</p> <p> 251 LANDIS AVE CHULA VISTA, CA 91910-2628</p> <p> Phone: 619-515-2500</p> <p> After Hours Phone: 619-515-2500</p> <p>License Number: NP95013978 NPI: 1134155377</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>
<p><b>CHULA VISTA FAMILY HLTH CTR</b></p> <p>Provider ID: 206355</p>	<p><b>CHULA VISTA FAMILY HLTH CTR</b></p> <p>Provider ID: 206355</p>	<p><b>CHULA VISTA FAMILY HLTH CTR</b></p> <p>Provider ID: 206355</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## B. Clínicas de salud con calificación federal

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: PA21591  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes

 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM





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## B. Clínicas de salud con calificación federal

WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)


### 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)





### 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: PT37189  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)







### CHULA VISTA PEDIATRICS

Provider ID: 482034  
 855 3RD AVE STE 2200




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal






CHULA VISTA, CA  
91911-1353  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A49591  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-4:00PM  
MO 9:00AM-4:00PM  
TU 9:00AM-4:00PM  
WE 9:00AM-4:00PM  
TH 9:00AM-4:00PM  
FR 9:00AM-4:00PM  
SA 9:00AM-4:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 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: A82912  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None








 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-4:00PM  
MO 9:00AM-4:00PM  
TU 9:00AM-4:00PM  
WE 9:00AM-4:00PM  
TH 9:00AM-4:00PM  
FR 9:00AM-4:00PM  
SA 9:00AM-4:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 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: C51110  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-4:00PM  
MO 9:00AM-4:00PM  
TU 9:00AM-4:00PM  
WE 9:00AM-4:00PM  
TH 9:00AM-4:00PM  
FR 9:00AM-4:00PM  
SA 9:00AM-4:00PM  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### CHULA VISTA PEDIATRICS

Provider ID: 482034  
 855 3RD AVE STE 2200  
CHULA VISTA, CA  
91911-1353  
 Phone: 619-662-4100  
Fax: 619-662-4196  
 After Hours Phone:  
619-662-4100  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-4:00PM  
MO 9:00AM-4:00PM  
TU 9:00AM-4:00PM  
WE 9:00AM-4:00PM  
TH 9:00AM-4:00PM  
FR 9:00AM-4:00PM  
SA 9:00AM-4:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A11087

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A13225

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A14025

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

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## B. Clínicas de salud con calificación federal

**PROVIDER**  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None






 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM



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## B. Clínicas de salud con calificación federal



SA 8:00AM-5:00PM  
 American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA**  
 N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH CHULA VISTA**



Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
 License Number: A114893  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 *Site English Spoken: Yes*  
 Cultural Competency: No  
 *Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM*




American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA**  
 N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *Website: www.ihpsocal.org*

**VISTA**  
 Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
 License Number: A115598  
 NPI: 1598122871



Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 *Site English Spoken: Yes*  
 Cultural Competency: No  
 *Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM*

American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA**  
 N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *Website: www.ihpsocal.org*





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

 *After Hours Phone: 619-662-4100*  
 License Number: A115699  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 *Site English Spoken: Yes*  
 Cultural Competency: No  
 *Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM*

American Sign Language (ASL):  
 N


 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
 License Number: A120584  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 *Site English Spoken: Yes*  
 Cultural Competency: No

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## B. Clínicas de salud con calificación federal

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A120672*


*NPI: 1598122871*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A121861*

*NPI: 1598122871*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A123263*


*NPI: 1598122871*

*Accepting New Patients: Yes*


*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *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:*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

619-662-4100  
 License Number: A123492  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A123604  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A127706  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A134303  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM








American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

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## B. Clínicas de salud con calificación federal






 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A138474  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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: A138534  
 NPI: 1598122871  
 Accepting New Patients: Yes








Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM

SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

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## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A163183

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A164392

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A177922

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA  
91910-5736

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A40061

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal






 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *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*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *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*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*


*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *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*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *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*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):


N


 Accessibility: CONTACT

PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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: A66903

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA VISTA**


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM


WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM


American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA VISTA**


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A93785


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM


American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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



























Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


-  *After Hours Phone:*  
 619-662-4100  
*License Number:* C55563  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* www.ihpsocal.org
-  *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* www.ihpsocal.org
-  *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH CHULA VISTA**  
*Provider ID:* 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone:* 619-662-4100  
 *After Hours Phone:*  
 619-662-4100  
*License Number:* DC33295  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH CHULA VISTA**  
*Provider ID:* 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone:* 619-662-4100  
 *After Hours Phone:*  
 619-662-4100  
*License Number:* DC20760  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No
- SAN YSIDRO HEALTH CHULA VISTA**  
*Provider ID:* 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone:* 619-662-4100  
 *After Hours Phone:*  
 619-662-4100  
*License Number:* DC31963  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### **SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: DDS102880

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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: G57243

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*PROVIDER*  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER



Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
 PROVIDER



Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
 PROVIDER



Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes



Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No






 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## B. Clínicas de salud con calificación federal



SA 8:00AM-5:00PM  
 American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA**  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *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: NP95015413  
 NPI: 1598122871  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*




American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA**  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *Website: www.ihpsocal.org*



**VISTA**  
 Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
 License Number: PA54404  
 NPI: 1598122871


*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*


American Sign Language (ASL): **SAN YSIDRO HEALTH CHULA**  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *Website: www.ihpsocal.org*

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

 *After Hours Phone: 619-662-4100*  
 License Number: SP18192  
 NPI: 1598122871  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*




















American Sign Language (ASL): **N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**  
 Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
*Fax: 619-425-1184*  
 *After Hours Phone: 619-662-4100*  
 NPI: 1598122871

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

-  *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*  
**American Sign Language (ASL):** DIEGO  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ihpsocal.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*  
*NPI: 1134155377*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*
- CHULA VISTA FAMILY HLTH CTR**  
*Provider ID: 206355*  
 252 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 *Phone: 619-515-2500*  
 *After Hours Phone: 619-515-2500*  
*License Number: A116680*  
*NPI: 1134155377*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*  
**American Sign Language (ASL):** HEALTH CENTERS OF SAN DIEGO  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*
- CHULA VISTA FAMILY HLTH CTR**  
*Provider ID: 206355*  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 *Phone: 619-515-2500*  
 *After Hours Phone: 619-515-2500*  
*License Number: 20A11535*  
*NPI: 1134155377*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*  
**American Sign Language (ASL):** HEALTH CENTERS OF SAN DIEGO  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA

91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish


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## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO*


 *Website: www.fhcsd.org*

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

*Provider ID: 206355*

 *251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628*

 *Phone: 619-515-2500*

 *After Hours Phone:  
619-515-2500*

*License Number: A118095*

*NPI: 1134155377*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM*


*FR 9:00AM-5:00PM*

*SA 9:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO*


 *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*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT*

*PROVIDER*


*Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO*

 *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*

*NPI: 1134155377*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish*

*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO*

 *Website: www.fhcsd.org*


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## B. Clínicas de salud con calificación federal

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A153344

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE

CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A163464

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Spanish  
 Cultural Competency: No  
 ⌚ Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

📍 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628

☎ Phone: 619-515-2500

📞 After Hours Phone:  
 619-515-2500

License Number: A177698

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

⌚ Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

⌚ Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

⌚ Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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## B. Clínicas de salud con calificación federal

Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL): 🗣️ Website: [www.fhcsd.org](http://www.fhcsd.org)  
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

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

Provider ID: 417641

📍 352 L ST  
CHULA VISTA, CA  
91911-1208

☎ Phone: 619-515-2325

🕒 After Hours Phone: 619-515-2325

License Number: PA19306

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes  
Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL): 🗣️ Website: [www.fhcsd.org](http://www.fhcsd.org)  
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes  
Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL): 🗣️ Website: [www.fhcsd.org](http://www.fhcsd.org)  
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes  
Cultural Competency: No

🕒 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL): 🗣️ Website: [www.fhcsd.org](http://www.fhcsd.org)  
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### EL CAJON

### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

 1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
 After Hours Phone:  
619-515-2499

License Number: 20A13700  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)



### 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  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)



### CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354


 1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
 After Hours Phone:  
619-515-2499

License Number: A138887  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)



### 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  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

American Sign Language (ASL): DIEGO

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 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

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes


Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL): DIEGO

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN


 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL): DIEGO

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN

 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

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN

 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: A148014

NPI: 1134155377

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone: 619-515-2498


License Number: A152462

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone: 619-515-2498

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone: 619-515-2498

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

































### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST

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## B. Clínicas de salud con calificación federal

-  EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone: 619-515-2498  
License Number: A175325  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)
- FAMILY HLTH CTR SAN DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone: 619-515-2498  
License Number: A178499  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)
-  Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)
- FAMILY HLTH CTR SAN DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone: 619-515-2498  
License Number: A68463  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)
- FAMILY HLTH CTR SAN DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone: 619-515-2498  
License Number: A72005  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)


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## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A83390

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:

619-515-2498

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498


License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None



 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM




American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*



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

*Provider ID: 418340*  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 *Phone: 619-515-2498*  
 *After Hours Phone: 619-515-2498*  
*License Number: A116680*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 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*

### **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*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 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*

### **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*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 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*

### **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*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*


 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
 EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
 619-515-2498

License Number: A144974

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: A147976

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2499


 After Hours Phone:  
619-515-2499


License Number: RN428876

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

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

Provider ID: 418340

 526 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### **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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)


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## B. Clínicas de salud con calificación federal

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM


SA 8:30AM-5:30PM

American Sign Language (ASL):  
N






 Accessibility: CONTACT


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*PROVIDER*  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

**FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON**  
 Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498  
 License Number: RN810863  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### **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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### **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  
 NPI: 1134155377



Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## B. Clínicas de salud con calificación federal

MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)




### 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  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None



 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)




### CENTRO MEDICO EL CAJON



Provider ID: 478971  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-401-0404  
 After Hours Phone:  
619-401-0404  
License Number: NP95001710  
NPI: 1134144165  
Accepting New Patients: Yes  
Min/Max Age: 0\None



 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION  
 Website: N/A




### CENTRO MEDICO EL CAJON

Provider ID: 478971  
 133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 After Hours Phone:  
619-873-8940  
License Number: 20A11733  
NPI: 1134144165

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION  
 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  
NPI: 1134144165

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM


TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO COMMUNITY HEALTH


FOUNDTION

 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


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL): **CENTRO MEDICO EL CAJON**

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO COMMUNITY HEALTH


FOUNDTION

 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


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: BORREGO COMMUNITY HEALTH


FOUNDTION

 Website: N/A

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


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO COMMUNITY HEALTH


FOUNDTION

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION

 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

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: Yes

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION


 Website: N/A

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: PT293536

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

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

License Number: 20A13060

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

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

Provider ID: 418340

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

License Number: 20A13745

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

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

Provider ID: 418340

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


License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

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

Provider ID: 418340

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

License Number: 20A7241

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A107093

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### **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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: DC33869

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No



 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):



N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*



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

*Provider ID: 418340*  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 *Phone: 619-515-2498*  
 *After Hours Phone: 619-515-2498*  
*License Number: DPM5661*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 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*

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


*Provider ID: 418340*  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 *Phone: 619-515-2498*  
 *After Hours Phone: 619-515-2498*


*License Number: G78814*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 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*

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



*Provider ID: 418340*  
 525 E MAIN ST  
EL CAJON, CA 92020-4007  
 *Phone: 619-515-2498*  
 *After Hours Phone: 619-515-2498*

*License Number: NM1721*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 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*

### **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*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
 EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
 619-515-2498

License Number: NP95000205

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
 EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
 619-515-2498

License Number: NP95009180

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: NP95009292

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A101773

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A120584

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A127706

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes


Site Languages(s) Spoken:  
Spanish, Tagalog







Cultural Competency: No


Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM








Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal


SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A






**SAN YSIDRO HEALTH EL CAJON**  
 Provider ID: 569910  
 875 EL CAJON BLVD EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 License Number: A131365  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM



American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA




 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

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## B. Clínicas de salud con calificación federal

<p>  Site English Spoken: Yes   Site Languages(s) Spoken: Spanish, Tagalog            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: N/A         </p>	<p>           TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: N/A         </p>	<p>           SOUTHERN CALIFORNIA   Website: N/A         </p>
<p> <b>SAN YSIDRO HEALTH EL CAJON</b>            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            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes   Site Languages(s) Spoken: Spanish, Tagalog            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF         </p>	<p> <b>SAN YSIDRO HEALTH EL CAJON</b>            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            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes   Site Languages(s) Spoken: Spanish, Tagalog            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF         </p>	<p> <b>CENTRO MEDICO EL CAJON</b>            Provider ID: 478971   133 W MAIN ST STE 100            EL CAJON, CA 92020-3325   Phone: 619-401-0404   After Hours Phone: 619-401-0404            License Number: A151547            NPI: 1134144165            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes            Cultural Competency: No   Hours: SU 8:00AM-8:00PM            MO 8:00AM-8:00PM            TU 8:00AM-8:00PM            WE 8:00AM-8:00PM            TH 8:00AM-8:00PM            FR 8:00AM-8:00PM            SA 8:00AM-8:00PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION   Website: N/A         </p>
<p> <b>SAN YSIDRO HEALTH EL CAJON</b>            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            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes   Site Languages(s) Spoken: Spanish, Tagalog            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM         </p>	<p> <b>CENTRO MEDICO EL CAJON</b>            Provider ID: 478971   133 W MAIN ST STE 100            EL CAJON, CA 92020-3325   Phone: 619-401-0404   After Hours Phone:         </p>	

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## B. Clínicas de salud con calificación federal

619-401-0404  
 License Number: A158569  
 NPI: 1134144165  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-8:00PM  
 MO 8:00AM-8:00PM  
 TU 8:00AM-8:00PM  
 WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: BORREGO  
 COMMUNITY HEALTH  
 FOUNDTION  
 Website: N/A

### CENTRO MEDICO EL CAJON

Provider ID: 478971  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325  
 Phone: 619-401-0404  
 After Hours Phone:  
 619-401-0404  
 License Number: A98486  
 NPI: 1134144165

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-8:00PM  
 MO 8:00AM-8:00PM

TU 8:00AM-8:00PM  
 WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: BORREGO  
 COMMUNITY HEALTH  
 FOUNDTION  
 Website: N/A

### CENTRO MEDICO EL CAJON

Provider ID: 478971  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325  
 Phone: 619-401-0404  
 After Hours Phone:  
 619-401-0404  
 License Number: G52812  
 NPI: 1134144165

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-8:00PM  
 MO 8:00AM-8:00PM  
 TU 8:00AM-8:00PM  
 WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: BORREGO

COMMUNITY HEALTH  
 FOUNDTION  
 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  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100


License Number: C144411

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: G43179

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: PT40025

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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: PA21625

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 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)

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone: 619-795-5991

License Number: PA58466

NPI: 1609849074

Accepting New Patients: Yes



Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No






Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal






SA 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)


### 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  
 NPI: 1609849074  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 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)


### LA MAESTRA CHC EL CAJON BROADWAY





Provider ID: 418501  
 1032 BROADWAY  
 EL CAJON, CA 92021-7416  
 Phone: 619-795-5991  
 Fax: 619-795-5992  
 After Hours Phone: 619-795-5991  
 License Number: 550003567  
 NPI: 1609849074  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 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)





### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795

 Phone: 619-269-1262  
 After Hours Phone: 619-269-1262  
 License Number: C55979  
 NPI: 1609849074  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
 Phone: 619-312-0347  
 After Hours Phone: 619-312-0347  
 License Number: 20A14222  
 NPI: 1609849074  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

165 S 1ST ST  
EL CAJON, CA 92019-4795  
 Phone: 619-312-0347  
 After Hours Phone: 619-312-0347

License Number: 20A6433

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

165 S 1ST ST  
EL CAJON, CA 92019-4795  
 Phone: 619-312-0347  
 After Hours Phone: 619-312-0347

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

165 S 1ST ST  
EL CAJON, CA 92019-4795  
 Phone: 619-312-0347  
 After Hours Phone: 619-312-0347

License Number: A68184

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

License Number: PA58466

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

 165 S 1ST ST  
EL CAJON, CA 92019-4795

 Phone: 619-312-0348

 After Hours Phone:  
619-312-0348


License Number: G45632

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM


FR 9:00AM-5:00PM

SA 9:00AM-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)

### 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

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 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)

### 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

NPI: 1609849074


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 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)

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

1032 BROADWAY  
EL CAJON, CA 92021-7416  
Phone: 619-795-5991  
After Hours Phone:  
619-795-5991

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 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)

### 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

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 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)

### 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

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM

SA 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)

## ENCINITAS

### TRUECARE

Provider ID: 480243

1130 2ND ST  
ENCINITAS, CA  
92024-5008  
Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: 20A17306

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


 Website: N/A

### TRUECARE

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: DC29074

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### TRUECARE

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767

License Number: NP21368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### TRUECARE

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767


License Number: PA19437

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### TRUECARE

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-736-6767


 After Hours Phone:  
760-736-6767


License Number: PA22667

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


 Website: N/A

### TRUECARE

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-753-7842

 After Hours Phone:  
760-753-7842

License Number: A103940

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### TRUECARE

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-753-7842

 After Hours Phone:  
760-753-7842

License Number: A116562

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### TRUECARE

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-753-7842

 After Hours Phone:  
760-753-7842


License Number: C54157

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A


### TRUECARE

Provider ID: 480243

 1130 2ND ST  
ENCINITAS, CA  
92024-5008

 Phone: 760-753-7842


Fax: 760-736-8740


 After Hours Phone:  
760-753-7842

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A


## ESCONDIDO


### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY

ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: A140398

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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

NPI: 1598122871


Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No







 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal



WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A



### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
 ESCONDIDO, CA  
 92025-3052  
 Phone: 760-737-6900  
 After Hours Phone:  
 760-737-6900  
 License Number: A94128  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT






PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A



### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
 ESCONDIDO, CA  
 92025-3052  
 Phone: 760-737-6900  
 After Hours Phone:  
 760-737-6900  
 License Number: DPM5260  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
 ESCONDIDO, CA  
 92025-3052  
 Phone: 760-737-6900  
 After Hours Phone:  
 760-737-6900  
 License Number: G61829  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271  
 728 E VALLEY PKWY  
 ESCONDIDO, CA  
 92025-3052

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Phone: 760-737-6900

 After Hours Phone:  
760-737-6900

License Number: NP8169


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY  
ESCONDIDO, CA  
92025-3052

 Phone: 760-737-6900

Fax: 360-462-2748

 After Hours Phone:  
760-737-6900

License Number: 80000158


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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: G61829


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

American Sign Language (ASL): **NEIGHBORHOOD**

N

 **Accessibility:** CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 **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

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 **Site English Spoken:** Yes  
**Cultural Competency:** No

 **Hours:** SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL): **NEIGHBORHOOD**

N


 **Accessibility:** CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

**HEALTHCARE GRAND AVE**

Provider ID: 206269

 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

 **Phone:** 760-520-8200

 **After Hours Phone:**  
760-520-8200

License Number: PA51508

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 **Site English Spoken:** Yes  
**Cultural Competency:** No

 **Hours:** SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL): **NEIGHBORHOOD**

N

 **Accessibility:** CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 **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

**Fax:** 360-462-2749


 **After Hours Phone:**  
760-520-8200

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 **Site English Spoken:** Yes  
**Cultural Competency:** No

 **Hours:** SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 **Accessibility:** CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 **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

**Fax:** 360-462-2749

 **After Hours Phone:**  
760-520-8200

License Number: 550000697

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 **Site English Spoken:** Yes  
**Cultural Competency:** No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

🕒 *Hours: SU 8:00AM-5:00PM N*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

*Provider ID: 206269*

📍 1001 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4604

☎ *Phone: 760-520-8200*

*Fax: 360-462-2749*

🕒 *After Hours Phone: 760-520-8200*

*License Number: 80000397*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

🗣 *Site English Spoken: Yes*  
*Cultural Competency: No*

🕒 *Hours: SU 8:00AM-5:00PM N*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

*Provider ID: 206269*

📍 1001 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4604

☎ *Phone: 760-520-8200*

*Fax: 360-462-2749*

🕒 *After Hours Phone: 760-520-8200*

*License Number: 80000483*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

🗣 *Site English Spoken: Yes*  
*Cultural Competency: No*

🕒 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

*Provider ID: 588941*

📍 704 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4405

☎ *Phone: 619-662-4100*

🕒 *After Hours Phone: 619-662-4100*

*License Number: C171064*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

🗣 *Site English Spoken: Yes*  
*Cultural Competency: No*

🕒 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: N/A*


### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

*Provider ID: 588941*

📍 704 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4405

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G58033


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95005999


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP95006360


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: PA20490


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


 Website: N/A

### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: PA52347

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE

ESCONDIDO, CA  
92025-4405

 Phone: 619-662-4100

Fax: 619-662-7952

 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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: A107557

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No






 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal






SA 8:00AM-5:00PM  
 American Sign Language (ASL): **NEIGHBORHOOD**  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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: A109655  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM



American Sign Language (ASL): **NEIGHBORHOOD**  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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: A119661  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM



American Sign Language (ASL): **NEIGHBORHOOD**  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **NEIGHBORHOOD HEALTHCARE ESCONDIDO**

*Provider ID: 206270*

 *460 N ELM ST  
ESCONDIDO, CA  
92025-3002*

 *Phone: 760-520-8100*

 *After Hours Phone:  
760-520-8100*

*License Number: A152372*


*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **NEIGHBORHOOD HEALTHCARE ESCONDIDO**

*Provider ID: 206270*

 *460 N ELM ST  
ESCONDIDO, CA  
92025-3002*

 *Phone: 760-520-8100*

 *After Hours Phone:  
760-520-8100*

*License Number: A159727*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **NEIGHBORHOOD HEALTHCARE ESCONDIDO**

*Provider ID: 206270*

 *460 N ELM ST  
ESCONDIDO, CA  
92025-3002*

 *Phone: 760-520-8100*

 *After Hours Phone:  
760-520-8100*

*License Number: A45413*


*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *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:*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

760-520-8100  
 License Number: A61751  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270  
 460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
 760-520-8100  
 License Number: A78116  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270  
 460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
 760-520-8100  
 License Number: A82173  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270  
 460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
 760-520-8100  
 License Number: A94128  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 460 N ELM ST ESCONDIDO, CA 92025-3002  Phone: 760-520-8100  After Hours Phone: 760-520-8100 License Number: DC12036 NPI: 1598122871	Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM	FR 8:00AM-5:00PM SA 8:00AM-5:00PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>
Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM	American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>	<b>NEIGHBORHOOD HEALTHCARE PIDS AND PRENATAL</b> Provider ID: 206266  425 N DATE ST ESCONDIDO, CA 92025-3413  Phone: 760-520-8340  After Hours Phone: 760-520-8340 License Number: A67626 NPI: 1598122871
American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a>	<b>NEIGHBORHOOD HEALTHCARE PIDS AND PRENATAL</b> Provider ID: 206266  425 N DATE ST ESCONDIDO, CA 92025-3413  Phone: 760-520-8340  After Hours Phone: 760-520-8340 License Number: A56054 NPI: 1598122871	Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM
<b>NEIGHBORHOOD HEALTHCARE ESCONDIDO</b> Provider ID: 206270  460 N ELM ST ESCONDIDO, CA 92025-3002  Phone: 760-520-8100  After Hours Phone: 760-520-8100 License Number: DC28605 NPI: 1598122871 Accepting New Patients: Yes	Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes Cultural Competency: No  Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM	American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## B. Clínicas de salud con calificación federal


SOUTHERN CALIFORNIA

 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


Fax: 360-462-2752

 After Hours Phone:  
760-520-8340

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

 426 N DATE ST  
ESCONDIDO, CA  
92025-3409

 Phone: 760-690-5900


 After Hours Phone:  
760-690-5900

License Number: A56054

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

 426 N DATE ST  
ESCONDIDO, CA  
92025-3409

 Phone: 760-690-5900


 After Hours Phone:  
760-690-5900


License Number: A62467

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

 426 N DATE ST  
ESCONDIDO, CA  
92025-3409

 Phone: 760-690-5900


 After Hours Phone:  
760-690-5900


License Number: A67626

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No







 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal






WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A


### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775  
 426 N DATE ST  
 ESCONDIDO, CA  
 92025-3409  
 Phone: 760-690-5900  
 After Hours Phone:  
 760-690-5900  
 License Number: G83438  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT






PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775  
 426 N DATE ST  
 ESCONDIDO, CA  
 92025-3409  
 Phone: 760-690-5900  
 Fax: 360-462-2747  
 After Hours Phone:  
 760-690-5900  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL


Provider ID: 424775  
 426 N DATE ST  
 ESCONDIDO, CA  
 92025-3409

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Phone: 760-690-5900

Fax: 360-462-2747

 After Hours Phone:  
760-690-5900

License Number: 550000511


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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: A120348


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

## FALLBROOK

### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA  
92028-2912

 Phone: 760-723-6200

 After Hours Phone:  
760-723-6200

License Number: NP95003447


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)

### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910



 1328 S MISSION RD  
FALLBROOK, CA  
92028-4006

 Phone: 760-451-4720  
Fax: 760-451-4700

 After Hours Phone:  
760-451-4720

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

 1328 S MISSION RD  
FALLBROOK, CA  
92028-4006



 Phone: 760-451-4770

 After Hours Phone:  
760-451-4770


License Number: A169529

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A


## 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





























NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

<p> <i>Site Languages(s) Spoken:</i> Spanish, Tagalog</p>	<p>TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p>COMMUNITY HEALTH FOUNDTION</p>
<p><i>Cultural Competency:</i> No</p>	<p> <i>American Sign Language (ASL):</i></p>	<p> <i>Website:</i> N/A</p>
<p> <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p>N</p>	<p><b>LA MESA PEDIATRICS</b></p>
<p><i>American Sign Language (ASL):</i></p>	<p> <i>Accessibility:</i> CONTACT PROVIDER</p>	<p><i>Provider ID:</i> 480827</p>
<p>N</p>	<p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p>	<p> 8881 FLETCHER PKWY STE 200 LA MESA, CA 91942-3135</p>
<p> <i>Accessibility:</i> CONTACT PROVIDER</p>	<p> <i>Website:</i> www.ihpsocal.org</p>	<p> <i>Phone:</i> 619-464-6434 <i>Fax:</i> 619-464-5109</p>
<p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p>	<p><b>LA MESA</b></p>	<p> <i>After Hours Phone:</i></p>
<p> <i>Website:</i> www.ihpsocal.org</p>	<p><b>LA MESA PEDIATRICS</b></p>	<p>619-464-6434</p>
<p><b>IMPERIAL BEACH HEALTH CENTER</b></p>	<p><i>Provider ID:</i> 480827</p>	<p><i>NPI:</i> 1134144165</p>
<p><i>Provider ID:</i> 179678</p>	<p> 8881 FLETCHER PKWY STE 200 LA MESA, CA 91942-3135</p>	<p><i>Accepting New Patients:</i> Yes</p>
<p> 949 PALM AVE IMPERIAL BEACH, CA 91932-1503</p>	<p> <i>Phone:</i> 619-464-6434</p>	<p><i>Min/Max Age:</i> 0\None</p>
<p> <i>Phone:</i> 619-429-3733</p>	<p> <i>After Hours Phone:</i></p>	<p> <i>Site English Spoken:</i> Yes</p>
<p> <i>After Hours Phone:</i> 619-429-3733</p>	<p>619-464-6434</p>	<p><i>Cultural Competency:</i> No</p>
<p><i>License Number:</i> A66830</p>	<p><i>License Number:</i> NP95017921</p>	<p> <i>Hours:</i> SU 9:00AM-5:00PM</p>
<p><i>NPI:</i> 1598122871</p>	<p><i>NPI:</i> 1134144165</p>	<p>MO 9:00AM-5:00PM</p>
<p><i>Accepting New Patients:</i> Yes</p>	<p><i>Accepting New Patients:</i> Yes</p>	<p>TU 9:00AM-5:00PM</p>
<p><i>Min/Max Age:</i> 0\None</p>	<p><i>Min/Max Age:</i> 0\None</p>	<p>WE 9:00AM-5:00PM</p>
<p> <i>Site English Spoken:</i> Yes</p>	<p> <i>Site English Spoken:</i> Yes</p>	<p>TH 9:00AM-5:00PM</p>
<p> <i>Site Languages(s) Spoken:</i> Spanish, Tagalog</p>	<p><i>Cultural Competency:</i> No</p>	<p>FR 9:00AM-5:00PM</p>
<p><i>Cultural Competency:</i> No</p>	<p> <i>Hours:</i> SU 9:00AM-5:00PM</p>	<p>SA 9:00AM-5:00PM</p>
<p> <i>Hours:</i> SU 8:00AM-5:00PM</p>	<p>MO 9:00AM-5:00PM</p>	<p><i>American Sign Language (ASL):</i></p>
<p>MO 8:00AM-5:00PM</p>	<p>TU 9:00AM-5:00PM</p>	<p>N</p>
<p>TU 8:00AM-5:00PM</p>	<p>WE 9:00AM-5:00PM</p>	<p> <i>Accessibility:</i> CONTACT</p>
<p>WE 8:00AM-5:00PM</p>	<p>TH 9:00AM-5:00PM</p>	<p>PROVIDER</p>
	<p>FR 9:00AM-5:00PM</p>	<p><i>Medical Group/IPA:</i> BORREGO</p>
	<p>SA 9:00AM-5:00PM</p>	<p>COMMUNITY HEALTH</p>
	<p><i>American Sign Language (ASL):</i></p>	<p>FOUNDTION</p>
	<p>N</p>	<p> <i>Website:</i> N/A</p>
	<p> <i>Accessibility:</i> CONTACT</p>	<p><b>LA MESA PEDIATRICS</b></p>
	<p>PROVIDER</p>	<p><i>Provider ID:</i> 480827</p>
	<p><i>Medical Group/IPA:</i> BORREGO</p>	<p> 8881 FLETCHER PKWY STE</p>
		<p>200</p>


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:  
619-464-6434

License Number: 20A11733


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION


 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


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: Yes

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION


 Website: N/A

### LA MESA PEDIATRICS


Provider ID: 480827

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:  
619-464-6434

License Number: A113241


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION


 Website: N/A

### LA MESA PEDIATRICS

Provider ID: 480827

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:  
619-464-6434

License Number: A89865


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM


American Sign Language (ASL):

N






 Accessibility: CONTACT


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

**PROVIDER**  
 Medical Group/IPA: BORREGO  
 COMMUNITY HEALTH  
 FOUNDTION  
 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  
 NPI: 1134144165  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: BORREGO  
 COMMUNITY HEALTH  
 FOUNDTION  
 Website: N/A

## 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER






Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### NEIGHBORHOOD HEALTHCARE LAKESIDE

Provider ID: 353843  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 After Hours Phone:  
 858-218-3000

License Number: A43914  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org





### NEIGHBORHOOD HEALTHCARE LAKESIDE


Provider ID: 353843  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 After Hours Phone:  
 858-218-3000  
 License Number: A75411  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM



American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF



SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://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  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)




**NEIGHBORHOOD**  
**HEALTHCARE LAKESIDE**  
 Provider ID: 353843  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000

Fax: 360-462-2744  
 After Hours Phone: 858-218-3000  
 License Number: 80000483  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### LEMON GROVE

#### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 Phone: 619-515-2500  
 After Hours Phone: 619-515-2500

License Number: G78814  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## B. Clínicas de salud con calificación federal

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-5:00PM*

*American Sign Language (ASL):*  *Website: N/A*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*


 *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*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*

*SA 9:00AM-5:00PM*

*American Sign Language (ASL):*  *Website: N/A*


*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*

### 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*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-5:00PM*

*American Sign Language (ASL):*  *Website: N/A*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN*


*DIEGO*

### LEMON GROVE FAMILY HEALTH CENTER

*Provider ID: 419139*

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 *Phone: 619-515-2550*

 *After Hours Phone: 619-515-2550*


*License Number: A102060*

*NPI: 1134155377*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-5:00PM*

*American Sign Language (ASL):* *N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*

### LEMON GROVE FAMILY HEALTH CENTER

*Provider ID: 419139*

 7592 BROADWAY




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
 License Number: A107323  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: N/A

**LEMON GROVE FAMILY  
HEALTH CENTER**  
 Provider ID: 419139  
 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
 License Number: A108228  
 NPI: 1134155377




Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: N/A

**LEMON GROVE FAMILY  
HEALTH CENTER**  
 Provider ID: 419139  
 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
 License Number: A113001  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM

WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 Website: N/A

**LEMON GROVE FAMILY  
HEALTH CENTER**  
 Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550

License Number: A114181  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


*PROVIDER*  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO

 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

 Phone: 619-515-2550


 After Hours Phone:  
 619-515-2550

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO

 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
 619-515-2550

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN


DIEGO

 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

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
 619-515-2550

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes

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## B. Clínicas de salud con calificación federal

Cultural Competency: No

🕒 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL): 🗣️ Website: N/A

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL): 🗣️ Website: N/A

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

📍 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

☎ Phone: 619-515-2550

📞 After Hours Phone:  
619-515-2550

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL): 🗣️ Website: N/A

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO



### LEMON GROVE FAMILY HEALTH CENTER



Provider ID: 419139

📍 7592 BROADWAY  
LEMON GROVE, CA



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal



91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
 619-515-2550  
 License Number: NP95013978  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N






### 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  
 NPI: 1134155377  
 Accepting New Patients: Yes

Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N







 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM

FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


HEALTH CENTERS OF SAN DIEGO


 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 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  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN

DIEGO  
 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604


 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550

License Number: A165925

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 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  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None



 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N








 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: N/A

### LEMONGROVE FAMILY HEALTH CENTER


Provider ID: 419139  
 7592 BROADWAY  
LEMONGROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: A68463  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: N/A



### LEMONGROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY  
LEMONGROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: A72005  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: N/A

### LEMONGROVE FAMILY HEALTH CENTER



























Provider ID: 419139  
 7592 BROADWAY  
LEMONGROVE, CA  
91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
619-515-2550  
License Number: C172318  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: N/A

### LEMONGROVE FAMILY HEALTH CENTER

Provider ID: 419139  
 7592 BROADWAY  
LEMONGROVE, CA  
91945-1604  
 Phone: 619-515-2550

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p> After Hours Phone: 619-515-2550 License Number: C174771 NPI: 1134155377 Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p> <p>American Sign Language (ASL):  Website: N/A N</p>	<p>Cultural Competency: No</p> <p> Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p> <p>American Sign Language (ASL):  Website: N/A N</p> <p> Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</p>	<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> Website: N/A</p> <p><b>LEMON GROVE FAMILY HEALTH CENTER</b> Provider ID: 419139</p> <p> 7592 BROADWAY LEMON GROVE, CA 91945-1604</p> <p> Phone: 619-515-2550</p> <p> After Hours Phone: 619-515-2550</p>
<p> Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> Website: N/A</p>	<p><b>LEMON GROVE FAMILY HEALTH CENTER</b> Provider ID: 419139</p> <p> 7592 BROADWAY LEMON GROVE, CA 91945-1604</p> <p> Phone: 619-515-2550</p> <p> After Hours Phone: 619-515-2550</p>	<p>License Number: NP95008782 NPI: 1134155377 Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p>
<p><b>LEMON GROVE FAMILY HEALTH CENTER</b> Provider ID: 419139</p> <p> 7592 BROADWAY LEMON GROVE, CA 91945-1604</p> <p> Phone: 619-515-2550</p> <p> After Hours Phone: 619-515-2550</p> <p>License Number: NP15444 NPI: 1134155377 Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p>	<p>License Number: NP95001050 NPI: 1134155377 Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p>	<p> Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## B. Clínicas de salud con calificación federal


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: NP95009933


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: www.ihpsocal.org

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: N/A


### NATIONAL CITY


### 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

### SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-428-4463

 After Hours Phone:  
619-428-4463


License Number: G71855

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

### SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100


License Number: A103218

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

SA 8:00AM-5:00PM  
American Sign Language (ASL): **SAN YSIDRO HEALTH**

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

**SAN YSIDRO HEALTH  
NATIONAL CITY**

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A138919

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL): **SAN YSIDRO HEALTH**

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

**NATIONAL CITY**

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100


License Number: A165184

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

**SAN YSIDRO HEALTH  
NATIONAL CITY**

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: C55180

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


**SAN YSIDRO HEALTH  
NATIONAL CITY**

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100


Fax: 619-336-2323

 After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

🕒 *Hours: SU 8:00AM-5:00PM N*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH NATIONAL CITY**

*Provider ID: 227412*

📍 1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412

☎ *Phone: 619-662-4100*

*Fax: 619-336-2323*

🕒 *After Hours Phone: 619-662-4100*

*License Number: A112571*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

📄 *Site English Spoken: Yes*  
*Cultural Competency: No*

🕒 *Hours: SU 8:00AM-5:00PM N*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH NATIONAL CITY**

*Provider ID: 227412*

📍 1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412

☎ *Phone: 619-662-4100*

*Fax: 619-474-3722*

🕒 *After Hours Phone: 619-662-4100*

*License Number: A55469*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

📄 *Site English Spoken: Yes*  
*Cultural Competency: No*

🕒 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH NATIONAL CITY**

*Provider ID: 227412*

📍 1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412

☎ *Phone: 619-662-4100*

*Fax: 619-474-3722*

🕒 *After Hours Phone: 619-662-4100*

*License Number: G46444*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

📄 *Site English Spoken: Yes*  
*Cultural Competency: No*

🕒 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH PARADISE HILLS**

*Provider ID: 227418*

📍 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956

☎ *Phone: 619-662-4100*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal







-  *After Hours Phone:*  
 619-662-4100  
*License Number:* A118227  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:*  
 Tagalog, Spanish  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT  
 PROVIDER  
*Medical Group/IPA:* IHP OF  
 SOUTHERN CALIFORNIA  
 *Website:* [www.ihpsocal.org](http://www.ihpsocal.org)
-  *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:*  
 Tagalog, Spanish  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT  
 PROVIDER  
*Medical Group/IPA:* IHP OF  
 SOUTHERN CALIFORNIA  
 *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  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:*  
 Tagalog, Spanish  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM
- WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT
- SAN YSIDRO HEALTH  
 PARADISE HILLS**  
*Provider ID:* 227418  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
 *Phone:* 619-662-4100  
 *After Hours Phone:*  
 619-662-4100  
*License Number:* A157488  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:*  
 Tagalog, Spanish  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


**PROVIDER**  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 PARADISE HILLS**  
 Provider ID: 227418  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956

 Phone: 619-662-4100  
 Fax: 619-259-2806  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A11518  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA  
MAESTRA FAMILY CLINIC


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


 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

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)


### 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

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-434-7308

 After Hours Phone:  
619-434-7308


License Number: G45632

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p>FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: LA MAESTRA FAMILY CLINIC Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></p>	<p>Medical Group/IPA: LA MAESTRA FAMILY CLINIC Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a> g <b>LA MAESTRA FAMILY CLINIC INC</b> Provider ID: 185270 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518 Phone: 619-564-8765 After Hours Phone: 619-564-8765 License Number: NP95009891 NPI: 1609849074 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: Yes Cultural Competency: No Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: LA MAESTRA FAMILY CLINIC Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a> g</p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b> Provider ID: 185270 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518 Phone: 619-798-3977 After Hours Phone: 619-798-3977 License Number: A41375 NPI: 1609849074 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: Yes Cultural Competency: No Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: LA MAESTRA FAMILY CLINIC Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a> g</p>
<p><b>LA MAESTRA FAMILY CLINIC INC</b> 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 NPI: 1609849074 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: Yes Cultural Competency: No Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL): N Accessibility: CONTACT PROVIDER</p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b> Provider ID: 185270 217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518 Phone: 619-564-8765 After Hours Phone: 619-564-8765 License Number: NP95009891 NPI: 1609849074 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: Yes Cultural Competency: No Hours: SU 9:00AM-5:00PM MO 9:00AM-5:00PM TU 9:00AM-5:00PM WE 9:00AM-5:00PM TH 9:00AM-5:00PM FR 9:00AM-5:00PM SA 9:00AM-5:00PM American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: LA MAESTRA FAMILY CLINIC Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a> g</p>	<p><b>FAMILY HEALTH CTR SD NATIONAL CITY</b> Provider ID: 418930 1000 EUCLID AVE NATIONAL CITY, CA 91950-3856 Phone: 619-515-2399</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

☎ *After Hours Phone:*  
619-515-2399  
*License Number:* 20A18460  
*NPI:* 1134155377  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None

🗣 *Site English Spoken:* Yes  
*Cultural Competency:* No  
🕒 *Hours:* SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 8:30AM-3:30PM

*American Sign Language (ASL):* 🗣 *Website:* www.fhcsd.org  
N

♿ *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 *Website:* www.fhcsd.org

### **FAMILY HEALTH CTR SD NATIONAL CITY**

*Provider ID:* 418930  
📍 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
☎ *Phone:* 619-515-2399  
☎ *After Hours Phone:*  
619-515-2399  
*License Number:* A163862  
*NPI:* 1134155377  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
🗣 *Site English Spoken:* Yes

*Cultural Competency:* No  
🕒 *Hours:* SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 8:30AM-3:30PM

*American Sign Language (ASL):* 🗣 *Website:* www.fhcsd.org  
N

♿ *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* FAMILY HEALTH CENTERS OF SAN DIEGO

### **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  
*NPI:* 1134155377  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
🗣 *Site English Spoken:* Yes  
*Cultural Competency:* No  
🕒 *Hours:* SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 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

### **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  
*NPI:* 1134155377  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
🗣 *Site English Spoken:* Yes  
*Cultural Competency:* No  
🕒 *Hours:* SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 8:30AM-3:30PM  
*American Sign Language (ASL):*  
N

♿ *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* FAMILY HEALTH CENTERS OF SAN DIEGO


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


 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

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 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)

### **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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 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)


### **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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-3:30PM  
MO 8:30AM-3:30PM  
TU 8:30AM-3:30PM  
WE 8:30AM-3:30PM  
TH 8:30AM-3:30PM  
FR 8:30AM-3:30PM  
SA 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)

### **SAN YSIDRO HEALTH SOUTH BAY**

Provider ID: 361428

 330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312


 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: A133539

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No






 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF

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

### SAN YSIDRO HEALTH SOUTH BAY

Provider ID: 361428  
 330 E 8TH ST  
 NATIONAL CITY, CA  
 91950-2312  
 Phone: 619-662-4100  
 Fax: 619-259-2807  
 After Hours Phone:  
 619-662-4100  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None


 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM






American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA




91950-7410  
 Phone: 844-200-2426  
 After Hours Phone:  
 844-200-2426  
 License Number: A74777  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Lao, Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-6:00PM  
 MO 8:00AM-6:00PM  
 TU 8:00AM-6:00PM  
 WE 8:00AM-6:00PM  
 TH 8:00AM-6:00PM  
 FR 8:00AM-6:00PM  
 SA 8:00AM-6:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:  
 OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
 Phone: 844-200-2426  
 After Hours Phone:  
 844-200-2426  
 License Number: NP22974  
 NPI: 1801907449

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

Hours: SU 8:00AM-6:00PM

MO 8:00AM-6:00PM

TU 8:00AM-6:00PM

WE 8:00AM-6:00PM

TH 8:00AM-6:00PM

FR 8:00AM-6:00PM

SA 8:00AM-6:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No



Hours: SU 8:00AM-6:00PM

MO 8:00AM-6:00PM

TU 8:00AM-6:00PM

WE 8:00AM-6:00PM

TH 8:00AM-6:00PM

FR 8:00AM-6:00PM

SA 8:00AM-6:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

Hours: SU 8:00AM-6:00PM

MO 8:00AM-6:00PM

TU 8:00AM-6:00PM

WE 8:00AM-6:00PM

TH 8:00AM-6:00PM

FR 8:00AM-6:00PM

SA 8:00AM-6:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Lao, Spanish

Cultural Competency: No

Hours: SU 8:00AM-6:00PM

MO 8:00AM-6:00PM

TU 8:00AM-6:00PM

WE 8:00AM-6:00PM

TH 8:00AM-6:00PM

FR 8:00AM-6:00PM

SA 8:00AM-6:00PM

























American Sign Language (ASL):

N

Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p><i>PROVIDER</i>            Medical Group/IPA:            OPERATION SAMAHAN   Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p>	<p><b>OPERATION SAMAHAN            GRANGER SCHOOL BASED</b>            Provider ID: 418302   2101 GRANGER AVE            NATIONAL CITY, CA            91950-6208</p>	<p>Fax: 619-434-8999   After Hours Phone:            844-200-2426            License Number: 550002622            NPI: 1801907449</p>
<p><b>OPERATION SAMAHAN            GRANGER SCHOOL BASED</b>            Provider ID: 418302   2101 GRANGER AVE            NATIONAL CITY, CA            91950-6208   Phone: 844-200-2426   After Hours Phone:            844-200-2426</p>	<p> Phone: 844-200-2426            Fax: 619-434-8999   After Hours Phone:            844-200-2426            NPI: 1801907449</p>	<p>Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>
<p>License Number: NP95000203            NPI: 1801907449            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>	<p>Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>	<p>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>American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER</p>	<p><b>SAN YSIDRO HEALTH SOUTH            BAY</b>            Provider ID: 361428</p>
<p>Medical Group/IPA:            OPERATION SAMAHAN   Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p>	<p><b>OPERATION SAMAHAN            GRANGER SCHOOL BASED</b>            Provider ID: 418302   2101 GRANGER AVE            NATIONAL CITY, CA            91950-6208   Phone: 844-200-2426</p>	<p> 330 E 8TH ST            NATIONAL CITY, CA            91950-2312   Phone: 619-662-4100   After Hours Phone:            619-662-4100            License Number: 20A12653            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None</p>


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

<p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</p>	<p>FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</p>	<p> Website: www.ihpsocal.org</p> <p><b>TRUECARE</b> Provider ID: 296476</p> <p> 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p> <p> Phone: 760-757-4566 Fax: 760-736-8740</p> <p> After Hours Phone: 760-757-4566</p> <p>License Number: 80000240 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes  Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</p>
<b>OCEANSIDE</b>		
<p><b>TRUECARE</b> Provider ID: 296476</p> <p> 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p> <p> Phone: 760-757-4566</p> <p> After Hours Phone: 760-757-4566</p> <p>License Number: PA53036 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes  Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM</p>	<p><b>TRUECARE</b> Provider ID: 296476</p> <p> 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p> <p> Phone: 760-757-4566 Fax: 760-736-8740</p> <p> After Hours Phone: 760-757-4566</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes  Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p>	<p><b>TRUECARE</b> Provider ID: 296476</p> <p> 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Phone: 760-757-4566  
Fax: 760-757-3004

 After Hours Phone:  
760-757-4566


License Number: A66289

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### 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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### TRUECARE

Provider ID: 296478

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 Phone: 760-757-4566

 After Hours Phone:

760-757-4566


License Number: NP21368

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N




 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


**PROVIDER**  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE


Provider ID: 296476  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA  
 92054-4415  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767

License Number: 20A7241  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### TRUECARE

Provider ID: 296476


 605 CROUCH ST BLDG C  
 OCEANSIDE, CA  
 92054-4415  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767

License Number: A131678  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE


Provider ID: 296476

 605 CROUCH ST BLDG C  
 OCEANSIDE, CA  
 92054-4415  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767

License Number: NP95012681  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE


Provider ID: 296476

 605 CROUCH ST BLDG C  
 OCEANSIDE, CA  
 92054-4415  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767

License Number: NP95013879  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


### PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

Fax: 760-414-3731

 After Hours Phone: 760-631-5000

License Number: A130883

NPI: 1598122871

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


### VISTA COMMUNITY CLINIC


Provider ID: 206341

 4700 N RIVER RD

OCEANSIDE, CA

92057-6043

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: NP95016368


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


### VISTA COMMUNITY CLINIC PIER VIEW WAY

Provider ID: 402434

 818 PIER VIEW WAY

OCEANSIDE, CA

92054-2803

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone: 760-631-5000

License Number: 80000510


NPI: 1598122871

Accepting New Patients: No

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: Yes

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


### VISTA COMMUNITY CLINIC PIER VIEW WAY

Provider ID: 402434


 818 PIER VIEW WAY

OCEANSIDE, CA

92054-2803

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone: 760-631-5000


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


### TRUECARE


Provider ID: 480315

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

 Phone: 760-433-3155

 After Hours Phone:  
760-433-3155

License Number: PA19825

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

### 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000


 After Hours Phone:  
760-631-5000


License Number: NP95006826

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST  
OCEANSIDE, CA  
92054-2518

 Phone: 760-631-5000  
Fax: 760-414-3892


 After Hours Phone:  
760-631-5000

License Number: 80000745

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: Yes

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: N/A

### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043


 Phone: 760-631-5000


 After Hours Phone:  
760-631-5000

License Number: 20A18374

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None


 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.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*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)*

### VISTA COMMUNITY CLINIC

*Provider ID: 206341*

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 *Phone: 760-631-5000*

 *After Hours Phone: 760-631-5000*

*License Number: A149340*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.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*


*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*


 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)*

### VISTA COMMUNITY CLINIC

*Provider ID: 206341*

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043

 *Phone: 760-631-5000*


 *After Hours Phone: 760-631-5000*


*License Number: NP95009284*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

N

 **Accessibility:** CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 **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

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):

N

 **Accessibility:** CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 **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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):

N

 **Accessibility:** CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 **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

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):

N

 **Accessibility:** CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 **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

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*


### POWAY

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

*Provider ID: 481187*

 *13010 POWAY RD  
POWAY, CA 92064-4520*

 *Phone: 858-218-3000*  
*Fax: 360-462-2742*


 *After Hours Phone:  
858-218-3000*

*License Number: 550004321*

*NPI: 1598122871*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM*

*FR 8:00AM-5:00PM*

*SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: N/A*

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

*Provider ID: 481187*

 *13010 POWAY RD  
POWAY, CA 92064-4520*


 *Phone: 858-218-3000*


 *After Hours Phone:  
858-218-3000*

*License Number: A119661*

*NPI: 1598122871*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *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*

*NPI: 1598122871*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: N/A*

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER



*Provider ID: 481187*



 *13010 POWAY RD  
POWAY, CA 92064-4520*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## B. Clínicas de salud con calificación federal





 Phone: 858-218-3000  
 After Hours Phone:  
 858-218-3000  
 License Number: PA23310  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None


 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes

Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM



American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### SAN DIEGO


#### SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941  
 Phone: 619-515-2435  
 After Hours Phone:  
 619-515-2435  
 License Number: PA53788  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM


American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO



 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  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: N/A


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

 After Hours Phone:  
619-515-2435

License Number: A80504

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: N/A

### SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

 After Hours Phone:

619-515-2435

License Number: A97036

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 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: PA16245

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
Cultural Competency: No



 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):



N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: N/A*



### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: A147758*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-5:00PM*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**


*Provider ID: 206362*  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*

*License Number: A148014*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-5:00PM*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*

 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**



*Provider ID: 206362*  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*

*License Number: A154298*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-5:00PM*

*American Sign Language (ASL):*  
*N*



 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*

*License Number: A173486*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: G78814  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone: 619-515-2424

License Number: NP95002226  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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: NP95006792  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone: 619-515-2444

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444


License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444


License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

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

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: DPM4819


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

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

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: G78814


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### **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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM


MO 8:30AM-5:30PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
 619-515-2444

License Number: NP95013978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
 619-515-2300

License Number: PA17864

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
 619-515-2300

License Number: PA20396

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
 619-515-2300

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

License Number: PA21591

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: PA23258

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PA53788

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PA61677

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PT295463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: PT30272

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A113001


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

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

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A114181


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### **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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

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

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A118095


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM


MO 8:30AM-5:30PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: A163464  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
 619-515-2444


License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM

TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
 619-515-2444


License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM

TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
 619-515-2300


License Number: NP95001705

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: NP95007253

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: NP95011313

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


**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 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95015780

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP95022452

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: PA13752

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: PA15227

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

License Number: G81658  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER



Provider ID: 206360

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone: 619-515-2300

License Number: NM792


NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER



Provider ID: 206360

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone: 619-515-2300

License Number: NP10906

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER



Provider ID: 206360

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone: 619-515-2300


License Number: NP11778

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP17852

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: NP2286

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: NP95000205

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: NP95000602

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N






 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

**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 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300  
License Number: A71671  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300  
License Number: A72005  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER


Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300

License Number: A76785  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone:  
619-515-2300  
License Number: A77126  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: A80504

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: A97036

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: SP27677

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)


### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No



 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):




N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: [www.fhcsd.org](http://www.fhcsd.org)*



### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: 20A14919*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 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)*

### **NORTH PARK FAMILY HEALTH CENTERS**


*Provider ID: 416831*  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*


*License Number: A103099*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 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)*

### **NORTH PARK FAMILY HEALTH CENTERS**


*Provider ID: 416831*  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*

*License Number: A108228*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 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)*

### **NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*

*License Number: A113001*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424


License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424


License Number: 20A20252

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424

License Number: PA17220

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

License Number: PA18746  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE



Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
 Phone: 619-515-2525  
 After Hours Phone:  
619-515-2525

License Number: A128091

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
 Phone: 619-515-2525  
 After Hours Phone:  
619-515-2525

License Number: A163977

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

Provider ID: 417429

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
619-515-2525

License Number: DPM4819

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
619-515-2424


License Number: 20A15068

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM


WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424


License Number: 20A15413

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


**PROVIDER**  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO

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

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
 619-515-2424

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### **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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424


 After Hours Phone:  
 619-515-2424

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
 619-515-2424


License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
 619-515-2424

License Number: A140646

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

 Phone: 619-515-2525

 After Hours Phone:  
 619-515-2525

License Number: PA22762

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### 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:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


619-515-2525  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)


### FAMILY HLTH CTR SAN DIEGO CITY 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: 20A12504

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: 20A15459

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### **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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424


License Number: A132576

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424


License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

License Number: A164859  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### **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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone: 619-515-2424

License Number: A51318

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### **NORTH PARK FAMILY HEALTH CENTERS**



Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone: 619-515-2424

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A95577

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


*PROVIDER*  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO

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

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
 SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
 619-515-2424

License Number: NP95013978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 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)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

 3514 30TH ST  
 SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
 619-515-2424

License Number: PA21042

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 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)

### **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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 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)

### **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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No



 Hours: SU 8:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## B. Clínicas de salud con calificación federal

MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 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*

### NORTH PARK FAMILY HEALTH CENTERS




Provider ID: 206362  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
 License Number: 20A11535  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None



 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 *Website: www.fhcsd.org*



### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
 License Number: 20A14794  
 NPI: 1134155377




Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM



American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 *Website: www.fhcsd.org*


### NORTH PARK FAMILY HEALTH CENTERS


Provider ID: 206362  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
 License Number: 20A14919  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM




American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*

### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: A112379


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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: A120576


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

-  *After Hours Phone:* 619-662-4100  
*License Number:* A157505  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH CHC - OCEAN VIEW**  
*Provider ID:* 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 *Phone:* 619-662-4100  
 *After Hours Phone:* 619-662-4100  
*License Number:* A162332  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM
- MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER
- MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH CHC - OCEAN VIEW**  
*Provider ID:* 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 *Phone:* 619-662-4100  
 *After Hours Phone:* 619-662-4100  
*License Number:* A78373  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH CHC - OCEAN VIEW**  
*Provider ID:* 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432
- Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* www.ihpsocal.org
- SAN YSIDRO HEALTH CHC - OCEAN VIEW**  
*Provider ID:* 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 *Phone:* 619-662-4100  
 *After Hours Phone:* 619-662-4100  
*License Number:* C54198  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* www.ihpsocal.org

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C55180


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM


SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA



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

### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 316 25TH ST  
SAN DIEGO, CA 92102-3016  
 Phone: 619-238-5551  
 After Hours Phone:  
619-238-5551

License Number: A97270

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A

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

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545

License Number: 20A17657

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545


License Number: 20A17702

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545

License Number: 20A17926

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: www.fhcsd.org

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.





## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: 20A19399

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM

MO 8:00AM-9:00PM

TU 8:00AM-9:00PM


WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: A119631

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None



 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

 *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 92103-2143  
 *Phone: 619-515-2545*  
 *After Hours Phone: 619-515-2545*  
*License Number: A136616*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-9:00PM*  
*MO 8:00AM-9:00PM*  
*TU 8:00AM-9:00PM*  
*WE 8:00AM-9:00PM*  
*TH 8:00AM-9:00PM*  
*FR 8:00AM-9:00PM*  
*SA 8:00AM-9:00PM*

*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 92103-2143  
 *Phone: 619-515-2545*  
 *After Hours Phone: 619-515-2545*  
*License Number: A140324*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-9:00PM*  
*MO 8:00AM-9:00PM*  
*TU 8:00AM-9:00PM*  
*WE 8:00AM-9:00PM*  
*TH 8:00AM-9:00PM*  
*FR 8:00AM-9:00PM*  
*SA 8:00AM-9:00PM*

*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 92103-2143  
 *Phone: 619-515-2545*  
 *After Hours Phone: 619-515-2545*

*License Number: A154708*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-9:00PM*  
*MO 8:00AM-9:00PM*  
*TU 8:00AM-9:00PM*  
*WE 8:00AM-9:00PM*  
*TH 8:00AM-9:00PM*  
*FR 8:00AM-9:00PM*  
*SA 8:00AM-9:00PM*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*



 *Website: 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*  
*NPI: 1609849074*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545


License Number: DC33688

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### 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

NPI: 1134155377

Accepting New Patients: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-9:00PM

MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM


TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

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)

### 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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-9:00PM

MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: NP95001899


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-9:00PM

MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

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)

### 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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-9:00PM

MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST


Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 After Hours Phone:  
619-515-2545


License Number: NP95005293

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545

License Number: PA21385

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545


License Number: PA23231

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: www.fhcsd.org

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: www.fhcsd.org


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560


License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


*PROVIDER*  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO

 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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### 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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
 619-515-2560

License Number: A118095


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
 619-515-2560

License Number: A119689


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM


MO 9:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545

License Number: A171135

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone: 619-515-2545

License Number: A177462

NPI: 1134155377


Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

License Number: A180044  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST



Provider ID: 417937

 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545

License Number: A70175

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM

TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545

License Number: A80153

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST



Provider ID: 417937

 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone: 619-515-2545

License Number: A80461

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: C52451

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: DC31024

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM

TU 8:00AM-9:00PM

WE 8:00AM-9:00PM

TH 8:00AM-9:00PM

FR 8:00AM-9:00PM

SA 8:00AM-9:00PM

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)

### 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Language(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM





American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ibclinic.org*





### NESTOR COMMUNITY HEALTH CENTER

*Provider ID: 214492*  
 1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
 *Phone: 619-429-3733*  
 *After Hours Phone: 619-429-3733*  
*License Number: A165398*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:00PM*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*  
*SA 8:30AM-5:00PM*


*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ibclinic.org*



### NESTOR COMMUNITY HEALTH CENTER



*Provider ID: 214492*  
 1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
 *Phone: 619-429-3733*  
 *After Hours Phone: 619-429-3733*  
*License Number: NP22031*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:00PM*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*  
*SA 8:30AM-5:00PM*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ibclinic.org*

### NESTOR COMMUNITY HEALTH CENTER




*Provider ID: 214492*  
 1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
 *Phone: 619-429-3733*  
*Fax: 619-628-5550*

 *After Hours Phone: 619-429-3733*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: No*  
 *Hours: SU 8:30AM-5:00PM*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*  
*SA 8:30AM-5:00PM*

*American Sign Language (ASL):*  
 N








 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ibclinic.org*

### NESTOR COMMUNITY HEALTH CENTER

*Provider ID: 214492*  
 1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
 *Phone: 619-429-3733*  
*Fax: 619-628-5550*  
 *After Hours Phone: 619-429-3733*  
*License Number: 550001474*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p> <i>Site Languages(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p> <i>Hours:</i> SU 8:30AM-5:00PM MO 8:30AM-5:00PM TU 8:30AM-5:00PM WE 8:30AM-5:00PM TH 8:30AM-5:00PM FR 8:30AM-5:00PM SA 8:30AM-5:00PM</p>	<p><i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility:</i> CONTACT PROVIDER</p> <p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p> <p> <i>Website:</i> <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>KING CHAVEZ HEALTH CENTER</b></p> <p><i>Provider ID:</i> 451167</p> <p> 950 S EUCLID AVE SAN DIEGO, CA 92114-6201</p> <p> <i>Phone:</i> 619-662-4100</p> <p> <i>After Hours Phone:</i> 619-662-4100</p> <p><i>License Number:</i> 20A8204 <i>NPI:</i> 1598122871</p>
<p><i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility:</i> CONTACT PROVIDER</p> <p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p> <p> <i>Website:</i> <a href="http://www.ibclinic.org">www.ibclinic.org</a></p>	<p><b>KING CHAVEZ HEALTH CENTER</b></p> <p><i>Provider ID:</i> 451167</p> <p> 950 S EUCLID AVE SAN DIEGO, CA 92114-6201</p> <p> <i>Phone:</i> 619-662-4100</p> <p> <i>After Hours Phone:</i> 619-662-4100</p> <p><i>License Number:</i> 20A7435 <i>NPI:</i> 1598122871</p>	<p><i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None</p> <p> <i>Site English Spoken:</i> Yes</p> <p><i>Cultural Competency:</i> No</p> <p> <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>
<p><b>KING CHAVEZ HEALTH CENTER</b></p> <p><i>Provider ID:</i> 451167</p> <p> 950 S EUCLID AVE SAN DIEGO, CA 92114-6201</p> <p> <i>Phone:</i> 619-428-4463</p> <p> <i>After Hours Phone:</i> 619-428-4463</p> <p><i>License Number:</i> G71855 <i>NPI:</i> 1598122871</p> <p><i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\None</p>	<p> <i>Site English Spoken:</i> Yes</p> <p><i>Cultural Competency:</i> No</p> <p> <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p><i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility:</i> CONTACT PROVIDER</p> <p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p> <p> <i>Website:</i> <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p> <i>Site English Spoken:</i> Yes</p> <p><i>Cultural Competency:</i> No</p> <p> <i>Hours:</i> SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p>	<p><i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility:</i> CONTACT PROVIDER</p> <p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p> <p> <i>Website:</i> <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>KING CHAVEZ HEALTH CENTER</b></p> <p><i>Provider ID:</i> 451167</p> <p> 950 S EUCLID AVE SAN DIEGO, CA 92114-6201</p> <p> <i>Phone:</i> 619-662-4100</p> <p> <i>After Hours Phone:</i> 619-662-4100</p> <p><i>License Number:</i> A101017</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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: A125329

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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: A134995

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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: A153223

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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:






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

619-662-4100  
License Number: A165432  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM




American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 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  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 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  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA  
 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  
NPI: 1598122871























Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

-  *After Hours Phone:* 619-662-4100  
*License Number:* DC27523  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None
-  *Site English Spoken:* Yes  
*Cultural Competency:* No
-  *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM
- American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER
- Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA
-  *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  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None
-  *Site English Spoken:* Yes  
*Cultural Competency:* No
-  *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM
- American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER
- MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*
- Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA
-  *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:* NP8563  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None
-  *Site English Spoken:* Yes  
*Cultural Competency:* No
-  *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM
- American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER
- MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*
- Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA
-  *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  
*Fax:* 619-662-4158
-  *After Hours Phone:* 619-662-4100
- NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None
-  *Site English Spoken:* Yes  
*Cultural Competency:* No
-  *Hours:* SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM
- American Sign Language (ASL):* N
-  *Accessibility:* CONTACT PROVIDER
- Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA
-  *Website:* [www.ihpsocal.org](http://www.ihpsocal.org)
- ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER**  
*Provider ID:* 403583
-  1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: A104052


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE


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## B. Clínicas de salud con calificación federal

SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
 619-233-8500  
 License Number: A42127  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:30PM  
 MO 8:00AM-5:30PM  
 TU 8:00AM-5:30PM  
 WE 8:00AM-5:30PM  
 TH 8:00AM-5:30PM  
 FR 8:00AM-5:30PM  
 SA 8:00AM-5:30PM

American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER



Provider ID: 403583  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
 619-233-8500  
 License Number: A54702  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No  
 Hours: SU 8:00AM-5:30PM  
 MO 8:00AM-5:30PM  
 TU 8:00AM-5:30PM  
 WE 8:00AM-5:30PM  
 TH 8:00AM-5:30PM  
 FR 8:00AM-5:30PM  
 SA 8:00AM-5:30PM


American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A



### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
 619-233-8500  
 License Number: A60801  
 NPI: 1598122871



Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:30PM  
 MO 8:00AM-5:30PM  
 TU 8:00AM-5:30PM  
 WE 8:00AM-5:30PM  
 TH 8:00AM-5:30PM  
 FR 8:00AM-5:30PM  
 SA 8:00AM-5:30PM



American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A



### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
 619-233-8500  
 License Number: A67762  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:30PM  
 MO 8:00AM-5:30PM  
 TU 8:00AM-5:30PM  
 WE 8:00AM-5:30PM  
 TH 8:00AM-5:30PM  
 FR 8:00AM-5:30PM  
 SA 8:00AM-5:30PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
Phone: 619-233-8500  
After Hours Phone:  
619-233-8500

License Number: A82123  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: yes  
Cultural Competency: No  
Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
Phone: 619-233-8500  
After Hours Phone:  
619-233-8500

License Number: C53121  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: yes  
Cultural Competency: No  
Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
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  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: yes  
Cultural Competency: No  
Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
Phone: 619-233-8500  
After Hours Phone:  
619-233-8500

License Number: G71080  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None



























Site English Spoken: yes  
Cultural Competency: No  
Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p><b>ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER</b>            Provider ID: 403583   1501 IMPERIAL AVE            SAN DIEGO, CA 92101-7638   Phone: 619-233-8500   After Hours Phone:            619-233-8500            License Number: G72486            NPI: 1598122871</p>	<p>NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: yes            Cultural Competency: No   Hours: SU 8:00AM-5:30PM            MO 8:00AM-5:30PM            TU 8:00AM-5:30PM            WE 8:00AM-5:30PM            TH 8:00AM-5:30PM            FR 8:00AM-5:30PM            SA 8:00AM-5:30PM</p>	<p>TH 8:00AM-5:30PM            FR 8:00AM-5:30PM            SA 8:00AM-5:30PM            American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: N/A</p>
<p>Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: yes            Cultural Competency: No   Hours: SU 8:00AM-5:30PM            MO 8:00AM-5:30PM            TU 8:00AM-5:30PM            WE 8:00AM-5:30PM            TH 8:00AM-5:30PM            FR 8:00AM-5:30PM            SA 8:00AM-5:30PM</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: N/A</p>	<p><b>LOGAN HEIGHTS FAMILY HEALTH CENTER</b>            Provider ID: 206360   1809 NATIONAL AVE            SAN DIEGO, CA 92113-2113   Phone: 619-515-2300   After Hours Phone:            619-515-2300            License Number: A147939</p>
<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: N/A</p>	<p><b>ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER</b>            Provider ID: 403583   1501 IMPERIAL AVE            SAN DIEGO, CA 92101-7638   Phone: 619-233-8500   After Hours Phone:            619-233-8500            License Number: PA54617</p>	<p>NPI: 1134155377            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes            Cultural Competency: No   Hours: SU 9:00AM-5:00PM            MO 9:00AM-5:00PM            TU 9:00AM-5:00PM            WE 9:00AM-5:00PM            TH 9:00AM-5:00PM            FR 9:00AM-5:00PM            SA 9:00AM-5:00PM</p>
<p><b>ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER</b>            Provider ID: 403583   1501 IMPERIAL AVE            SAN DIEGO, CA 92101-7638   Phone: 619-233-8500   After Hours Phone:            619-233-8500            License Number: NP10769</p>	<p>NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: yes            Cultural Competency: No   Hours: SU 8:00AM-5:30PM            MO 8:00AM-5:30PM            TU 8:00AM-5:30PM            WE 8:00AM-5:30PM</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


DIEGO


 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A154298


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: A160489

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

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 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A163183*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-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)*

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

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A163464*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-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)*

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

*Provider ID: 206360*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

 *After Hours Phone: 619-515-2300*

*License Number: A163978*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-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)*

### **LOGAN HEIGHTS FAMILY HEALTH 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*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone: 619-515-2300


License Number: A164889

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429

 Phone: 619-515-2454

Fax: 619-794-2696

 After Hours Phone: 619-515-2454


License Number: 550003556

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)


### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone: 619-515-2422


License Number: A121451

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

📞 *After Hours Phone:*  
619-515-2444  
NPI: 1134155377

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

🗨️ *Site English Spoken: Yes*  
*Cultural Competency: No*

🕒 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 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*

### **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*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

🗨️ *Site English Spoken: Yes*  
*Cultural Competency: No*

🕒 *Hours: SU 8:30AM-5:30PM*  
*MO 8:30AM-5:30PM*  
*TU 8:30AM-5:30PM*  
*WE 8:30AM-5:30PM*  
*TH 8:30AM-5:30PM*  
*FR 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*

### **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*

*NPI: 1598122871*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

🗨️ *Site English Spoken: yes*  
*Cultural Competency: No*

🕒 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*  
N

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: N/A*

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

*Provider ID: 517403*

📍 316 25TH ST  
SAN DIEGO, CA 92102-3016

☎️ *Phone: 619-662-4100*

📞 *After Hours Phone:*  
619-662-4100

*License Number: NP20849*

*NPI: 1598122871*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

🗨️ *Site English Spoken: yes*  
*Cultural Competency: No*

🕒 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*  
N

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*



🌐 *Website: N/A*

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



*Provider ID: 517403*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

 316 25TH ST  
SAN DIEGO, CA 92102-3016  
 Phone: 619-662-4100  
Fax: 619-238-3807  
 After Hours Phone:  
619-662-4100  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: yes  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None




 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

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


Provider ID: 517998

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100



License Number: 550003882

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH

#### COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: NP95005999

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

### MID-CITY COMMUNITY CLINIC

Provider ID: 233597

4290 POLK AVE  
SAN DIEGO, CA 92105-1524

Phone: 619-563-0250

After Hours Phone:  
619-563-0250

License Number: A163512

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.sdfamilycare.org

### MID-CITY COMMUNITY CLINIC

Provider ID: 233597

4290 POLK AVE  
SAN DIEGO, CA 92105-1524

Phone: 619-563-0250

After Hours Phone:  
619-563-0250

License Number: A175116

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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: DPM4434

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.sdfamilycare.org


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

.org	License Number: A112176	🕒 Hours: SU 8:30AM-5:30PM
<b>MID-CITY COMMUNITY CLINIC</b>	NPI: 1598122871	MO 8:30AM-5:30PM
Provider ID: 233597	Accepting New Patients: Yes	TU 8:30AM-5:30PM
📍 4290 POLK AVE	Min/Max Age: 0\None	WE 8:30AM-5:30PM
SAN DIEGO, CA 92105-1524	🗣️ Site English Spoken: Yes	TH 8:30AM-5:30PM
☎️ Phone: 619-563-0250	🌍 Cultural Competency: No	FR 8:30AM-5:30PM
🕒 After Hours Phone:	🕒 Hours: SU 8:00AM-5:00PM	SA 8:30AM-5:30PM
619-563-0250	MO 8:00AM-5:00PM	American Sign Language (ASL):
License Number: G60630	TU 8:00AM-5:00PM	N
NPI: 1598122871	WE 8:00AM-5:00PM	♿️ Accessibility: CONTACT
Accepting New Patients: Yes	TH 8:00AM-5:00PM	PROVIDER
Min/Max Age: 0\None	FR 8:00AM-5:00PM	Medical Group/IPA: IHP OF
🗣️ Site English Spoken: Yes	SA 8:00AM-5:00PM	SOUTHERN CALIFORNIA
🌍 Cultural Competency: No	American Sign Language (ASL):	🌐 Website: www.sdfamilycare
🕒 Hours: SU 8:00AM-5:00PM	N	.org
MO 8:00AM-5:00PM	♿️ Accessibility: CONTACT	<b>SAN DIEGO FAMILY CARE</b>
TU 8:00AM-5:00PM	PROVIDER	Provider ID: 482070
WE 8:00AM-5:00PM	Medical Group/IPA: IHP OF	📍 7011 LINDA VISTA RD
TH 8:00AM-5:00PM	SOUTHERN CALIFORNIA	SAN DIEGO, CA 92111-6307
FR 8:00AM-5:00PM	🌐 Website: www.sdfamilycare	☎️ Phone: 858-810-8700
SA 8:00AM-5:00PM	.org	🕒 After Hours Phone:
American Sign Language (ASL):	<b>SAN DIEGO FAMILY CARE</b>	858-810-8700
N	Provider ID: 482070	License Number: A72833
♿️ Accessibility: CONTACT	📍 7011 LINDA VISTA RD	NPI: 1598122871
PROVIDER	SAN DIEGO, CA 92111-6307	Accepting New Patients: Yes
Medical Group/IPA: IHP OF	☎️ Phone: 858-810-8700	Min/Max Age: 0\None
SOUTHERN CALIFORNIA	🕒 After Hours Phone:	🗣️ Site English Spoken: yes
🌐 Website: www.sdfamilycare	858-810-8700	🗣️ Site Languages(s) Spoken:
.org	License Number: A61238	Lithuanian, Vietnamese,
<b>MID-CITY COMMUNITY CLINIC</b>	NPI: 1598122871	Spanish, Chinese
Provider ID: 233532	Accepting New Patients: Yes	Cultural Competency: No
📍 4305 UNIVERSITY AVE STE	Min/Max Age: 0\None	🕒 Hours: SU 8:30AM-5:30PM
150	🗣️ Site English Spoken: yes	MO 8:30AM-5:30PM
SAN DIEGO, CA 92105-1690	🗣️ Site Languages(s) Spoken:	TU 8:30AM-5:30PM
☎️ Phone: 619-280-2058	Lithuanian, Vietnamese,	WE 8:30AM-5:30PM
🕒 After Hours Phone:	Spanish, Chinese	TH 8:30AM-5:30PM
619-280-2058	Cultural Competency: No	FR 8:30AM-5:30PM
		SA 8:30AM-5:30PM






























Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

- American Sign Language (ASL):  Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  Phone: 858-810-8700  
N  After Hours Phone: 858-810-8700  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: yes  
 Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM
- American Sign Language (ASL):  Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
N  Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None
- SAN DIEGO FAMILY CARE**  
Provider ID: 482070  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
 Phone: 858-810-8700  
 After Hours Phone: 858-810-8700  
License Number: C174985  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: yes  
 Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM
- American Sign Language (ASL):  Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
N  Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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## B. Clínicas de salud con calificación federal

<p> Site English Spoken: yes</p> <p> Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</p>	<p>TU 8:30AM-5:30PM</p> <p>WE 8:30AM-5:30PM</p> <p>TH 8:30AM-5:30PM</p> <p>FR 8:30AM-5:30PM</p> <p>SA 8:30AM-5:30PM</p>	<p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p>
<p>Cultural Competency: No</p> <p> Hours: SU 8:30AM-5:30PM MO 8:30AM-5:30PM TU 8:30AM-5:30PM WE 8:30AM-5:30PM TH 8:30AM-5:30PM FR 8:30AM-5:30PM SA 8:30AM-5:30PM</p>	<p>American Sign Language (ASL): N</p>	<p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>
<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>	<p><b>SAN DIEGO FAMILY CARE</b></p> <p>Provider ID: 482070</p> <p> 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p> Phone: 858-810-8700</p> <p> After Hours Phone: 858-810-8700</p> <p>License Number: NP23847</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p>
<p><b>SAN DIEGO FAMILY CARE</b></p> <p>Provider ID: 482070</p> <p> 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p> Phone: 858-810-8700</p> <p> After Hours Phone: 858-810-8700</p> <p>License Number: G70886</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p>	<p><b>SAN DIEGO FAMILY CARE</b></p> <p>Provider ID: 482070</p> <p> 7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p> Phone: 858-810-8700</p> <p> After Hours Phone: 858-810-8700</p> <p>License Number: NP16433</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p>	<p> Site English Spoken: yes</p> <p> Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:30AM-5:30PM MO 8:30AM-5:30PM TU 8:30AM-5:30PM WE 8:30AM-5:30PM TH 8:30AM-5:30PM FR 8:30AM-5:30PM SA 8:30AM-5:30PM</p>
<p> Site English Spoken: yes</p> <p> Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:30AM-5:30PM MO 8:30AM-5:30PM</p>	<p> Site English Spoken: yes</p> <p> Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:30AM-5:30PM MO 8:30AM-5:30PM TU 8:30AM-5:30PM WE 8:30AM-5:30PM TH 8:30AM-5:30PM FR 8:30AM-5:30PM SA 8:30AM-5:30PM</p> <p>American Sign Language (ASL): N</p>	<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a></p>


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## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: A120043

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

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## B. Clínicas de salud con calificación federal


**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 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A121451

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A122238

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A136616

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A142703


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

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## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A146111

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A146838

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### 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


NPI: 1134155377

Accepting New Patients: Yes


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## B. Clínicas de salud con calificación federal

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

 Phone: 619-515-2426

 After Hours Phone:  
619-515-2426

License Number: PA59481


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM


TH 8:30AM-5:30PM

FR 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)

### FAMILY HEALTH CTR OF SDELM ST

Provider ID: 419167

 140 ELM ST  
SAN DIEGO, CA 92101-2602

 Phone: 619-515-2520

Fax: 619-231-0431

 After Hours Phone:  
619-515-2520


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM


TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)


### 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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK



Provider ID: 418142



 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## B. Clínicas de salud con calificación federal

 Phone: 619-515-2454  
 After Hours Phone:  
 619-515-2454  
 License Number: 20A12796  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None


 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK






Provider ID: 418142  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone:  
 619-515-2454  
 License Number: 20A14772  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes

Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone:  
 619-515-2454  
 License Number: C174538  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
 Phone: 619-515-2454  
 After Hours Phone:  
 619-515-2454  
 License Number: PA58505  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300


License Number: 20A12653

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM


WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


**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 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: 20A15743

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: 20A17072

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300


License Number: 20A17478

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:  
619-515-2300

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300


 After Hours Phone:  
619-515-2300

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

619-515-2430  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 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

### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: 619-515-2430  
 Fax: 619-578-2410  
 After Hours Phone:  
 619-515-2430  
 License Number: 550002251  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 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

### FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE  
 SAN DIEGO, CA  
 92105-2026

Phone: 619-515-2426

After Hours Phone:  
 619-515-2426

License Number: 20A17577

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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

### 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

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 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

### FAMILY HEALTH CTR IBARRA

Provider ID: 417987



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal



 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: A145023  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)




### **FAMILY HEALTH CTR IBARRA**


Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: A173486  
NPI: 1134155377  
Accepting New Patients: Yes



Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)





### **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  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987  
 4874 POLK AVE  
SAN DIEGO, CA  
92105-2026  
 Phone: 619-515-2426  
 After Hours Phone:  
619-515-2426  
License Number: NP17838  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### **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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560


License Number: PA20378

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560


License Number: PA58081

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No



 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):






N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 *Phone: 619-515-2560*  
 *After Hours Phone: 619-515-2560*  
*License Number: PA58505*  
*NPI: 1134155377*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-5:00PM*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**


*Provider ID: 206363*  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 *Phone: 619-515-2560*  
 *After Hours Phone: 619-515-2560*


*License Number: PA60864*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-5:00PM*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*

 *Website: www.fhcsd.org*

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**



*Provider ID: 206363*  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 *Phone: 619-515-2560*  
 *After Hours Phone: 619-515-2560*

*License Number: RN810863*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*  
*TU 9:00AM-5:00PM*  
*WE 9:00AM-5:00PM*  
*TH 9:00AM-5:00PM*  
*FR 9:00AM-5:00PM*  
*SA 9:00AM-5:00PM*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*  
 *Website: www.fhcsd.org*

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*  
 4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
 *Phone: 619-515-2560*  
*Fax: 619-263-2499*  
 *After Hours Phone: 619-515-2560*  
*NPI: 1134155377*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 9:00AM-5:00PM*  
*MO 9:00AM-5:00PM*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)


### 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

**NPI:** 1134155377

**Accepting New Patients:** Yes

**Min/Max Age:** 0\None

 **Site English Spoken:** Yes  
**Cultural Competency:** No

 **Hours:** SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

 **Phone:** 619-515-2430

 **After Hours Phone:**  
619-515-2430


**License Number:** 20A7147

**NPI:** 1134155377

**Accepting New Patients:** Yes

**Min/Max Age:** 0\None

 **Site English Spoken:** Yes  
**Cultural Competency:** No

 **Hours:** SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### 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

**NPI:** 1134155377

**Accepting New Patients:** Yes

**Min/Max Age:** 0\None

 **Site English Spoken:** Yes  
**Cultural Competency:** No

 **Hours:** SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### OPERATION SAMAHAN RANCHO PENASQUITOS





Provider ID: 418535

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA  
92129-2889




 **Phone:** 844-200-2426

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal




 After Hours Phone:  
 844-200-2426  
 License Number: NP22974  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 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  
 92129-2889  
 Phone: 844-200-2426  
 After Hours Phone:  
 844-200-2426  
 License Number: NP95003211  
 NPI: 1801907449  
 Accepting New Patients: Yes





Min/Max Age: 0\None  
 Site English Spoken: yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 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  
 92129-2889  
 Phone: 844-200-2426  
 After Hours Phone:  
 844-200-2426  
 License Number: PA19664  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM  
 FR 8:30AM-5:30PM  
 SA 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  
 92129-2889  
 Phone: 844-200-2426  
 Fax: 858-695-9074  
 After Hours Phone:  
 844-200-2426  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
 MO 8:30AM-5:30PM  
 TU 8:30AM-5:30PM  
 WE 8:30AM-5:30PM  
 TH 8:30AM-5:30PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p>FR 8:30AM-5:30PM SA 8:30AM-5:30PM American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: OPERATION SAMAHAN Website: www.operationsa mahan.org</p>	<p>Accessibility: CONTACT PROVIDER Website: www.operationsa mahan.org</p>	<p>Website: www.operationsa mahan.org</p>
<p><b>OPERATION SAMAHAN RANCHO PENASQUITOS</b> Provider ID: 418535 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889 Phone: 844-200-2426 Fax: 858-695-9074 After Hours Phone: 844-200-2426 License Number: 550002478 NPI: 1801907449 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: yes Site Languages(s) Spoken: Spanish Cultural Competency: No Hours: SU 8:30AM-5:30PM MO 8:30AM-5:30PM TU 8:30AM-5:30PM WE 8:30AM-5:30PM TH 8:30AM-5:30PM FR 8:30AM-5:30PM SA 8:30AM-5:30PM American Sign Language (ASL): N</p>	<p><b>OPERATION SAMAHAN RANCHO PENASQUITOS</b> Provider ID: 418535 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889 Phone: 844-200-2426 Fax: 858-695-9074 After Hours Phone: 844-200-2426 License Number: 550003857 NPI: 1801907449 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: yes Site Languages(s) Spoken: Spanish Cultural Competency: No Hours: SU 8:30AM-5:30PM MO 8:30AM-5:30PM TU 8:30AM-5:30PM WE 8:30AM-5:30PM TH 8:30AM-5:30PM FR 8:30AM-5:30PM SA 8:30AM-5:30PM American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: OPERATION SAMAHAN</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 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None Site English Spoken: Yes Cultural Competency: No Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA 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</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


-  *After Hours Phone:*  
 619-280-2058  
*License Number:* A163512  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *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  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No
-  *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *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:* A72833  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N
-  *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *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  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
*Cultural Competency:* No  
 *Hours:* SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* [www.sdfamilycare.org](http://www.sdfamilycare.org)
- MID-CITY COMMUNITY CLINIC**  
*Provider ID:* 233532

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058

 After Hours Phone:  
619-280-2058

License Number: NP95019446


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Lithuanian, Vietnamese,  
Spanish, Chinese

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM


TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Lithuanian, Vietnamese,  
Spanish, Chinese

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Lithuanian, Vietnamese,  
Spanish, Chinese

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM


SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.sdfamilycare.org*

### **SAN DIEGO AMERICAN INDIAN HEALTH CENTER**

*Provider ID: 207382*

 2630 1ST AVE  
SAN DIEGO, CA  
92103-6599

 *Phone: 619-234-2158*

*Fax: 619-234-0206*

 *After Hours Phone: 619-234-2158*


*License Number: 90000168*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: yes*

 *Site Languages(s) Spoken: Korean, Spanish, Hindi*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM*

*MO 8:00AM-5:00PM*

*TU 8:00AM-5:00PM*

*WE 8:00AM-5:00PM*

*TH 8:00AM-5:00PM*

*FR 8:00AM-5:00PM*

*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.sdaihc.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*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian*

*Cultural Competency: No*

 *Hours: SU 8:30AM-5:30PM*

*MO 8:30AM-5:30PM*

*TU 8:30AM-5:30PM*

*WE 8:30AM-5:30PM*

*TH 8:30AM-5:30PM*

*FR 8:30AM-5:30PM*

*SA 8:30AM-5:30PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.sdfamilycare.org*

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

*Provider ID: 206046*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 *Phone: 858-279-0925*

 *After Hours Phone: 858-279-0925*


*License Number: A144372*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian*

*Cultural Competency: No*

 *Hours: SU 8:30AM-5:30PM*

*MO 8:30AM-5:30PM*

*TU 8:30AM-5:30PM*

*WE 8:30AM-5:30PM*

*TH 8:30AM-5:30PM*

*FR 8:30AM-5:30PM*

*SA 8:30AM-5:30PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.sdfamilycare.org*

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

*Provider ID: 206046*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 *Phone: 858-279-0925*

 *After Hours Phone: 858-279-0925*

*License Number: C174985*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL): SOUTHERN CALIFORNIA

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: DPM4434

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:

Vietnamese, Spanish,

Chinese, Lithuanian

Cultural Competency: No

Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM

SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

Hours: SU 8:30AM-5:30PM

MO 8:30AM-5:30PM

TU 8:30AM-5:30PM

WE 8:30AM-5:30PM

TH 8:30AM-5:30PM

FR 8:30AM-5:30PM


SA 8:30AM-5:30PM

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.sdfamilycare.org*


### LINDA VISTA HEALTH CARE CTR

*Provider ID: 206046*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 *Phone: 858-279-0925*

*Fax: 858-279-0377*

 *After Hours Phone: 858-279-0925*


*License Number: A93812*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian*

*Cultural Competency: No*

 *Hours: SU 8:30AM-5:30PM*

*MO 8:30AM-5:30PM*

*TU 8:30AM-5:30PM*

*WE 8:30AM-5:30PM*

*TH 8:30AM-5:30PM*

*FR 8:30AM-5:30PM*

*SA 8:30AM-5:30PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.sdfamilycare.org*


### LINDA VISTA HEALTH CARE CTR

*Provider ID: 206046*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 *Phone: 858-279-0925*

*Fax: 858-279-0377*

 *After Hours Phone: 858-279-0925*


*License Number: G70886*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian*

*Cultural Competency: No*

 *Hours: SU 8:30AM-5:30PM*

*MO 8:30AM-5:30PM*

*TU 8:30AM-5:30PM*

*WE 8:30AM-5:30PM*

*TH 8:30AM-5:30PM*

*FR 8:30AM-5:30PM*

*SA 8:30AM-5:30PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF*


*SOUTHERN CALIFORNIA*

 *Website: www.sdfamilycare.org*


### LINDA VISTA HEALTH CARE CTR

*Provider ID: 206046*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 *Phone: 858-279-0925*

*Fax: 858-633-4680*


 *After Hours Phone: 858-279-0925*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian*

*Cultural Competency: No*

 *Hours: SU 8:30AM-5:30PM*

*MO 8:30AM-5:30PM*

*TU 8:30AM-5:30PM*

*WE 8:30AM-5:30PM*

*TH 8:30AM-5:30PM*

*FR 8:30AM-5:30PM*

*SA 8:30AM-5:30PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.sdfamilycare.org*

### LINDA VISTA HEALTH CARE CTR


*Provider ID: 206046*


 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700


License Number: 20A12402

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### MID-CITY COMMUNITY CLINIC

Provider ID: 233597

 4290 POLK AVE  
SAN DIEGO, CA 92105-1524

 Phone: 619-563-0250

 After Hours Phone:  
619-563-0250

License Number: 20A7662


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### MID-CITY COMMUNITY CLINIC

Provider ID: 233597

 4290 POLK AVE  
SAN DIEGO, CA 92105-1524

 Phone: 619-563-0250

 After Hours Phone:  
619-563-0250

License Number: A112176


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 8:30AM-5:30PM

American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:  
OPERATION SAMAHAN


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


 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: DC29074

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 8:30AM-5:30PM  
SA 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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: NP10146

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone: 619-515-2560

License Number: NP95000205

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: NP95007000

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: NP95021154

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126-2375

 Phone: 844-200-2426



 After Hours Phone:  
844-200-2426

License Number: NP95003211

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

 Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### 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

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN


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

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007

 Phone: 844-200-2426


 After Hours Phone:  
 844-200-2426


License Number: NP22974

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):


N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN

 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

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN

 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

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
 Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN

 Website: [www.operationsamahan.org](http://www.operationsamahan.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:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

619-515-2560  
 License Number: A164879  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone: 619-515-2560  
 License Number: A178499  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone: 619-515-2560  
 License Number: A72005  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone: 619-515-2560  
 License Number: C174538  
 NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 Website: www.fhcsd.org


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
619-515-2560

License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560


License Number: G61394

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560


 After Hours Phone:  
619-515-2560


License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## B. Clínicas de salud con calificación federal


*PROVIDER*  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 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: MT2061555


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### **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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:  
619-515-2420

License Number: 20A11535


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:  
619-515-2420

License Number: A113001


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM


MO 9:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone: 619-515-2420

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: 20A14772

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:  
619-255-9155

License Number: PA21625

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)

### 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

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

Fax: 619-749-5480

After Hours Phone:  
619-255-9155

License Number: A81682

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-280-7072

After Hours Phone:  
619-280-7072

License Number: 20A14222

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-564-8765

After Hours Phone:  
619-564-8765

License Number: NP95009891

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-798-3947

After Hours Phone:  
619-798-3947

License Number: DC32800

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126-2375

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: A161105

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes  
Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hours: SU 8:00AM-4:30PM  
MO 8:00AM-4:30PM  
TU 8:00AM-4:30PM  
WE 8:00AM-4:30PM  
TH 8:00AM-4:30PM  
FR 8:00AM-4:30PM  
SA 8:00AM-4:30PM

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

- N**  
 **Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** OPERATION SAMAHAN  
 **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:** C54941  
**NPI:** 1801907449  
**Accepting New Patients:** Yes  
**Min/Max Age:** 0\None  
 **Site English Spoken:** yes  
 **Site Languages(s) Spoken:** Spanish, Tagalog  
**Cultural Competency:** No  
 **Hours:** SU 8:00AM-4:30PM  
 MO 8:00AM-4:30PM  
 TU 8:00AM-4:30PM  
 WE 8:00AM-4:30PM  
 TH 8:00AM-4:30PM  
 FR 8:00AM-4:30PM  
 SA 8:00AM-4:30PM  
**American Sign Language (ASL):** N
- N**  
 **Accessibility:** CONTACT PROVIDER  
**Medical Group/IPA:** OPERATION SAMAHAN  
 **Website:** [www.operationsamahan.org](http://www.operationsamahan.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
- 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:** DC15775  
**NPI:** 1801907449  
**Accepting New Patients:** Yes  
**Min/Max Age:** 0\None  
 **Site English Spoken:** yes  
 **Site Languages(s) Spoken:** Spanish, Tagalog  
**Cultural Competency:** No  
 **Hours:** SU 8:00AM-4:30PM  
 MO 8:00AM-4:30PM  
 TU 8:00AM-4:30PM  
 WE 8:00AM-4:30PM  
 TH 8:00AM-4:30PM  
 FR 8:00AM-4:30PM  
 SA 8:00AM-4:30PM  
**American Sign Language (ASL):** N
- 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

### 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: A163693

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:  
619-255-9155

License Number: A111170

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:  
619-255-9155

License Number: A75533

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)


















### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p>SAN DIEGO, CA 92105-1608   Phone: 619-255-9155   After Hours Phone: 619-255-9155            License Number: A82639            NPI: 1609849074            Accepting New Patients: Yes            Min/Max Age: 0\None</p>	<p> Site English Spoken: Yes            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: LA MAESTRA FAMILY CLINIC   Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></p>
<p> Site English Spoken: Yes            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: LA MAESTRA FAMILY CLINIC   Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b>            Provider ID: 185268   4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105-1608   Phone: 619-255-9155   After Hours Phone: 619-255-9155            License Number: G45632            NPI: 1609849074            Accepting New Patients: Yes            Min/Max Age: 0\None</p>
<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: LA MAESTRA FAMILY CLINIC   Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b>            Provider ID: 185268   4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105-1608   Phone: 619-255-9155   After Hours Phone: 619-255-9155            License Number: DC28966            NPI: 1609849074            Accepting New Patients: Yes            Min/Max Age: 0\None</p>	<p> Site English Spoken: Yes            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>
<p><b>LA MAESTRA FAMILY CLINIC INC</b>            Provider ID: 185268   4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105-1608   Phone: 619-255-9155   After Hours Phone: 619-255-9155            License Number: C55979            NPI: 1609849074            Accepting New Patients: Yes            Min/Max Age: 0\None</p>	<p> Site English Spoken: Yes            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: LA MAESTRA FAMILY CLINIC   Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:  
619-255-9155

License Number: G87837

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:

619-255-9155

License Number: NP95013257

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 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)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:  
619-255-9155

License Number: PA13694

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

American Sign Language (ASL):


N

Accessibility: CONTACT






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## B. Clínicas de salud con calificación federal

**PROVIDER**  
Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO  
 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: PT25155  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

**FAMILY HLTH CTR SD  
HILLCREST**  
Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545  
License Number: PT28061  
NPI: 1134155377


Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)



**FAMILY HLTH CTR SD  
HILLCREST**  
Provider ID: 417937  
 4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
619-515-2545

License Number: PT292351  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM  
TU 8:00AM-9:00PM  
WE 8:00AM-9:00PM  
TH 8:00AM-9:00PM  
FR 8:00AM-9:00PM  
SA 8:00AM-9:00PM

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)

**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  
NPI: 1134155377


Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
MO 8:00AM-9:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM  
 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)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545

License Number: PT293536

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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)

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545

License Number: PT296559

NPI: 1134155377

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: PT40975  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM  
 TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

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 92103-2143

Phone: 619-515-2545

Fax: 619-501-9645

After Hours Phone: 619-515-2545

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No

Hours: SU 8:00AM-9:00PM  
 MO 8:00AM-9:00PM

TU 8:00AM-9:00PM  
 WE 8:00AM-9:00PM  
 TH 8:00AM-9:00PM  
 FR 8:00AM-9:00PM  
 SA 8:00AM-9:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone: 619-515-2560

License Number: A126187

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone: 619-515-2560

License Number: A137260

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
 Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM


WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM


American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


**PROVIDER**  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO


 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No


 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:  
 619-515-2560

License Number: A164859


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

 2630 1ST AVE  
 SAN DIEGO, CA  
 92103-6599

 Phone: 619-234-2158

Fax: 619-234-0206


 After Hours Phone:  
 619-234-2158

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken:  
 Korean, Spanish, Hindi

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*  
🕒 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*  
N

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.sdaihc.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*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

🗣 *Site English Spoken: Yes*

*Cultural Competency: No*

🕒 *Hours: SU 8:30AM-5:30PM*

*MO 8:30AM-5:30PM*

*TU 8:30AM-5:30PM*

*WE 8:30AM-5:30PM*

*TH 8:30AM-5:30PM*

*FR 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*

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

*Provider ID: 402851*

📍 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

☎ *Phone: 619-515-2444*

🕒 *After Hours Phone: 619-515-2444*

*License Number: A108228*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

🗣 *Site English Spoken: Yes*

*Cultural Competency: No*

🕒 *Hours: SU 8:30AM-5:30PM*

*MO 8:30AM-5:30PM*

*TU 8:30AM-5:30PM*

*WE 8:30AM-5:30PM*

*TH 8:30AM-5:30PM*

*FR 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*

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

*Provider ID: 206360*

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

☎ *Phone: 619-515-2300*

🕒 *After Hours Phone: 619-515-2300*

*License Number: A169752*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

🗣 *Site English Spoken: Yes*

*Cultural Competency: No*

🕒 *Hours: SU 9:00AM-5:00PM*

*MO 9:00AM-5:00PM*

*TU 9:00AM-5:00PM*

*WE 9:00AM-5:00PM*

*TH 9:00AM-5:00PM*

*FR 9:00AM-5:00PM*

*SA 9:00AM-5:00PM*

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*

🌐 *Website: www.fhcsd.org*

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

*Provider ID: 206360*

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113


☎ *Phone: 619-515-2300*

🕒 *After Hours Phone: 619-515-2300*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: A177373  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH CENTER



Provider ID: 206360

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 Phone: 619-515-2300  
 After Hours Phone: 619-515-2300

License Number: A177462

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A46161

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### LOGAN HEIGHTS FAMILY HEALTH 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

**PROVIDER**  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO


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

### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE  
 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
 619-515-2422

License Number: A122238

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No


 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 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)

### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE  
 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
 619-515-2422

License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 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)

### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE  
 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
 619-515-2422

License Number: PA53788

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None


 Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*  *Website: www.fhcsd.org*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*

 *Website: www.fhcsd.org*


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

*Provider ID: 419529*

 2325 COMMERCIAL ST STE 1400  
SAN DIEGO, CA 92113-1195

 *Phone: 619-515-2422*


*Fax: 619-269-0053*


 *After Hours Phone: 619-515-2422*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL): DIEGO*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO*

 *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*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN*


 *Website: www.fhcsd.org*

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

*Provider ID: 402851*

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 *Phone: 619-515-2300*


 *After Hours Phone: 619-515-2300*

*License Number: A162946*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*  
*Cultural Competency: No*

 *Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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*




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

*Provider ID: 402851*



 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal


 Phone: 619-515-2444  
 After Hours Phone:  
619-515-2444  
License Number: 20A11535  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851  
 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone:  
619-515-2444  
License Number: 20A13060  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes




Cultural Competency: No  
 Hours: SU 8:30AM-5:30PM  
MO 8:30AM-5:30PM  
TU 8:30AM-5:30PM  
WE 8:30AM-5:30PM  
TH 8:30AM-5:30PM  
FR 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)

### SAN MARCOS








#### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767

License Number: 20A15159  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM

TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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: 20A17306  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


SOUTHERN CALIFORNIA

 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: A116562

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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: A48980

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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: A60958

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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: A63903

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes






























 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM


































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## B. Clínicas de salud con calificación federal

<p>TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p>SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>TRUECARE</b></p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: A93248 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: C54157 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p><b>TRUECARE</b></p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: A71311 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF</p>	<p><b>TRUECARE</b></p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p>	<p><b>TRUECARE</b></p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: DC29074 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p>


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## B. Clínicas de salud con calificación federal

<p>  Site English Spoken: Yes   Site Languages(s) Spoken: Spanish            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a> </p>	<p>           TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a> </p>	<p>           SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a> </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: G71182            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes   Site Languages(s) Spoken: Spanish            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM         </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: NM235844            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes   Site Languages(s) Spoken: Spanish            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a> </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: NM235997            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes   Site Languages(s) Spoken: Spanish            Cultural Competency: No   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a> </p>
<p>  Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM         </p>	<p>           American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF         </p>	<p> <b>TRUECARE</b>            Provider ID: 625875   1595 GRAND AVE STE 100            SAN MARCOS, CA            92069-2973         </p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767


License Number: NP18874

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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: NP20893

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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: NP21368

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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: NP95001653

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


SOUTHERN CALIFORNIA

 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: NP95002545

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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: NP95003903

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767


License Number: PA17101

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### TRUECARE

Provider ID: 625875

 1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

 Phone: 760-736-6767

 After Hours Phone:  
760-736-6767


License Number: PA19825

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish






























Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

<p>TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p>SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p> <p><b>TRUECARE</b></p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA22667 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA51867 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p><b>TRUECARE</b></p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA21723 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p> Hours: SU 8:00AM-5:00PM MO 8:00AM-5:00PM TU 8:00AM-5:00PM WE 8:00AM-5:00PM TH 8:00AM-5:00PM FR 8:00AM-5:00PM SA 8:00AM-5:00PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF</p>	<p><b>TRUECARE</b></p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p>	<p><b>TRUECARE</b></p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767 Fax: 760-736-8740</p> <p> After Hours Phone: 760-736-6767</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p>

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## B. Clínicas de salud con calificación federal

<p> <input type="checkbox"/> Site English Spoken: Yes  <input type="checkbox"/> Site Languages(s) Spoken: Spanish            Cultural Competency: No  <input type="clock"/> Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  <input type="globe"/> Website: www.ihpsocal.org         </p>	<p>           WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  <input type="globe"/> Website: www.ihpsocal.org         </p>	<p> <input type="globe"/> Website: www.ihpsocal.org  <b>TRUECARE</b>            Provider ID: 625875  <input type="location-pin"/> 1595 GRAND AVE STE 100            SAN MARCOS, CA 92078-2450  <input type="phone"/> Phone: 760-520-8200  <input type="fax"/> Fax: 360-462-2749  <input type="clock"/> After Hours Phone: 760-520-8200            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Yes            Cultural Competency: No  <input type="clock"/> Hours: SU 9:00AM-5:00PM            MO 9:00AM-5:00PM            TU 9:00AM-5:00PM            WE 9:00AM-5:00PM            TH 9:00AM-5:00PM            FR 9:00AM-5:00PM            SA 9:00AM-5:00PM            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  <input type="globe"/> Website: www.ihpsocal.org         </p>
<p> <b>TRUECARE</b>            Provider ID: 625875  <input type="location-pin"/> 1595 GRAND AVE STE 100            SAN MARCOS, CA 92069-2973  <input type="phone"/> Phone: 760-736-6767  <input type="fax"/> Fax: 760-736-8740  <input type="clock"/> After Hours Phone: 760-736-6767            License Number: 80000167            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Yes  <input type="checkbox"/> Site Languages(s) Spoken: Spanish            Cultural Competency: No  <input type="clock"/> Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM         </p>	<p> <b>TRUECARE</b>            Provider ID: 625875  <input type="location-pin"/> 1595 GRAND AVE STE 100            SAN MARCOS, CA 92069-2973  <input type="phone"/> Phone: 760-736-6767  <input type="clock"/> After Hours Phone: 760-736-6767            License Number: G74757            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Yes            Cultural Competency: No  <input type="clock"/> Hours: SU 9:00AM-5:00PM            MO 9:00AM-5:00PM            TU 9:00AM-5:00PM            WE 9:00AM-5:00PM            TH 9:00AM-5:00PM            FR 9:00AM-5:00PM            SA 9:00AM-5:00PM            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  <input type="globe"/> Website: www.ihpsocal.org         </p>	<p> <b>TRUECARE</b>            Provider ID: 625875  <input type="location-pin"/> 1595 GRAND AVE STE 100            SAN MARCOS, CA 92078-2450  <input type="phone"/> Phone: 760-520-8200  <input type="fax"/> Fax: 360-462-2749  <input type="clock"/> After Hours Phone:         </p>

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## B. Clínicas de salud con calificación federal

760-520-8200  
 License Number: 80000167  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 Phone: 760-736-6767  
 Fax: 760-736-6744  
 After Hours Phone:  
 760-736-6767  
 License Number: 1598122871  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 Phone: 760-736-6767  
 Fax: 760-736-6744  
 After Hours Phone:  
 760-736-6767  
 License Number: PA17718  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM







American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: www.ihpsocal.org

### TRUECARE



Provider ID: 614511  
 1595 GRAND AVE STE 106





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

SAN MARCOS, CA  
92078-2450  
 Phone: 760-736-6767  
 Fax: 760-736-6744  
 After Hours Phone:  
760-736-6767  
 License Number: 80000167  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 614511  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA  
 92078-2450  
 Phone: 760-736-6767  
 Fax: 760-736-6744  
 After Hours Phone:  
760-736-6767  
 License Number: C54157  
 NPI: 1598122871







Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-5:00PM  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 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: 619-662-4100  
 After Hours Phone:  
619-662-4100  
 License Number: NP95003671  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM

TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
 MO 8:00AM-5:00PM  
 TU 8:00AM-5:00PM  
 WE 8:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 FR 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

 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: NP95004315


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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: NP95019995


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM

SA 8:00AM-5:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

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## B. Clínicas de salud con calificación federal


SOUTHERN CALIFORNIA


 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM

MO 8:00AM-5:00PM

TU 8:00AM-5:00PM

WE 8:00AM-5:00PM

TH 8:00AM-5:00PM

FR 8:00AM-5:00PM


SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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: A32571


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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## B. Clínicas de salud con calificación federal

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: DPM2930

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM








American Sign Language (ASL):

N

Accessibility: CONTACT

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## B. Clínicas de salud con calificación federal

<p><i>PROVIDER</i>            Medical Group/IPA: IHP OF            SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p>SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone:            619-662-4100            License Number: NP12112</p>	<p><i>Cultural Competency: No</i>   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>
<p><b>SAN YSIDRO HLTH SAN DIEGO            PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone:            619-662-4100            License Number: G66745            NPI: 1598122871</p>	<p>Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes  <i>Cultural Competency: No</i>   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER            Medical Group/IPA: IHP OF            SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p>Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes  <i>Cultural Competency: No</i>   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER            Medical Group/IPA: IHP OF            SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>SAN YSIDRO HLTH SAN DIEGO            PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   Phone: 619-600-4867   After Hours Phone:            619-600-4867            License Number: PA22855</p>
<p>American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER            Medical Group/IPA: IHP OF            SOUTHERN CALIFORNIA   Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>SAN YSIDRO HLTH SAN DIEGO            PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone:            619-662-4100            License Number: NP95001960</p>	<p>NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes  <i>Cultural Competency: No</i>   Hours: SU 8:00AM-5:00PM            MO 8:00AM-5:00PM            TU 8:00AM-5:00PM            WE 8:00AM-5:00PM            TH 8:00AM-5:00PM            FR 8:00AM-5:00PM            SA 8:00AM-5:00PM</p>
<p><b>SAN YSIDRO HLTH SAN DIEGO            PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD</p>	<p>Accepting New Patients: Yes            Min/Max Age: 0\None   Site English Spoken: Yes</p>	<p>American Sign Language (ASL):            N</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

**SAN YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS**

*Provider ID: 227469*

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 *Phone: 619-600-4870*

 *After Hours Phone:  
619-600-4870*

*License Number: NP95018617*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes  
Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS**

*Provider ID: 227469*

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A113624*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes  
Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

**SAN YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS**

*Provider ID: 227469*

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*


*License Number: A120584*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes  
Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

**SAN YSIDRO HLTH SAN DIEGO  
PACE SENIOR HLTH SVS**

*Provider ID: 227469*

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*


*License Number: A145480*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*




























 *Site English Spoken: Yes  
Cultural Competency: No*

 *Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM*

*American Sign Language (ASL):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p>N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>  <i>Provider ID: 227469</i>   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: A164201</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 8:00AM-5:00PM</i>  <i>MO 8:00AM-5:00PM</i>  <i>TU 8:00AM-5:00PM</i>  <i>WE 8:00AM-5:00PM</i>  <i>TH 8:00AM-5:00PM</i>  <i>FR 8:00AM-5:00PM</i>  <i>SA 8:00AM-5:00PM</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>	<p><i>619-662-4100</i>  <i>License Number: 20A12555</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 8:30AM-5:00PM</i>  <i>MO 8:30AM-5:00PM</i>  <i>TU 8:30AM-5:00PM</i>  <i>WE 8:30AM-5:00PM</i>  <i>TH 8:30AM-5:00PM</i>  <i>FR 8:30AM-5:00PM</i>  <i>SA 8:30AM-5:00PM</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>
<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>  <i>Provider ID: 227469</i>   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: A153975</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU 8:00AM-5:00PM</i>  <i>MO 8:00AM-5:00PM</i>  <i>TU 8:00AM-5:00PM</i>  <i>WE 8:00AM-5:00PM</i>  <i>TH 8:00AM-5:00PM</i>  <i>FR 8:00AM-5:00PM</i>  <i>SA 8:00AM-5:00PM</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>	<p><b>SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR</b>  <i>Provider ID: 227411</i>   4050 BEYER BLVD            SAN YSIDRO, CA 92173-2007   <i>Phone: 619-662-4100</i>   <i>After Hours Phone:</i></p>	<p><b>SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR</b>  <i>Provider ID: 227411</i>   4050 BEYER BLVD            SAN YSIDRO, CA 92173-2007   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: 20A14222</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i></p>

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## B. Clínicas de salud con calificación federal

🕒 *Hours: SU 8:30AM-5:00PM N*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*  
*SA 8:30AM-5:00PM*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

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

*Provider ID: 227411*

📍 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

☎ *Phone: 619-662-4100*

📞 *After Hours Phone: 619-662-4100*

*License Number: 20A14949*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

📄 *Site English Spoken: Yes Cultural Competency: No*

🕒 *Hours: SU 8:30AM-5:00PM N*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*  
*SA 8:30AM-5:00PM*

*American Sign Language (ASL):*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*

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

*Provider ID: 227411*

📍 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

☎ *Phone: 619-662-4100*

📞 *After Hours Phone: 619-662-4100*

*License Number: 20A8516*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

📄 *Site English Spoken: Yes Cultural Competency: No*

🕒 *Hours: SU 8:30AM-5:00PM*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*  
*SA 8:30AM-5:00PM*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *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*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

📄 *Site English Spoken: Yes Cultural Competency: No*

🕒 *Hours: SU 8:30AM-5:00PM*  
*MO 8:30AM-5:00PM*  
*TU 8:30AM-5:00PM*  
*WE 8:30AM-5:00PM*  
*TH 8:30AM-5:00PM*  
*FR 8:30AM-5:00PM*  
*SA 8:30AM-5:00PM*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

🌐 *Website: www.ihpsocal.org*


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

*Provider ID: 227411*

📍 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

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## B. Clínicas de salud con calificación federal

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A112627


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM


TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

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

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A113914


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A138938


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

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

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007


 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: A157505

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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## B. Clínicas de salud con calificación federal


 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM


TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 8:30AM-5:00PM






MO 8:30AM-5:00PM

TU 8:30AM-5:00PM



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## B. Clínicas de salud con calificación federal







WE 8:30AM-5:00PM  
 TH 8:30AM-5:00PM  
 FR 8:30AM-5:00PM  
 SA 8:30AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
 MO 8:30AM-5:00PM  
 TU 8:30AM-5:00PM  
 WE 8:30AM-5:00PM  
 TH 8:30AM-5:00PM  
 FR 8:30AM-5:00PM  
 SA 8:30AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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: A94813  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
 MO 8:30AM-5:00PM  
 TU 8:30AM-5:00PM  
 WE 8:30AM-5:00PM  
 TH 8:30AM-5:00PM  
 FR 8:30AM-5:00PM  
 SA 8:30AM-5:00PM


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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: C149818  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:30AM-5:00PM  
 MO 8:30AM-5:00PM  
 TU 8:30AM-5:00PM  
 WE 8:30AM-5:00PM  
 TH 8:30AM-5:00PM  
 FR 8:30AM-5:00PM  
 SA 8:30AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C158543


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM


TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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: C160626


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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: G52183


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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: A49307


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM


TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL): Website: www.ihpsocal.org

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

After Hours Phone:  
619-662-4100

License Number: G51462

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6305

After Hours Phone:  
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 8:30AM-5:00PM

MO 8:30AM-5:00PM

TU 8:30AM-5:00PM

WE 8:30AM-5:00PM

TH 8:30AM-5:00PM

FR 8:30AM-5:00PM

SA 8:30AM-5:00PM

American Sign Language (ASL): Website: www.ihpsocal.org

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-205-6341

After Hours Phone:  
619-205-6341

License Number: A64487

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-428-4463

After Hours Phone:  
619-428-4463

License Number: 20A8245

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 20A10964

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *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: 20A12653*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: 20A17643*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: 20A7502*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A173435

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: A175006

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: A177337

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A180886

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *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*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *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*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *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*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A49307

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: PA17162

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: PA20490

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100  
Fax: 619-205-6305*

 *After Hours Phone:  
619-662-4100*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM*

*FR 8:00AM-5:30PM*

*SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100  
Fax: 619-205-6341*

 *After Hours Phone:  
619-662-4100*

*License Number: DPM2930*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


*Medical Group/IPA: IHP OF*


*SOUTHERN CALIFORNIA*


 *Website: www.ihpsocal.org*

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

*Provider ID: 206292*

 *4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007*

 *Phone: 619-662-4100  
Fax: 619-205-6341*

 *After Hours Phone:  
619-662-4100*

*License Number: 20A7241*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese*

*Cultural Competency: No*

 *Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:  
619-662-4100

License Number: A164201

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD

SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:  
619-662-4100

License Number: A55469

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: A78373

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871




Accepting New Patients: Yes

Min/Max Age: 0\None





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal





Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:30PM  
 MO 8:00AM-5:30PM  
 TU 8:00AM-5:30PM  
 WE 8:00AM-5:30PM  
 TH 8:00AM-5:30PM  
 FR 8:00AM-5:30PM  
 SA 8:00AM-5:30PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:30PM






MO 8:00AM-5:30PM  
 TU 8:00AM-5:30PM  
 WE 8:00AM-5:30PM  
 TH 8:00AM-5:30PM  
 FR 8:00AM-5:30PM  
 SA 8:00AM-5:30PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:30PM  
 MO 8:00AM-5:30PM  
 TU 8:00AM-5:30PM  
 WE 8:00AM-5:30PM  
 TH 8:00AM-5:30PM  
 FR 8:00AM-5:30PM  
 SA 8:00AM-5:30PM

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:30PM  
 MO 8:00AM-5:30PM  
 TU 8:00AM-5:30PM  
 WE 8:00AM-5:30PM  
 TH 8:00AM-5:30PM  
 FR 8:00AM-5:30PM  
 SA 8:00AM-5:30PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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: G80107

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA

92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: G81461

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP12112

NPI: 1598122871

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: NP95003355

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: A169694

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: A170738

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA


 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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA


 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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes


 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA


 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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 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

NPI: 1598122871

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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: A77936

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU 8:00AM-5:30PM

MO 8:00AM-5:30PM

TU 8:00AM-5:30PM

WE 8:00AM-5:30PM

TH 8:00AM-5:30PM

FR 8:00AM-5:30PM

SA 8:00AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU 8:00AM-5:30PM  
MO 8:00AM-5:30PM  
TU 8:00AM-5:30PM  
WE 8:00AM-5:30PM  
TH 8:00AM-5:30PM  
FR 8:00AM-5:30PM  
SA 8:00AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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


### 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


NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 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

NPI: 1134155377

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

Phone: 619-515-2555

After Hours Phone:  
619-515-2555

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)

### 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

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM


TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)


N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

### 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


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM


American Sign Language (ASL): 


N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A164859


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-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)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A169342

NPI: 1134155377

Accepting New Patients: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM


TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A178499


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM


TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A55932


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM


TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM

FR 9:00AM-5:00PM

SA 9:00AM-5:00PM


American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN DIEGO

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

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: A68463


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU 9:00AM-5:00PM N

MO 9:00AM-5:00PM

TU 9:00AM-5:00PM

WE 9:00AM-5:00PM

TH 9:00AM-5:00PM


FR 9:00AM-5:00PM

SA 9:00AM-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)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## B. Clínicas de salud con calificación federal

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
619-515-2555  
License Number: A76059  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)


### 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  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)



### 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  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM

WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-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)



### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
619-515-2555

License Number: NP95013978  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None


 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  
N








 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.








## B. Clínicas de salud con calificación federal

*PROVIDER*  
 Medical Group/IPA: FAMILY  
 HEALTH CENTERS OF SAN  
 DIEGO  
 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: PA54588  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### 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  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)




### SPRING VALLEY

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035

 Phone: 619-515-2555  
 After Hours Phone:  
 619-515-2555  
 License Number: A118095  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 9:00AM-5:00PM  
 MO 9:00AM-5:00PM  
 TU 9:00AM-5:00PM  
 WE 9:00AM-5:00PM  
 TH 9:00AM-5:00PM  
 FR 9:00AM-5:00PM  
 SA 9:00AM-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)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC


Provider ID: 206361  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
 619-515-2555  
 License Number: A72005  
 NPI: 1134155377  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM  
SA 9:00AM-5:00PM

American Sign Language (ASL):  Website: [www.fhcsd.org](http://www.fhcsd.org)  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

 Phone: 619-515-2555


 After Hours Phone:  
619-515-2555


License Number: C174771


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU 9:00AM-5:00PM  
MO 9:00AM-5:00PM  
TU 9:00AM-5:00PM  
WE 9:00AM-5:00PM  
TH 9:00AM-5:00PM  
FR 9:00AM-5:00PM

SA 9:00AM-5:00PM  
American Sign Language (ASL):  Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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


### VISTA

#### 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


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

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-414-3892

 After Hours Phone:  
760-414-3892


License Number: NP23217

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish


Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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






#### VISTA COMMUNITY CLINIC


Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Phone: 760-414-3892  
 After Hours Phone:  
 760-414-3892  
 License Number: NP95003087  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-8:00PM  
 MO 8:00AM-8:00PM  
 TU 8:00AM-8:00PM  
 WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM







American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes








Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-8:00PM  
 MO 8:00AM-8:00PM  
 TU 8:00AM-8:00PM  
 WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-8:00PM  
 MO 8:00AM-8:00PM  
 TU 8:00AM-8:00PM

WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hours: SU 8:00AM-8:00PM  
 MO 8:00AM-8:00PM  
 TU 8:00AM-8:00PM  
 WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Language(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: N/A

### VCC DURIAN

Provider ID: 411518

105 DURIAN ST STE A  
VISTA, CA 92083-6206

Phone: 844-308-5003

Fax: 760-414-3892

After Hours Phone:  
844-308-5003

License Number: 80000328

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No



Hours: SU 8:30AM-5:00PM  
MO 8:30AM-5:00PM  
TU 8:30AM-5:00PM  
WE 8:30AM-5:00PM  
TH 8:30AM-5:00PM  
FR 8:30AM-5:00PM  
SA 8:30AM-5:00PM

American Sign Language (ASL):






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal



N

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: N/A*






### VISTA COMMUNITY CLINIC GRAPEVINE

*Provider ID: 400339*  
 134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: DC32054*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*  
*American Sign Language (ASL):*



N

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *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*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*  
*American Sign Language (ASL):*



N

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: N/A*



### VISTA COMMUNITY CLINIC GRAPEVINE

*Provider ID: 400339*  
 134 GRAPEVINE RD  
VISTA, CA 92083-4004  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: RN410247*






*NPI: 1598122871*

*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*  
*TH 8:00AM-5:00PM*  
*FR 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *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*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU 8:00AM-5:00PM*  
*MO 8:00AM-5:00PM*  
*TU 8:00AM-5:00PM*  
*WE 8:00AM-5:00PM*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A



### VISTA COMMUNITY CLINIC GRAPEVINE



Provider ID: 400339  
 136 GRAPEVINE RD  
VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 Fax: 760-414-3892  
 After Hours Phone: 760-631-5000  
 License Number: 80000328  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: Yes  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU 8:00AM-5:00PM  
MO 8:00AM-5:00PM  
TU 8:00AM-5:00PM  
WE 8:00AM-5:00PM  
TH 8:00AM-5:00PM  
FR 8:00AM-5:00PM  
SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: N/A

### 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  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Cultural Competency: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Hours: SU 8:00AM-8:00PM N  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM N  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
MO 8:00AM-8:00PM  
TU 8:00AM-8:00PM  
WE 8:00AM-8:00PM  
TH 8:00AM-8:00PM  
FR 8:00AM-8:00PM  
SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: DC32054

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM


TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 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: PA19629

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 844-308-5003

 After Hours Phone:  
844-308-5003

License Number: NP11448

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 844-308-5003

 After Hours Phone:  
844-308-5003

License Number: PA20775

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *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*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

 *Hours: SU 8:00AM-8:00PM*

*MO 8:00AM-8:00PM*

*TU 8:00AM-8:00PM*

*WE 8:00AM-8:00PM*

*TH 8:00AM-8:00PM*

*FR 8:00AM-8:00PM*

*SA 8:00AM-8:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

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

### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 *Phone: 760-631-5000*

 *After Hours Phone: 760-631-5000*

*License Number: G51286*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

 *Hours: SU 8:00AM-8:00PM*

*MO 8:00AM-8:00PM*

*TU 8:00AM-8:00PM*

*WE 8:00AM-8:00PM*

*TH 8:00AM-8:00PM*

*FR 8:00AM-8:00PM*

*SA 8:00AM-8:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

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

### **VISTA COMMUNITY CLINIC**

*Provider ID: 206338*

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 *Phone: 760-631-5000*

 *After Hours Phone: 760-631-5000*

*License Number: G79676*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

 *Hours: SU 8:00AM-8:00PM*

*MO 8:00AM-8:00PM*

*TU 8:00AM-8:00PM*

*WE 8:00AM-8:00PM*

*TH 8:00AM-8:00PM*

*FR 8:00AM-8:00PM*

*SA 8:00AM-8:00PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *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: G86902*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

*Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*


 *Hours: SU 8:00AM-8:00PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal




MO 8:00AM-8:00PM  
 TU 8:00AM-8:00PM  
 WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM  
 American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
 760-631-5000

License Number: NP10896


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
 MO 8:00AM-8:00PM  
 TU 8:00AM-8:00PM  
 WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM




American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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: NP95003571


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
 MO 8:00AM-8:00PM  
 TU 8:00AM-8:00PM  
 WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM




American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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: NP95009149


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

 Hours: SU 8:00AM-8:00PM  
 MO 8:00AM-8:00PM  
 TU 8:00AM-8:00PM  
 WE 8:00AM-8:00PM  
 TH 8:00AM-8:00PM  
 FR 8:00AM-8:00PM  
 SA 8:00AM-8:00PM




American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 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: NP95009284

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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: NP95016368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU 8:00AM-8:00PM

MO 8:00AM-8:00PM

TU 8:00AM-8:00PM

WE 8:00AM-8:00PM

TH 8:00AM-8:00PM

FR 8:00AM-8:00PM

SA 8:00AM-8:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### ALPINE

#### CERTIFIED NURSE PRACTITIONER

##### **KAHL, NICHOLAS**

Provider ID: 517802


Provider Gender: Male


License Number: NP95006360


NPI: 1821306598

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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, Gujarati,  
Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### CHIROPRACTOR

##### **KELCHNER, MATTHEW**

Provider ID: 517802


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Provider Gender: Male


License Number: DC22733


NPI: 1174656755


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **VANHOLLEBEKE, RACHEL**

Provider ID: 517802

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

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](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **STENSMAN, LARS**

Provider ID: 595793

Provider Gender: Male

NPI: 1659638062








Provider English Spoken: Y

Provider Language(s)  
Spoken: Danish, French,  
Norwegian, Swedish

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.









## C. Directorio de atención primaria

*Cultural Competency: N*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 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: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **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*  
**IHP OF SOUTHERN CAL-PHP**  
 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: Yes*

*Min/Max Age: 0\None*  
*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*  
**IHP OF SOUTHERN CAL-PHP**  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER

### **CAMPO**





### **CERTIFIED NURSE PRACTITIONER**

**LIEBER, CAROL**  
*Provider ID: 519686*  
*Provider Gender: Female*

*License Number: NP20849*  
*NPI: 1487889846*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**IHP OF SOUTHERN CAL-PHP**  
 1388 BUCKMAN SPRINGS RD CAMPO, CA 91906  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BAUM, PETER**

*Provider ID: 549082*  
*Provider Gender: Male*  
*NPI: 1174919971*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 1388 BUCKMAN SPRINGS RD CAMPO, CA 91906  
 Phone: (619) 662-4100

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Fax: (619) 824-9071

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM

### **FAMILY PRACTICE**

#### **BAUM, PETER**

Provider ID: 519686

Provider Gender: Male

License Number: 20A14949

NPI: 1174919971

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

☎ Phone: (619) 662-4100

☎ After Hours Phone: (619) 662-4100

🌐 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

### PROVIDER

### **FAMILY PRACTICE**

#### **CORONADO, MYRNA**

Provider ID: 519686

Provider Gender: Female

License Number: A112627

NPI: 1710147566

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

☎ Phone: (619) 662-4100

☎ After Hours Phone: (619) 662-4100

🌐 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **KAUFHOLD, ANNE**

Provider ID: 519686

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  
IHP OF SOUTHERN CAL-PHP

📍 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

☎ Phone: (619) 445-6200

☎ After Hours Phone: (619) 445-6200

🌐 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **MCINTYRE, RYAN**

Provider ID: 519686

Provider Gender: Male

License Number: A133029

NPI: 1164776555

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP





📍 1388 BUCKMAN SPRINGS RD


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria






 CAMPO, CA 91906  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**ORTIZ, KENNETH**  
 Provider ID: 519686  
 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  
 IHP OF SOUTHERN CAL-PHP  
 1388 BUCKMAN SPRINGS  
 RD  
 CAMPO, CA 91906  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER







### **FAMILY PRACTICE**

**ROGERS, MATTHEW**  
 Provider ID: 519686  
 Provider Gender: Male  
 License Number: 20A18400  
 NPI: 1639606130  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1388 BUCKMAN SPRINGS  
 RD  
 CAMPO, CA 91906  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER





### **FAMILY PRACTICE**

**ROGERS, MATTHEW**  
 Provider ID: 530207  
 Provider Gender: Male  
 NPI: 1639606130  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 1388 BUCKMAN SPRINGS  
 RD  
 CAMPO, CA 91906  
 Phone: (619) 662-4100  
 Fax: (619) 824-9071  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

**SAIDRO, LUZVIMINDA**  
 Provider ID: 519686  
 Provider Gender: Female  
 License Number: A93746  
 NPI: 1750364386  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: UC DAVIS  
 MEDICAL CTR  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1388 BUCKMAN SPRINGS  
 RD  
 CAMPO, CA 91906  
 Phone: (619) 662-4100

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

☎ *After Hours Phone: (619) 662-4100*

🌐 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

### **FQHC**

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

*Provider ID: 519686*

*NPI: 1174164719*

🗄 *Provider English Spoken: Y Cultural Competency: N*

*IHP OF SOUTHERN CAL-PHP*

📍 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

☎ *Phone: (619) 662-4100*

*Fax: (619) 478-9164*

☎ *After Hours Phone: (619) 662-4100*

🌐 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

### **INTERNAL MEDICINE**

#### **IBANEZ, SIR CEDRIC**

*Provider ID: 519686*

*Provider Gender: Male*

*License Number: A112484*

*NPI: 1841496452*

🗄 *Provider English Spoken: Y*

🗄 *Provider Language(s)*

*Spoken: Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: NATIVIDAD MEDICAL CENTER*

*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

📍 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

☎ *Phone: (619) 662-4100*

☎ *After Hours Phone: (619)*

*662-4100*

🌐 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

*Provider ID: 519686*

*Provider Gender: Female*

*License Number: PA20490*

*NPI: 1619100237*

🗄 *Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

📍 1388 BUCKMAN SPRINGS

RD

CAMPO, CA 91906

☎ *Phone: (619) 662-4100*

☎ *After Hours Phone: (619) 662-4100*

🌐 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*IHP OF SOUTHERN CAL-PHP*

📍 1295 CARLSBAD VILLAGE

DR STE 100

CARLSBAD, CA 92008

☎ *Phone: (760) 736-6767*

☎ *After Hours Phone: (760)*

*736-6767*

🌐 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*


*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


**PROVIDER**  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM




---


### **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  
 IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER



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

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### **FQHC**

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**TRUECARE,**  
 Provider ID: 480120  
 NPI: 1245246917  
 Provider English Spoken: Y  
 Cultural Competency: N


IHP OF SOUTHERN CAL-PHP  
 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740

 After Hours Phone: (760)  
 736-6767

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER



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

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### **INTERNAL MEDICINE**


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**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  
 IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767

 Website: N/A  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER



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

---




### **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  
 IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

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

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### **OBSTETRICS / GYNECOLOGY**

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**POUNTNEY, MARLENE**






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



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  
 IHP OF SOUTHERN CAL-PHP  
 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM







### **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  
 IHP OF SOUTHERN CAL-PHP  
 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM

### **PEDIATRICS**

**BURGAMY, ELIZABETH**  
 Provider ID: 326275  
 Provider Gender: Female  
 NPI: 1164609558  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL




HOSPITAL  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3257 CAMINO DE LOS  
 COCHES STE 202  
 CARLSBAD, CA 92009  
 Phone: (760) 633-3640  
 Fax: (760) 633-3644  
 After Hours Phone: (760)  
 633-3640  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **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  
 IHP OF SOUTHERN CAL-PHP  
 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 After Hours Phone: (760)









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## C. Directorio de atención primaria

736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 8AM-2PM

### **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  
 IHP OF SOUTHERN CAL-PHP  
 1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

SA 8AM-2PM








### **PEDIATRICS**

#### **MUTH, NATALIE**

Provider ID: 328451  
 Provider Gender: Female  
 NPI: 1497982888  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3257 CAMINO DE LOS COCHES STE 202  
 CARLSBAD, CA 92009  
 Phone: (760) 633-3640  
 Fax: (760) 633-3644  
 After Hours Phone: (760) 633-3640  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM



### **PEDIATRICS**

#### **OCONNOR, ERICA**

Provider ID: 651599  
 Provider Gender: Female  
 NPI: 1134782725  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3257 CAMINO DE LOS COCHES STE 202  
 CARLSBAD, CA 92009  
 Phone: (760) 633-3640  
 Fax: (760) 633-3644  
 After Hours Phone: (760) 633-3640  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **TANAKA, MARY**

Provider ID: 465387  
 Provider Gender: Female  
 NPI: 1295962686  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Thai  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

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## C. Directorio de atención primaria

Board Certified Specialty: No  
**RADY CHILDRENS HEALTH NETWORK**

3257 CAMINO DE LOS COCHES STE 202  
 CARLSBAD, CA 92009

Phone: (760) 633-3640  
 Fax: (760) 633-3644

After Hours Phone: (760) 633-3640

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### **ZACHRY, ALISON**

Provider ID: 480120

Provider Gender: Female

License Number: A131678

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  
 IHP OF SOUTHERN CAL-PHP

1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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

### PEDIATRICS

#### **ZACHRY, ALISON**

Provider ID: 480120

Provider Gender: Female

License Number: A131678

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  
 IHP OF SOUTHERN CAL-PHP

1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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

### 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  
 IHP OF SOUTHERN CAL-PHP

1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008

Phone: (760) 736-6767

Fax: (760) 720-7204

After Hours Phone: (760) 736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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

### PHYSICIANS ASSISTANT

#### **CHISWICK, GARY**

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## C. Directorio de atención primaria

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  
IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

Fax: (760) 720-7204

 After Hours Phone: (760)  
736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **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  
IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **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  
IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

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

### **CHULA VISTA**

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

 251 LANDIS AVE  
CHULA VISTA, CA 91910


 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **FERNANDEZ LEYVA, JUAN**

Provider ID: 206355


Provider Gender: Male

License Number: NP95001964

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## C. Directorio de atención primaria

NPI: 1194115568


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**QUILALANG, SUSAN**

Provider ID: 427322

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


License Number: NP5579


NPI: 1841200482


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE PRACTITIONER**

#### **VEGA, TERESA**

Provider ID: 206355

Provider Gender: Female

License Number: NP95001705





NPI: 1912304569




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## C. Directorio de atención primaria








 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*

 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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, Persian, Spanish*  
*Cultural Competency: N*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **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  
IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

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,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

### FAMILY PRACTICE

### ARCEGOMEZ, LAURA

Provider ID: 427322


Provider Gender: Female


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

IHP OF SOUTHERN CAL-PHP


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**


#### **CAMPOS, MELISSA**


Provider ID: 427322

Provider Gender: Female

License Number: A138474

NPI: 1427475318

 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

IHP OF SOUTHERN CAL-PHP


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **CHERY, FARAH**


Provider ID: 206355

Provider Gender: Female

License Number: A108681

NPI: 1114183688

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: EL


CENTRO REGIONAL MEDICAL CENTER, SHARP CHULA VISTA MED CTR


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **CHERY, FARAH**


Provider ID: 417641

Provider Gender: Female

License Number: A108681

NPI: 1114183688

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: EL


CENTRO REGIONAL MEDICAL CENTER, SHARP CHULA VISTA MED CTR


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 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)

Medi-Cal Open Panel: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### **FAMILY PRACTICE**


#### **ELSAYED, MOHAMMED**

Provider ID: 19561

Provider Gender: Male


NPI: 1821033424

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, German,  
Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL,  
PARADISE VALLEY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 330 OXFORD ST STE 106  
CHULA VISTA, CA 91911

 Phone: (619) 409-1802

Fax: (619) 409-1831

 After Hours Phone: (619)  
409-1802


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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


### **FAMILY PRACTICE**


#### **ELSAYED, MOHAMMED**

Provider ID: 19561

Provider Gender: Male

NPI: 1821033424


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, German,


Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL,  
PARADISE VALLEY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 330 OXFORD ST STE 106  
CHULA VISTA, CA 91911

 Phone: (619) 409-1802

Fax: (619) 409-1831

 After Hours Phone: (619)  
409-1802


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **FAMILY PRACTICE**

#### **GARCIA, KARLA**


Provider ID: 427322

Provider Gender: Female

License Number: A120672

NPI: 1154647410

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish



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## C. Directorio de atención primaria

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 678 3RD 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

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

 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)

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 678 3RD 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

*N*

 *Accessibility: CONTACT PROVIDER*

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

### **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 IHP OF SOUTHERN CAL-PHP*

 678 3RD 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

### **FAMILY PRACTICE**

#### **LAW, KAREN**

*Provider ID: 427322*


*Provider Gender: Female*

*License Number: A138534*

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## C. Directorio de atención primaria

NPI: 1205253150

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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

IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>PEDROTTY, JOHN</b></p> <p><i>Provider ID: 427322</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: G80234</i></p> <p><i>NPI: 1992861629</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 678 3RD AVE CHULA VISTA, CA 91910</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>PEREZ, PERLITA</b></p>	<p><i>Provider ID: 206355</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A119689</i></p> <p><i>NPI: 1174810972</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 251 LANDIS AVE CHULA VISTA, CA 91910</p> <p> <i>Phone: (619) 515-2500</i></p> <p> <i>After Hours Phone: (619) 515-2500</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>PIEROS, JANELLE</b></p> <p><i>Provider ID: 427322</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: 20A13225</i></p> <p><i>NPI: 1386935914</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Faroese, Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA</i></p>	<p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 678 3RD AVE CHULA VISTA, CA 91910</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>PINA, RAQUEL</b></p> <p><i>Provider ID: 206355</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A177698</i></p> <p><i>NPI: 1255893368</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 251 LANDIS AVE CHULA VISTA, CA 91910</p> <p> <i>Phone: (619) 515-2500</i></p> <p> <i>After Hours Phone: (619) 515-2500</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p>
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## C. Directorio de atención primaria

Min/Max Age: 0\None

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

 Provider Language(s) Spoken: Czech

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY


HOSPITAL


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE


#### RAJ, ASHA

Provider ID: 417641

Provider Gender: Female

License Number: 20A15683

NPI: 1003293507


 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 352 L ST

CHULA VISTA, CA 91911

 Phone: (619) 515-2500


 After Hours Phone: (619) 515-2500


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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

IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 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

IHP OF SOUTHERN CAL-PHP

 678 3RD AVE


CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)

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## C. Directorio de atención primaria

662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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  
 IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
 IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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  
 IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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

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## C. Directorio de atención primaria

MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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## C. Directorio de atención primaria

<p><b>FAMILY PRACTICE</b></p> <p><b>WHITLEY, NICHOLAS</b>            Provider ID: 427322            Provider Gender: Male            License Number: A118250            NPI: 1629394721</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>YOON, RYAN</b>            Provider ID: 427322            Provider Gender: Male            License Number: A114600            NPI: 1942435144</p> <p> Provider English Spoken: Y</p>	<p><b>FQHC</b></p> <p><b>CHULA VISTA FAMILY HLTH CTR,</b>            Provider ID: 206355            NPI: 1346480837</p> <p> Provider English Spoken: Y            Cultural Competency: N            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 251 LANDIS AVE            CHULA VISTA, CA 91910   Phone: (619) 515-2500            Fax: (619) 397-1161   After Hours Phone: (619) 515-2500</p>	<p><b>FQHC</b></p> <p><b>FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,</b>            Provider ID: 417641            NPI: 1083959464</p> <p> Provider English Spoken: Y            Cultural Competency: N            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 352 L ST            CHULA VISTA, CA 91911   Phone: (619) 515-2325            Fax: (619) 420-0660   After Hours Phone: (619) 515-2325   Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>
		<p><b>FQHC</b></p> <p><b>SAN YSIDRO HEALTH CHULA VISTA,</b>            Provider ID: 427322</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria


NPI: 1326486861

 Provider English Spoken: Y  
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 Fax: (619) 425-6941

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM

### FQHC

#### SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS,


Provider ID: 664445


NPI: 1184135873

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 280 E ST  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 Fax: (619) 426-2170


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes



Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria






N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

---

### **INTERNAL MEDICINE**

#### **KIM, JIUN**

*Provider ID: 427322*  
*Provider Gender: Female*  
*License Number: C182935*  
*NPI: 1598020752*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*



N

 *Accessibility: CONTACT PROVIDER*

---



### **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*  
*IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD*  
 340 4TH AVE STE 10  
 CHULA VISTA, CA 91910  
 *Phone: (619) 934-2215*  
*Fax: (619) 500-5955*  
 *After Hours Phone: (619) 934-2215*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*



N





 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 8AM-5PM F 8AM-4PM*

---

### **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*  
*IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N

---

### **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*  
*IHP OF SOUTHERN CAL-PHP*  
 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: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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)


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## C. Directorio de atención primaria

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, Sharp*  
*Grossmont Hospital*  
*Board Certified Specialty: No*  
*FAMILY HEALTH CENTERS OF*  
*SAN DIEGO*


 251 LANDIS AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

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

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*  
*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*  
*FAMILY HEALTH CENTERS OF*  
*SAN DIEGO*

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

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

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

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

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

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

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: C174771*

*NPI: 1053392035*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, Sharp*


*Grossmont Hospital*

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

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

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

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

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: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, BAKERSFIELD  
 MEMORIAL HOSP, SHARP  
 MEMORIAL HOSPITAL,  
 Adventist Health Bakersfield,

SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, KERN MEDICAL  
 CENTER, KERN MEDICAL  
 CENTER

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

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: Yes  
 Min/Max Age: 0\None

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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO



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## C. Directorio de atención primaria


 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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 IHP OF SOUTHERN CAL-PHP




 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **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 IHP OF SOUTHERN CAL-PHP






 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **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 FAMILY HEALTH CENTERS OF SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **TRUJILLO, JENNIFER**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: 20A8204

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## C. Directorio de atención primaria

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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **ZIEG, ALAN**

Provider ID: 206355

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **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  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None

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  
RADY CHILDRENS HEALTH  
NETWORK

769 MEDICAL CENTER CT  
STE 300  
CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)  
482-3090

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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  
RADY CHILDRENS HEALTH  
NETWORK

890 EASTLAKE PKWY STE  
200  
CHULA VISTA, CA 91914

Phone: (619) 656-6817

Fax: (619) 656-6908

After Hours Phone: (619)  
506-1218

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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  
RADY CHILDRENS HEALTH NETWORK

890 EASTLAKE PKWY STE 200

CHULA VISTA, CA 91914

Phone: (619) 656-6817

Fax: (619) 656-6908

After Hours Phone: (619) 656-6817

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5PM

### 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  
RADY CHILDRENS HEALTH NETWORK

2440 FENTON ST STE 100  
CHULA VISTA, CA 91914

Phone: (619) 656-3040

Fax: (619) 656-3045

After Hours Phone: (619) 656-3040

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### 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: Yes  
RADY CHILDRENS HEALTH NETWORK

865 3RD AVE STE 101  
CHULA VISTA, CA 91911

Phone: (619) 426-7910

Fax: (619) 426-2337

After Hours Phone: (619) 426-7910

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### 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,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

SHARP CHULA VISTA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

865 3RD AVE STE 101  
CHULA VISTA, CA 91911

Phone: (619) 426-7910  
Fax: (619) 426-2337

After Hours Phone: (619)  
426-7910

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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  
RADY CHILDRENS HEALTH

NETWORK

865 3RD AVE STE 101

CHULA VISTA, CA 91911

Phone: (619) 426-7910

Fax: (619) 426-2337

After Hours Phone: (619)  
426-7910

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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  
RADY CHILDRENS HEALTH


NETWORK

2440 FENTON ST STE 100  
CHULA VISTA, CA 91914

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 656-3040

 Fax: (619) 656-3045

 After Hours Phone: (619) 656-3040


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### PEDIATRICS

#### FLORES, ERNEST

Provider ID: 658652


Provider Gender: Male


NPI: 1043848807

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 865 3RD AVE STE 101  
CHULA VISTA, CA 91911

 Phone: (619) 426-7910

 Fax: (619) 426-2337

 After Hours Phone: (619) 426-7910

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SA 8AM-0PM

---


### 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  
RADY CHILDRENS HEALTH NETWORK


 1741 EASTLAKE PKWY STE 107

CHULA VISTA, CA 91915

 Phone: (619) 482-1700

 Fax: (619) 475-4578

 After Hours Phone: (619) 482-1700


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### 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  
RADY CHILDRENS HEALTH NETWORK

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

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### PEDIATRICS

#### GARCIA, RAFAEL



Provider ID: 360408





Provider Gender: Male



NPI: 1053414086

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



 *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 RADY CHILDRENS HEALTH NETWORK*

 752 MEDICAL CENTER CT STE 210  
 CHULA VISTA, CA 91911  
 *Phone: (619) 656-0206*  
*Fax: (619) 656-8936*  
 *After Hours Phone: (619) 656-0206*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*



*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*



### PEDIATRICS



#### **GHAHREMANI, SIMIN**

*Provider ID: 634787*  
*Provider Gender: Female*  
*NPI: 1508904657*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Faroese, Farsi*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*

MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL  
*Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK*



 280 E ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 662-4196*

 *After Hours Phone: (619) 662-4100*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*







*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### PEDIATRICS

#### **GHAHREMANI, SIMIN**




*Provider ID: 664445*  
*Provider Gender: Female*  
*License Number: C51110*  
*NPI: 1508904657*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Faroese, Farsi*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 280 E ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\21*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*



### PEDIATRICS

#### **HOLLICK, NATALIE**

*Provider ID: 473802*  
*Provider Gender: Female*  
*NPI: 1558716845*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: Yes RADY CHILDRENS HEALTH NETWORK*  
 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911  
 *Phone: (619) 426-7910*  
*Fax: (619) 426-2337*  
 *After Hours Phone: (619) 426-7910*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria








 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

---

### **PEDIATRICS**

---

#### **ISAIAS, AGNELA**








*Provider ID: 664445*  
*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 IHP OF SOUTHERN CAL-PHP*  
 *280 E ST*  
*CHULA VISTA, CA 91910*  
 *Phone: (619) 662-4100*  
*Fax: (619) 426-2170*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\21*  
*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 RADY CHILDRENS HEALTH NETWORK*  
 *769 MEDICAL CENTER CT STE 300*  
*CHULA VISTA, CA 91911*  
 *Phone: (619) 482-3090*  
*Fax: (619) 482-7350*  
 *After Hours Phone: (619) 482-3090*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 8AM-0PM*









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### **PEDIATRICS**

---

#### **KORSAND, SID**

*Provider ID: 634788*  
*Provider Gender: Male*  
*NPI: 1588634513*




 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, Persian, Turkish*  
*Cultural Competency: N*  
*Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK*  
 *280 E ST*  
*CHULA VISTA, CA 91910*  
 *Phone: (619) 662-4100*  
*Fax: (619) 662-4196*  
 *After Hours Phone: (619) 662-4100*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

---

### **PEDIATRICS**

---

#### **KORSAND, SID**

*Provider ID: 664445*  
*Provider Gender: Male*  
*License Number: A49591*  
*NPI: 1588634513*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, Persian, Turkish*  
*Cultural Competency: N*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 *280 E ST*  
*CHULA VISTA, CA 91910*






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\21  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS

#### MCMAHON, SHARON


Provider ID: 648721  
 Provider Gender: Female  
 NPI: 1487279246  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-0PM


### 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  
 RADY CHILDRENS HEALTH  
 NETWORK

 2440 FENTON ST STE 100  
 CHULA VISTA, CA 91914

 Phone: (619) 656-3040  
 Fax: (619) 656-3045

 After Hours Phone: (619) 656-3040


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### MOSQUERA, DIANA

Provider ID: 463001  
 Provider Gender: Female

NPI: 1144238098

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### MOSQUERA, DIANA

Provider ID: 371232

Provider Gender: Female

NPI: 1144238098

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
**RADY CHILDRENS HEALTH NETWORK**

769 MEDICAL CENTER CT  
 STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)  
 482-3090

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **NGUYEN, TRUC**

Provider ID: 78518

Provider Gender: Female

NPI: 1881884054

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

WASHINGTON HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH

**NETWORK**

2440 FENTON ST STE 100  
 CHULA VISTA, CA 91914

Phone: (619) 656-3040

Fax: (619) 656-3045

After Hours Phone: (619)  
 656-3040

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **OIRA, VICTORIA**

Provider ID: 73140

Provider Gender: Female

NPI: 1134172448

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

RADY CHILDRENS HEALTH

**NETWORK**

890 EASTLAKE PKWY STE  
 203

CHULA VISTA, CA 91914

Phone: (619) 656-3020

Fax: (619) 656-3019

After Hours Phone: (619)  
 370-6661

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:30AM-4:30PM

### **PEDIATRICS**

#### **PIANSAY, MARIACORAZON**

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

IHP OF SOUTHERN CAL-PHP

678 3RD 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: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **ROWHANI, NAGHMEH**

*Provider ID: 664445*

*Provider Gender: Female*

*License Number: A92037*

*NPI: 1992876759*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Persian*

*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 280 E ST  
CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*

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

 *Website: www.syhealth.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\21*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

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

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

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

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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 RADY CHILDRENS HEALTH NETWORK*

 865 3RD AVE STE 101  
CHULA VISTA, CA 91911

 *Phone: (619) 426-7910*

*Fax: (619) 426-2337*

 *After Hours Phone: (619) 426-7910*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### PEDIATRICS


#### VALENCIA, MARILES

Provider ID: 104059

Provider Gender: Female

NPI: 1275541625


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, PARADISE VALLEY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 1741 EASTLAKE PKWY STE  
107

CHULA VISTA, CA 91915

 Phone: (619) 482-1700

Fax: (619) 475-4578

 After Hours Phone: (619)  
482-1700


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### 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  
RADY CHILDRENS HEALTH  
NETWORK

 769 MEDICAL CENTER CT  
STE 300

CHULA VISTA, CA 91911

 Phone: (619) 482-3090

Fax: (619) 482-7350

 After Hours Phone: (619)  
482-3090


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### 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  
RADY CHILDRENS HEALTH  
NETWORK

 769 MEDICAL CENTER CT  
STE 300

CHULA VISTA, CA 91911

 Phone: (619) 482-3090

Fax: (619) 482-7350

 After Hours Phone: (619)  
482-3090

 Website: N/A



Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

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



 352 L ST  
 CHULA VISTA, CA 91911  
 *Phone: (619) 515-2325*  
 *After Hours Phone: (619) 515-2325*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*



### **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*  
**IHP OF SOUTHERN CAL-PHP**

 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **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*  
**IHP OF SOUTHERN CAL-PHP**  
 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: Yes*  
*Min/Max Age: 0\None*  
*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*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<i>PROVIDER</i>	<i>Cultural Competency: N</i>	 <i>Website: www.fhcsd.org</i>
<hr/> <b>PHYSICIANS ASSISTANT</b>	<i>Hospital Affiliation: SHARP</i>	<i>Medi-Cal Open Panel: Yes</i>
<b>REVELES, DIANA</b>	<i>CORONADO HOSP AND</i>	<i>Min/Max Age: 0\None</i>
<i>Provider ID: 417641</i>	<i>HEALTHCARE CTR</i>	<i>American Sign Language (ASL):</i>
<i>Provider Gender: Female</i>	<i>Board Certified Specialty: No</i>	<i>N</i>
<i>License Number: PA19306</i>	<i>IHP OF SOUTHERN CAL-PHP</i>	 <i>Accessibility: CONTACT</i>
<i>NPI: 1548455405</i>	 678 3RD AVE	<i>PROVIDER</i>
 <i>Provider English Spoken: Y</i>	CHULA VISTA, CA 91910	<hr/> <b>REGISTERED PHYSICAL</b>
 <i>Provider Language(s)</i>	 <i>Phone: (619) 662-4100</i>	<b>THERAPIST</b>
<i>Spoken: Spanish</i>	 <i>After Hours Phone: (619)</i>	<hr/> <b>AMAYA, RICARDO</b>
<i>Cultural Competency: N</i>	662-4100	<i>Provider ID: 206355</i>
<i>Board Certified Specialty: No</i>	 <i>Website: www.syhealth.org</i>	<i>Provider Gender: Male</i>
<i>FAMILY HEALTH CENTERS OF</i>	<i>/clinics/chula- vista- medic</i>	<i>License Number: PT37189</i>
<i>SAN DIEGO</i>	<i>al- plaza</i>	<i>NPI: 1437445566</i>
 352 L ST	<i>Medi-Cal Open Panel: Yes</i>	 <i>Provider English Spoken: Y</i>
CHULA VISTA, CA 91911	<i>Min/Max Age: 0\None</i>	<i>Cultural Competency: N</i>
 <i>Phone: (619) 515-2325</i>	<i>American Sign Language (ASL):</i>	<i>Board Certified Specialty: No</i>
 <i>After Hours Phone: (619)</i>	<i>N</i>	<i>FAMILY HEALTH CENTERS OF</i>
515-2325	 <i>Accessibility: CONTACT</i>	<i>SAN DIEGO</i>
 <i>Website: www.fhcsd.org</i>	<i>PROVIDER</i>	<hr/>  251 LANDIS AVE
<i>Medi-Cal Open Panel: Yes</i>	<hr/> <b>PODIATRIST</b>	CHULA VISTA, CA 91910
<i>Min/Max Age: 0\None</i>	<b>SCHNEIDER, SARAH</b>	 <i>Phone: (619) 515-2500</i>
<i>American Sign Language (ASL):</i>	<i>Provider ID: 206355</i>	 <i>After Hours Phone: (619)</i>
<i>N</i>	<i>Provider Gender: Female</i>	515-2500
 <i>Accessibility: CONTACT</i>	<i>License Number: DPM4819</i>	 <i>Website: www.fhcsd.org</i>
<i>PROVIDER</i>	<i>NPI: 1326282237</i>	<i>Medi-Cal Open Panel: Yes</i>
<hr/> <b>PODIATRIST</b>	 <i>Provider English Spoken: Y</i>	<i>Min/Max Age: 0\None</i>
<b>MANCHEL, BRUCE</b>	<i>Cultural Competency: N</i>	<i>American Sign Language (ASL):</i>
<i>Provider ID: 427322</i>	<i>Board Certified Specialty: No</i>	<i>N</i>
<i>Provider Gender: Male</i>	<i>FAMILY HEALTH CENTERS OF</i>	 <i>Accessibility: CONTACT</i>
<i>License Number: DPM2930</i>	<i>SAN DIEGO</i>	<i>PROVIDER</i>
<i>NPI: 1790890788</i>	 251 LANDIS AVE	<hr/> <b>REGISTERED PHYSICAL</b>
 <i>Provider English Spoken: Y</i>	CHULA VISTA, CA 91910	<b>THERAPIST</b>
 <i>Provider Language(s)</i>	 <i>Phone: (619) 515-2500</i>	<hr/> <b>CUMMINGS, GEORGE</b>
<i>Spoken: Spanish</i>	 <i>After Hours Phone: (619)</i>	<i>Provider ID: 206355</i>
	515-2500	

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  Provider English Spoken: Y

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

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## C. Directorio de atención primaria

 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*



*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*  
 *Provider Language(s) Spoken: Spanish*  
*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*  
**IHP OF SOUTHERN CAL-PHP**

 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: Yes*  
*Min/Max Age: 0\None*

*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*  
**IHP OF SOUTHERN CAL-PHP**

 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: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

### **EL CAJON**

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


 525 E MAIN ST  
 EL CAJON, CA 92020

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

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

#### CERTIFIED NURSE PRACTITIONER

#### **DRISCOLL, SUSAN**

*Provider ID: 569910*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Female

License Number: NP95012943

NPI: 1477755684

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD

EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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: Persian, Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD

EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**HARPEL, SHERYL**

Provider ID: 569910

Provider Gender: Female

License Number: NP95009329

NPI: 1780177147

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD

EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

**JENSEN, ADRIENNE**

Provider ID: 569910

Provider Gender: Female

License Number: NP95023148

NPI: 1184389934

Provider English Spoken: Y

Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **LEONARD, BEVERLY**

Provider ID: 206354  
Provider Gender: Female  
License Number: NP10943  
NPI: 1285772392

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE  
EL CAJON, CA 92020  
Phone: (619) 515-2499  
After Hours Phone: (619)  
515-2499

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:30AM-5:30PM

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE  
EL CAJON, CA 92020  
Phone: (619) 515-2499  
After Hours Phone: (619)  
515-2499

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **MANGENE, CYNTHIA**

Provider ID: 206354  
Provider Gender: Female  
License Number: NP6782  
NPI: 1548292626

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria

### SAN DIEGO



 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None



American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM



#### CERTIFIED NURSE PRACTITIONER

### OCHOA, ERLINDA

Provider ID: 418501  
 Provider Gender: Female  
 License Number: NP4430  
 NPI: 1346437464  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC



 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM



#### CERTIFIED NURSE PRACTITIONER

### OCHOA, ERLINDA

Provider ID: 185267  
 Provider Gender: Female  
 License Number: NP4430  
 NPI: 1346437464  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N



Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC

 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)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM


#### 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### FAMILY HEALTH CENTERS OF SAN DIEGO

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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

#### CERTIFIED NURSE PRACTITIONER

#### REAL, MARIA

Provider ID: 185267  
Provider Gender: Female  
License Number: NP17328  
NPI: 1548450471  
Provider English Spoken: Y  
Provider Language(s) Spoken: Catalan, German, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

#### 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  
IHP OF SOUTHERN CAL-PHP  
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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

#### CERTIFIED NURSE

#### PRACTITIONER

#### REID, EMILY

Provider ID: 185267  
Provider Gender: Female  
License Number: NP95002766  
NPI: 1083081467  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**SWAN, MELANIE**

Provider ID: 206354

Provider Gender: Female

License Number: NP95000818

NPI: 1871934414

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

**VERDUZCO GONZALEZ,  
AURORA**

Provider ID: 185267

Provider Gender: Female

License Number: NP95001961

NPI: 1932452323

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### CERTIFIED NURSE PRACTITIONER

**VILLANUEVADEGUTIE,  
BERENICE**

Provider ID: 185267

Provider Gender: Female

License Number: NP95002188

NPI: 1952795536



Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 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)



Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER



#### **WILLIAMS, BREAHA**

Provider ID: 185267  
 Provider Gender: Female  
 License Number: NP95001840  
 NPI: 1063884864

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC



 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)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### CHIROPRACTOR

#### **HOURIHAN, KEITH**

Provider ID: 418501  
 Provider Gender: Male  
 License Number: DC29314  
 NPI: 1306916994





 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC


 1032 BROADWAY






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


EL CAJON, CA 92021  
 Phone: (619) 795-5983  
 After Hours Phone: (619) 795-5983  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM






### CHIROPRACTOR

**SOSA, DAVID**  
 Provider ID: 418340  
 Provider Gender: Male  
 License Number: DC33150  
 NPI: 1013308675  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO



 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF

### SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


### ENDOCRINOLOGY METABOLISM DIABETES

**ISLAM, JULIE**  
 Provider ID: 418340  
 Provider Gender: Female  
 License Number: A149552  
 NPI: 1750780516  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Bengali, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (616) 515-2498  
 After Hours Phone: (616) 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM</i></p> <hr/> <p style="text-align: center;"><b>ENDOCRINOLOGY</b></p> <p style="text-align: center;"><b>METABOLISM DIABETES</b></p> <p><b>NAGELBERG, JODI</b></p> <p><i>Provider ID: 418340</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A146838</i></p> <p><i>NPI: 1720474141</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 525 E MAIN ST EL CAJON, CA 92020</p> <p> <i>Phone: (619) 515-2498</i></p> <p> <i>After Hours Phone: (619) 515-2498</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8:30AM-5:30PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>AL ANI, NAJWAN</b></p>	<p><i>Provider ID: 418340</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A144974</i></p> <p><i>NPI: 1275948473</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Arabic</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 525 E MAIN ST EL CAJON, CA 92020</p> <p> <i>Phone: (619) 515-2498</i></p> <p> <i>After Hours Phone: (619) 515-2498</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8:30AM-5:30PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>ALGHAMDI, ASMA</b></p> <p><i>Provider ID: 569910</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A167529</i></p> <p><i>NPI: 1316310840</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 875 EL CAJON BLVD</p>	<p>EL CAJON, CA 92020</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>BAGINGITO, AUSTIN</b></p> <p><i>Provider ID: 418340</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A163977</i></p> <p><i>NPI: 1942705637</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 525 E MAIN ST EL CAJON, CA 92020</p> <p> <i>Phone: (619) 515-2498</i></p> <p> <i>After Hours Phone: (619) 515-2498</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8:30AM-5:30PM</i></p>
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## C. Directorio de atención primaria

<p><b>FAMILY PRACTICE</b></p> <p><b>BROWN, BRANDON</b>            Provider ID: 418340            Provider Gender: Male            License Number: A148499            NPI: 1013399559</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 525 E MAIN ST            EL CAJON, CA 92020   Phone: (619) 515-2498   After Hours Phone: (619) 515-2498   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F            8:30AM-5:30PM            SA 8:30AM-5:30PM</p>	<p>Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 525 E MAIN ST            EL CAJON, CA 92020   Phone: (619) 515-2498   After Hours Phone: (619) 515-2498   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F            8:30AM-5:30PM            SA 8:30AM-5:30PM</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>BRUHN, JOSHUA</b>            Provider ID: 418340            Provider Gender: Male            License Number: A186694            NPI: 1447888284</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>CORMAN, DANIEL</b>            Provider ID: 418340            Provider Gender: Male            License Number: 20A13060            NPI: 1629339593</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 525 E MAIN ST            EL CAJON, CA 92020   Phone: (619) 515-2498   After Hours Phone: (619) 515-2498   Website: www.fhcsd.org</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>DOMINGUEZ, DENNIS</b>            Provider ID: 569910            Provider Gender: Male            License Number: G43179            NPI: 1225063811</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 875 EL CAJON BLVD            EL CAJON, CA 92020   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: www.syhealth.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p><b>FAMILY PRACTICE</b></p>		

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### GORDON, CHRISTOPHER

Provider ID: 418340

Provider Gender: Male

License Number: A83390

NPI: 1477711521

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020

Phone: (619) 515-2499

After Hours Phone: (619)  
515-2499

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### FAMILY PRACTICE

### HODGKIN, EDWARD

Provider ID: 418340

Provider Gender: Male

License Number: A177445

NPI: 1922619766

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

#### FAMILY PRACTICE

### KASAWA, JOHN

Provider ID: 569910

Provider Gender: Male

License Number: A79338

NPI: 1134230329

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic, Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### FAMILY PRACTICE

### MANDOYAN, AUSTIN

Provider ID: 418340

Provider Gender: Female

License Number: A161682

NPI: 1841726148

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

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## C. Directorio de atención primaria

JOLLA JOHN SALLY  
THORNTON

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:30AM-5:30PM  
SA 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM

### FAMILY PRACTICE

**Niazi, Harris**

Provider ID: 418340  
Provider Gender: Male  
License Number: A146111  
NPI: 1174905871

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Farsi  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### FAMILY PRACTICE

**PUTRUS, RAMIZ**

Provider ID: 664824  
Provider Gender: Male  
License Number: A68184  
NPI: 1144300534

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

181 REA AVE  
EL CAJON, CA 92020  
Phone: (619) 312-0347  
After Hours Phone: (619)  
312-0347

Website: [www.lamaestra.org](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### LA MAESTRA FAMILY CLINIC

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

#### FAMILY PRACTICE

### RODRIGUEZ, LOUIE

Provider ID: 418340

Provider Gender: Male

License Number: A176144

NPI: 1558823625

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

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

#### 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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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  
LA MAESTRA FAMILY CLINIC

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

#### FAMILY PRACTICE

### SCHUMAKER, EDWARD

Provider ID: 418501

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

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: Yes


Min/Max Age: 0\None

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## C. Directorio de atención primaria

American Sign Language (ASL): FAMILY HEALTH CENTERS OF N  
N

 Accessibility: CONTACT PROVIDER

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


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### FQHC

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#### CHASE AVENUE FAMILY HEALTH CTRS INC,

Provider ID: 206354  
NPI: 1104861681


 Provider English Spoken: Y  
Cultural Competency: N  
FAMILY HEALTH CENTERS OF SAN DIEGO

 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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### FQHC


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#### 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  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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


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### FQHC

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#### LA MAESTRA CHC EL CAJON BROADWAY,

Provider ID: 418501  
NPI: 1134590086

 Provider English Spoken: Y  
Cultural Competency: N  
LA MAESTRA FAMILY CLINIC

 1032 BROADWAY  
EL CAJON, CA 92021  
 Phone: (619) 795-5991  
Fax: (619) 795-5992


 After Hours Phone: (619) 795-5991

 Website: www.lamaestra.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

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

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### FQHC


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#### LA MAESTRA CHC-REA AVE,


Provider ID: 664824  
NPI: 1609849074

 Provider English Spoken: Y  
Cultural Competency: N  
LA MAESTRA FAMILY CLINIC

 181 REA AVE  
EL CAJON, CA 92020

 Phone: (619) 312-0347  
Fax: (619) 510-4649

 After Hours Phone: (619) 312-0347


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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

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### FQHC

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#### LA MAESTRA FAMILY CLINIC INC,







Provider ID: 185267  
NPI: 1336353721

 Provider English Spoken: Y  
Cultural Competency: N

LA MAESTRA FAMILY CLINIC







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## C. Directorio de atención primaria

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU 8AM-5PM  
 TH-F 8AM-5PM

### FQHC



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



Provider ID: 569910  
 NPI: 1568845741  
 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

### 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  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC







 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### INTERNAL MEDICINE

#### **ALWASH, MUSTAFA**



Provider ID: 418340  
 Provider Gender: Male  
 License Number: A160516  
 NPI: 1679936439

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SHARP MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM

### INTERNAL MEDICINE



#### **AWDISHO, ALAN**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: 20A18702  
 NPI: 1164795498  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Assyrian, Syriac  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE



#### CARPENTERIII, 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  
IHP OF SOUTHERN CAL-PHP  
 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: Yes  
Min/Max Age: 0\None  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO



 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

CENTER SACRAMENTO,  
PIONEERS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### MICHAEL, RAMI

Provider ID: 569910

Provider Gender: Male

License Number: A144513

NPI: 1467871673

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

#### NADI, FAHIMA

Provider ID: 418340

Provider Gender: Female


License Number: A175325

NPI: 1770072290


Provider English Spoken: Y

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## C. Directorio de atención primaria


 *Provider Language(s)*  
Spoken: Pashto, Persian,  
Urdu  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

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

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*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*  
**IHP OF SOUTHERN CAL-PHP**

 875 EL CAJON BLVD

EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N



 *Accessibility: CONTACT  
PROVIDER*

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

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

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



 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*




*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*


### INTERNAL MEDICINE

#### **REDDY, ARJUN**


*Provider ID: 428134*  
*Provider Gender: Male*  
*NPI: 1730132457*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation:  
GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**

 5442 SYCUAN RD  
EL CAJON, CA 92019  
 *Phone: (619) 445-0707*  
*Fax: (619) 445-0988*  
 *After Hours Phone: (619)  
445-0707*

 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-4PM*

### INTERNAL MEDICINE

#### **ROUEL, WADI**

*Provider ID: 185267*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

*Provider Gender: Male*  
*License Number: C55979*  
*NPI: 1740254713*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL*  
*Board Certified Specialty: No LA MAESTRA FAMILY CLINIC*  
 *165 S 1ST ST EL CAJON, CA 92019*  
 *Phone: (619) 269-1262*  
 *After Hours Phone: (619) 269-1262*  
 *Website: www.lamaestra.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TU 8AM-5PM TH-F 8AM-5PM*

### **INTERNAL MEDICINE**

#### **ROUEL, LINDA**

*Provider ID: 308485*  
*Provider Gender: Female*  
*NPI: 1326128950*  
 *Provider English Spoken: Y*

*Provider Language(s) Spoken: Arabic, Assyrian, Mandarin, Syriac*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL*  
*Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD*  
 *860 JAMACHA RD STE 107 EL CAJON, CA 92019*  
 *Phone: (619) 456-9920*  
*Fax: (619) 456-9340*  
 *After Hours Phone: (619) 456-9920*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-7PM*

### **INTERNAL MEDICINE**

#### **ROUEL, WADI**

*Provider ID: 418501*  
*Provider Gender: Male*  
*License Number: C55979*  
*NPI: 1740254713*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL*  
*Board Certified Specialty: No LA MAESTRA FAMILY CLINIC*  
 *1032 BROADWAY EL CAJON, CA 92021*  
 *Phone: (619) 795-5983*  
 *After Hours Phone: (619) 795-5983*  
 *Website: www.lamaestra.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

### **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 IHP OF SOUTHERN CAL-PHP*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE



#### **YOON, TAE**

Provider ID: 418340

Provider Gender: Male


License Number: C161090

NPI: 1508918178


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Korean  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### INTERVENTIONAL

#### CARDIOLOGY

#### **KAFRI, HASSAN**

Provider ID: 569910




Provider Gender: Male


License Number: A96002

NPI: 1730258401

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, French,  
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  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020

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

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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


Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **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  
LA MAESTRA FAMILY CLINIC

 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: Yes


Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL):  Hours: M-F  
8:30AM-5:30PM

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

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

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MENDEZ, DIEGO**

Provider ID: 569910

Provider Gender: Male

License Number: A47906

NPI: 1437181922

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, BAKERSFIELD

MEMORIAL HOSP, SHARP

MEMORIAL HOSPITAL,

Adventist Health Bakersfield,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL, KERN MEDICAL

CENTER, KERN MEDICAL


CENTER


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  N

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

### OBSTETRICS / GYNECOLOGY

#### STABEN, REBECCA

Provider ID: 418340

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SHARP CORONADO HOSP

AND HEALTHCARE CTR,

SCRIPPS MERCY HOSPITAL

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### OPHTHALMOLOGY

#### ALBORZIAN, SHERVIN

Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

CALIFORNIA HOSP MED CTR  
LOS ANGELES, EL CENTRO  
REGIONAL MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria





<p><b>OPHTHALMOLOGY</b></p> <p><b>PAPASTERGIU, GEORGIOS</b>            Provider ID: 569910            Provider Gender: Male            License Number: A127706            NPI: 1790054393</p> <p> 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 IHP OF SOUTHERN CAL-PHP</p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: www.syhealth.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p>Provider Gender: Male            License Number: A87650            NPI: 1376723759</p> <p> 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 IHP OF SOUTHERN CAL-PHP</p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: www.syhealth.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>Cultural Competency: N            Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL            Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: www.syhealth.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p><b>OPHTHALMOLOGY</b></p> <p><b>PONS, MAURICIO</b>            Provider ID: 569910</p>	<p><b>OPHTHALMOLOGY</b></p> <p><b>SKAF, AYHAM</b>            Provider ID: 569910            Provider Gender: Male            License Number: A120584            NPI: 1285888628</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Arabic, Spanish</p>	<p><b>PEDIATRICS</b></p> <p><b>ADJAN, ROULA</b>            Provider ID: 185267            Provider Gender: Female            License Number: A81682            NPI: 1992847263</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Arabic, French, Spanish            Cultural Competency: N            Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</p> <p> 165 S 1ST ST EL CAJON, CA 92019   Phone: (619) 280-4213</p>



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (619) 280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

**ALWAHAB, AREEJ**  
 Provider ID: 678064  
 Provider Gender: Female  
 NPI: 1497138002  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Hospital Affiliation: ST BERNARDINE MED CTR, KAISER FOUNDATION HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 250 E CHASE AVE STE 110 EL CAJON, CA 92020  
 Phone: (619) 399-7878  
 Fax: (858) 499-5006  
 After Hours Phone: (619) 399-7878  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **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  
 LA MAESTRA FAMILY CLINIC  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 LA MAESTRA FAMILY CLINIC  
 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: Yes  
 Min/Max Age: 0\None  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria


NPI: 1972965242


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

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### PEDIATRICS

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#### 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  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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### PEDIATRICS

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#### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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### PEDIATRICS

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#### JONES, SETAREH

Provider ID: 418501

Provider Gender: Female

License Number: A110010


NPI: 1033441316


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619)  
795-5983

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

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):

N


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

### PEDIATRICS

#### **JONES, SETAREH**

*Provider ID: 185267*  
*Provider Gender: Female*  
*License Number: A110010*  
*NPI: 1033441316*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
*LA MAESTRA FAMILY CLINIC*


 165 S 1ST ST  
 EL CAJON, CA 92019  
 *Phone: (619) 312-0347*  
 *After Hours Phone: (619) 312-0347*  
 *Website: www.lamaestra.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*


### 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*  
 FAMILY HEALTH CENTERS OF SAN DIEGO



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

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*





 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

### PEDIATRICS

#### **NAGNUR, PRITI**



*Provider ID: 206354*  
*Provider Gender: Female*  
*License Number: A170055*  
*NPI: 1316289929*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi, Kannada*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1111 W CHASE AVE

EL CAJON, CA 92020  
 *Phone: (619) 515-2499*  
 *After Hours Phone: (619) 515-2499*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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*  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\19

American Sign Language (ASL): Provider ID: 546215

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### 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 RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### 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 RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### 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 IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### 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 LA MAESTRA FAMILY CLINIC

 1032 BROADWAY  
EL CAJON, CA 92021

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 Phone: (619) 795-5991  
 After Hours Phone: (619) 795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 LA MAESTRA FAMILY CLINIC  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER





### PHYSICIANS ASSISTANT

**ARMENTA, JORGE**  
 Provider ID: 185267  
 Provider Gender: Male  
 License Number: PA13694  
 NPI: 1346382611  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

### PHYSICIANS ASSISTANT

**CONDEZ, EDSSEL**  
 Provider ID: 418340  
 Provider Gender: Male  
 License Number: PA53129  
 NPI: 1073978680  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO

































 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

### PHYSICIANS ASSISTANT

**MERCER, KELLY**  
 Provider ID: 185267  
 Provider Gender: Female  
 License Number: PA21625  
 NPI: 1154609790  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p>	<p><i>License Number: PA18719</i>  <i>NPI: 1447468137</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i></p>	<p>EL CAJON, CA 92020   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<b>PHYSICIANS ASSISTANT</b>		
<b>MERCER, KELLY</b>		
<p><i>Provider ID: 418501</i>  <i>Provider Gender: Female</i>  <i>License Number: PA21625</i>  <i>NPI: 1154609790</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Arabic</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>LA MAESTRA FAMILY CLINIC</b></p>	<p> 1111 W CHASE AVE            EL CAJON, CA 92020   <i>Phone: (619) 515-2499</i>   <i>After Hours Phone: (619) 515-2499</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>
<b>PHYSICIANS ASSISTANT</b>		
<b>TURNER, ERIC</b>		
<p> 1032 BROADWAY            EL CAJON, CA 92021   <i>Phone: (619) 795-5991</i>   <i>After Hours Phone: (619) 795-5991</i>   <i>Website: www.lamaestra.org</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8:30AM-5:30PM</i></p>	<p><i>Provider ID: 206354</i>  <i>Provider Gender: Male</i>  <i>License Number: PA55067</i>  <i>NPI: 1669756128</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>
<b>PHYSICIANS ASSISTANT</b>		
<b>ROSENBLATT, SHERILYN</b>		
<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8:30AM-5:30PM</i></p>	<p> 1111 W CHASE AVE            EL CAJON, CA 92020   <i>Phone: (619) 515-2499</i>   <i>After Hours Phone: (619) 515-2499</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8:30AM-5:30PM</i></p>	<p><i>Provider ID: 206354</i>  <i>Provider Gender: Female</i>  <i>License Number: PA22872</i>  <i>NPI: 1114041621</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   875 EL CAJON BLVD</p>
<b>PHYSICIANS ASSISTANT</b>		
<b>PATEL, SHREYA</b>		

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TURNER, SHEREENA</b>            Provider ID: 418340            Provider Gender: Female            License Number: PA20396            NPI: 1992934988</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 525 E MAIN ST            EL CAJON, CA 92020  <input type="phone"/> Phone: (619) 515-2498  <input type="clock"/> After Hours Phone: (619) 515-2498  <input type="globe"/> Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p><input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-F 8:30AM-5:30PM</p>	<p>Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 525 E MAIN ST            EL CAJON, CA 92020  <input type="phone"/> Phone: (619) 515-2400  <input type="clock"/> After Hours Phone: (619) 515-2400  <input type="globe"/> Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p><input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-F 8:30AM-5:30PM</p>	<p><input type="phone"/> Phone: (619) 515-2498  <input type="clock"/> After Hours Phone: (619) 515-2498  <input type="globe"/> Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p><input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-F 8:30AM-5:30PM            SA 8:30AM-5:30PM</p>
<p><b>PODIATRIST</b></p> <p><b>JUAREZ, LETICIA</b>            Provider ID: 418340            Provider Gender: Female            License Number: DPM5661            NPI: 1508393778</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s)</p>	<p><b>PODIATRIST</b></p> <p><b>LE, DIANA</b>            Provider ID: 418340            Provider Gender: Female            License Number: DPM5734            NPI: 1184112864</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Vietnamese            Cultural Competency: N            Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 525 E MAIN ST            EL CAJON, CA 92020</p>	<p><b>REGISTERED PHYSICAL THERAPIST</b></p> <p><b>CUMMINGS, GEORGE</b>            Provider ID: 418340            Provider Gender: Male            License Number: PT295173            NPI: 1497236384</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 525 E MAIN ST            EL CAJON, CA 92020  <input type="phone"/> Phone: (619) 515-2498  <input type="clock"/> After Hours Phone: (619) 515-2498  <input type="globe"/> Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *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 IHP OF SOUTHERN CAL-PHP*

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 *Phone: (619) 662-4100*

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

 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

### 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 FAMILY HEALTH CENTERS OF SAN DIEGO*

 525 E MAIN ST  
EL CAJON, CA 92020

 *Phone: (619) 515-2498*

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


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *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 IHP OF SOUTHERN CAL-PHP*

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 *Phone: (619) 662-4100*

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


 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

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

### 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 FAMILY HEALTH CENTERS OF SAN DIEGO*

 525 E MAIN ST  
EL CAJON, CA 92020

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

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

## ENCINITAS

### PEDIATRICS


#### **BRION, SONJA**

*Provider ID: 386639*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

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  
RADY CHILDRENS HEALTH  
NETWORK

 499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024

 Phone: (760) 436-4511  
Fax: (760) 436-5106


 After Hours Phone: (760)  
436-4511

 Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


### **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  
RADY CHILDRENS HEALTH  
NETWORK

 499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024

 Phone: (760) 436-4511  
Fax: (760) 436-5106


 After Hours Phone: (760)  
436-4511

 Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



### **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  
RADY CHILDRENS HEALTH  
NETWORK

 499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024

 Phone: (760) 436-4511  
Fax: (760) 436-5106


 After Hours Phone: (760)  
436-4511

 Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

### HOSPITAL OAKLAND

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024

Phone: (760) 436-4511

Fax: (760) 436-5106

After Hours Phone: (760)  
436-4511

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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  
RADY CHILDRENS HEALTH

NETWORK

499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024

Phone: (760) 436-4511

Fax: (760) 436-5106

After Hours Phone: (760)  
436-4511

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (760) 737-6900

After Hours Phone: (760)  
737-6900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8AM-5PM  
W 9AM-5PM

TH-F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

704 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

#### MITCHELL, CATHY

Provider ID: 424775

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Female


License Number: NP4799


NPI: 1356365365

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 After Hours Phone: (760)  
690-5900

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **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  
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

---

### **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  
IHP OF SOUTHERN CAL-PHP

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## C. Directorio de atención primaria

 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100


 Website: www.ihpsocal.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

### 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

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

**CASTANER, ZALYA**

Provider ID: 206271

Provider Gender: Female

License Number: A139490

NPI: 1487072179

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

### 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

IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

### **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  
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

### **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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (760) 546-2858

 After Hours Phone: (760)  
546-2858

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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, Punjabi,  
Urdu


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

### **FAMILY PRACTICE**

#### **LAI, AMARA**

Provider ID: 206271









Provider Gender: Female

License Number: A120348

NPI: 1790912855

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## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR MEDICAL CENTER*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 *Phone: (760) 737-6900*  
 *After Hours Phone: (760) 737-6900*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TU 8AM-5PM W 9AM-5PM TH-F 8AM-5PM*

### **FAMILY PRACTICE**









#### **MATSHE, ZENZIWE**

*Provider ID: 665448*  
*Provider Gender: Female*  
*NPI: 1285256073*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
*Fax: (760) 466-1373*  
 *After Hours Phone: (760)*

520-8100  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*








### **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*  
*IHP OF SOUTHERN CAL-PHP*  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
 *After Hours Phone: (760) 520-8100*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 8AM-0PM*




### **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*  
*IHP OF SOUTHERN CAL-PHP*  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
 *After Hours Phone: (760) 520-8100*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 8AM-0PM*

### **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*  
*IHP OF SOUTHERN CAL-PHP*  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (760) 520-8100

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760) 737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **RODARTE, GABRIEL**

Provider ID: 206266

Provider Gender: Male

License Number: A87906

NPI: 1184649212

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

 After Hours Phone: (760) 520-8340

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>SANDHU, BASANT</b>            Provider ID: 206271            Provider Gender: Male            License Number: A140398            NPI: 1265795744</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: German, Hindi, Punjabi, Spanish            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 728 E VALLEY PKWY            ESCONDIDO, CA 92025   Phone: (760) 737-6900   After Hours Phone: (760) 737-6900   Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER   Hours: M-W 8AM-8PM            TH-F 8AM-5PM</p>	<p>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            IHP OF SOUTHERN CAL-PHP</p> <p> 728 E VALLEY PKWY            ESCONDIDO, CA 92025   Phone: (760) 737-6900   After Hours Phone: (760) 737-6900   Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p>INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE            RANCHO SPRINGS HOSPITAL, PALOMAR MEDICAL CENTER            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 460 N ELM ST            ESCONDIDO, CA 92025   Phone: (760) 520-8100   After Hours Phone: (760) 520-8100   Website: www.ihpsocal.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>
<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>SCHULTZ, JAMES</b>            Provider ID: 206271            Provider Gender: Male            License Number: G61829            NPI: 1356376164</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Farsi, Greek, Spanish            Cultural Competency: N            Hospital Affiliation: SOUTHWEST HEALTHCARE</p>	<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>SCHULTZ, JAMES</b>            Provider ID: 206270            Provider Gender: Male            License Number: G61829            NPI: 1356376164</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Farsi, Greek, Spanish            Cultural Competency: N            Hospital Affiliation: SOUTHWEST HEALTHCARE</p>	<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>TANTOD, KULIN</b>            Provider ID: 206270            Provider Gender: Male            License Number: A109655            NPI: 1902058928</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 460 N ELM ST            ESCONDIDO, CA 92025   Phone: (760) 520-8100   After Hours Phone: (760) 520-8100   Website: www.ihpsocal.org</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1417640491

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### 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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

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### FQHC

#### ESCONDIDO FAMILY HEALTH


#### CENTER,


Provider ID: 652372

 Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (619) 515-2474

 After Hours Phone: (619) 515-2474

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### FQHC

#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO,

Provider ID: 206270


NPI: 1598703647

 Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### FQHC

#### NEIGHBORHOOD

#### HEALTHCARE PEDIATRICS

#### AND PRENATAL,


Provider ID: 424775

NPI: 1437335353

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

Fax: (360) 462-2747

 After Hours Phone: (760) 690-5900

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### FQHC

#### NEIGHBORHOOD

#### HEALTHCARE PEDIATRICS AND

#### PRENATAL,

Provider ID: 206266

NPI: 1265618185

 Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Cultural Competency: N  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### FQHC

#### NEIGHBORHOOD

#### HEALTHCARE VALLEY PARKWAY,

Provider ID: 206271

NPI: 1720264641

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (760) 737-6900

Fax: (360) 462-2748

After Hours Phone: (760)  
737-6900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8AM-5PM  
W 9AM-5PM  
TH-F 8AM-5PM

### FQHC

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE,

Provider ID: 588941

NPI: 1801438239

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

704 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (619) 662-4100

Fax: (760) 745-7847

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

128 N BROADWAY  
ESCONDIDO, CA 92025

Phone: (760) 546-2858

After Hours Phone: (760)  
546-2858

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP


704 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (619) 662-4100

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### 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  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

---

### 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

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

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### 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

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST

ESCONDIDO, CA 92025

 Phone: (760) 520-8100


 After Hours Phone: (760)  
520-8100


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

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### PEDIATRICS

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#### AGUILAR, EDITA


Provider ID: 424775

Provider Gender: Female

License Number: A56054

NPI: 1467407411

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish, Tagalog


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 After Hours Phone: (760)  
690-5900

 Website: N/A

Medi-Cal Open Panel: Yes




















Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>AGUILAR, EDITA</b>            Provider ID: 206266            Provider Gender: Female            License Number: A56054            NPI: 1467407411</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish, Tagalog            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 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: Yes            Min/Max Age: 0\21            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>MEDICAL CTR, RADY            CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 426 N DATE ST            ESCONDIDO, CA 92025   Phone: (760) 520-8340   After Hours Phone: (760) 520-8340   Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 0\21            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p>ESCONDIDO, CA 92025   Phone: (760) 520-8100   After Hours Phone: (760) 520-8100   Website: www.ihpsocal.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>ALDANA, NANCY</b>            Provider ID: 424775            Provider Gender: Female            License Number: A62467            NPI: 1558371963</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: TRI CITY</p>	<p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>CHOW, BYRON</b>            Provider ID: 206270            Provider Gender: Male            License Number: A78116            NPI: 1619907607</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: French, Spanish            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 460 N ELM ST</p>	<p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>COHEN, CARA</b>            Provider ID: 661879            Provider Gender: Female            NPI: 1215021274</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> 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            RADY CHILDRENS HEALTH NETWORK</p> <p> 625 CITRACADO PKWY STE 100            ESCONDIDO, CA 92025   Phone: (760) 746-2641            Fax: (760) 740-2178   After Hours Phone: (760) 746-2641</p>


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **COULLAHAN, JESSICA**

Provider ID: 661887


Provider Gender: Female


NPI: 1750579108

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025

 Phone: (760) 746-2641

Fax: (760) 740-2178

 After Hours Phone: (760) 746-2641


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 SA 8:30AM-0PM

### **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  
 IHP OF SOUTHERN CAL-PHP

 460 N ELM ST  
 ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760) 520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
 IHP OF SOUTHERN CAL-PHP

 426 N DATE ST  
 ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 After Hours Phone: (760) 690-5900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**


#### **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  
 COMMUNITY CARE IPA LLC

 426 N DATE ST

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

ESCONDIDO, CA 92025

Phone: (760) 520-8340

Fax: (360) 462-2752

After Hours Phone: (760) 520-8340

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### SONG, JOYCE

Provider ID: 661892

Provider Gender: Female

NPI: 1417510694

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

625 CITRACADO PKWY STE 100

ESCONDIDO, CA 92025

Phone: (760) 746-2641

Fax: (760) 740-2178

After Hours Phone: (760) 746-2641

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### STRAZICICH, KARLA

Provider ID: 206270

Provider Gender: Female

License Number: A45413

NPI: 1134154958

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

460 N ELM ST

ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760) 520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

426 N DATE ST

ESCONDIDO, CA 92025

Phone: (760) 690-5900

After Hours Phone: (760) 690-5900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### ZAND, 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


RADY CHILDRENS HEALTH

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### NETWORK

 240 W MISSION AVE STE A  
ESCONDIDO, CA 92025

 Phone: (760) 747-5400

Fax: (760) 747-2286

 After Hours Phone: (760)  
747-5400


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FALLBROOK

### CERTIFIED NURSE

### PRACTITIONER

#### EVERETT, ELIZABETH

Provider ID: 624122

Provider Gender: Female

License Number: NP95025094

NPI: 1942952767


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Sign Language


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-0:30PM  
W-TH 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

#### **EVERETT, ELIZABETH**

Provider ID: 624122

Provider Gender: Female

License Number: NP95025094

NPI: 1942952767


Provider English Spoken: Y


Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-0:30PM  
W-TH 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

#### **EVERETT, ELIZABETH**

Provider ID: 624122

Provider Gender: Female

License Number: NP95025094

NPI: 1942952767


Provider English Spoken: Y


Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-0:30PM  
W-TH 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

IHP OF SOUTHERN CAL-PHP

 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<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### 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  
IHP OF SOUTHERN CAL-PHP

 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<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 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<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-0:30PM  
W-TH 8AM-5PM

---

### CERTIFIED NURSE PRACTITIONER

---


**RACKHAM, KELLY**

Provider ID: 624122

Provider Gender: Male

License Number: NP95015717




NPI: 1801497284


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-0:30PM  
W-TH 8AM-5PM

---

### CERTIFIED NURSE PRACTITIONER

---

**RACKHAM, KELLY**


Provider ID: 624122

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284

 Provider English Spoken: Y

 Provider Language(s)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-4PM  
TU 8AM-0:30PM  
W-TH 8AM-5PM

### FQHC

**VISTA COMMUNITY CLINIC,**

Provider ID: 624122

NPI: 1649662719

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-4PM  
TU 8AM-0:30PM  
W-TH 8AM-5PM

### FQHC

**VISTA COMMUNITY CLINIC,**

Provider ID: 624122

NPI: 1851300123

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-4PM  
TU 8AM-0:30PM  
W-TH 8AM-5PM

### FQHC

**VISTA COMMUNITY CLINIC,**

Provider ID: 624122

NPI: 1316501562

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-4PM  
TU 8AM-0:30PM  
W-TH 8AM-5PM

### PEDIATRICS

**DELRE, 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  
RADY CHILDRENS HEALTH  
NETWORK

1107 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 451-0070

Fax: (760) 451-1499

After Hours Phone: (760)  
451-0070

Website: N/A

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


### PEDIATRICS

#### LINARES, YENDI

Provider ID: 538068

Provider Gender: Female

NPI: 1336674886

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 1107 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-0070

Fax: (760) 451-1499

 After Hours Phone: (760) 451-0070

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


### 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  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-4PM

### 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  
IHP OF SOUTHERN CAL-PHP

 949 PALM AVE  
IMPERIAL BEACH, CA  
91932

 Phone: (619) 429-3733

 After Hours Phone: (619) 429-3733

 Website: www.ihpsocal.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8:30AM-9PM  
F 8:30AM-5PM

SA 8:30AM-2PM

### FQHC

#### IMPERIAL BEACH HEALTH CENTER,

Provider ID: 179678

NPI: 1790718351


 Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 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](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### 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  
 IHP OF SOUTHERN CAL-PHP  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932  
 Phone: (619) 429-3733  
 After Hours Phone: (619)  
 429-3733  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 Provider Language(s)  
 Spoken: Serbian, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932  
 Phone: (619) 429-3733  
 After Hours Phone: (619)  
 429-3733  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


### JULIAN








### CLINIC OUTPATIENT

#### SAN YSIDRO HEALTH JULIAN

**FAMILY MEDICINE,**  
 Provider ID: 664467





NPI: 1235804139

 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP

 2721 WASHINGTON ST  
 JULIAN, CA 92036  
 Phone: (619) 662-4100  
 Fax: (619) 662-4196  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### FAMILY PRACTICE

#### WYLIE, BLAKE

Provider ID: 664467  
 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  
 IHP OF SOUTHERN CAL-PHP  
 2721 WASHINGTON ST  
 JULIAN, CA 92036  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria

662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### FQHC

#### SAN YSIDRO HEALTH JULIAN FAMILY MEDICINE,

Provider ID: 664467  
 NPI: 1235804139  
 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 2721 WASHINGTON ST  
 JULIAN, CA 92036  
 Phone: (619) 662-4100  
 Fax: (619) 662-4196  
 After Hours Phone: (619)  
 662-4100


 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM


### LA JOLLA

#### PEDIATRICS


#### GAINOR, GRETCHEN

Provider ID: 537752



Provider Gender: Female  
 NPI: 1174504757  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037  
 Phone: (858) 459-4351  
 Fax: (858) 459-4399

 After Hours Phone: (858)  
 459-4351


 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-0PM

#### 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  
 RADY CHILDRENS HEALTH  
 NETWORK

 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


 Hours: M-F 8AM-5PM

#### 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  
 RADY CHILDRENS HEALTH  
 NETWORK




 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037

 Phone: (858) 459-4351  
 Fax: (858) 459-4399

 After Hours Phone: (858)  
 459-4351

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **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  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037  
 Phone: (858) 459-4351  
 Fax: (858) 459-4399  
 After Hours Phone: (858)  
 459-4351  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL): **TUNG, VIVIAN**

N


 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

### **PEDIATRICS**


#### **ROBERTS, KENDALL**

Provider ID: 48933  
 Provider Gender: Male  
 NPI: 1265762033

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 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: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


 Hours: M-F 8AM-5PM

### **PEDIATRICS**

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  
 RADY CHILDRENS HEALTH  
 NETWORK

 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037

 Phone: (858) 459-4351  
 Fax: (858) 459-4399

 After Hours Phone: (858)  
 459-4351

 Website: N/A

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

### **LA MESA**

#### **CERTIFIED NURSE PRACTITIONER**

#### **WARD, KATHERINE**

Provider ID: 613887

Provider Gender: Female

NPI: 1477223576

 Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM

### CERTIFIED NURSE PRACTITIONER

#### **WARD, KATHERINE**

Provider ID: 613881

Provider Gender: Female

NPI: 1477223576

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM

### FAMILY PRACTICE

#### **PATEL, HEMANSHU**

Provider ID: 664660

Provider Gender: Male

NPI: 1255777439

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: BARSTOW  
COMMUNITY HOSPITAL,

DESERT VALLEY HOSPITAL,

Providence St Mary Medical  
Center, VICTOR VALLEY

GLOBAL MED CTR

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

7339 EL CAJON BLVD STE 1

LA MESA, CA 91942

Phone: (619) 698-0606

Fax: (619) 332-5149

After Hours Phone: (619)  
698-0606

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5:30PM

### 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  
RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 7:30AM-6PM  
W-F 7:30AM-6:30PM

SA 8:30AM-5PM

### PEDIATRICS

#### **ALSHEIKH, HUDA**

Provider ID: 435468

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

*Provider Gender: Female*  
*NPI: 1487746855*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Board Certified Specialty: Yes*  
*RADY CHILDRENS HEALTH NETWORK*  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942  
 *Phone: (619) 464-6434*  
*Fax: (619) 464-5109*  
 *After Hours Phone: (619) 464-6434*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TU 7:30AM-6PM W-F 7:30AM-6:30PM SA 8:30AM-5PM*

### **PEDIATRICS**

#### **CLAY, CORRIE**

*Provider ID: 536652*  
*Provider Gender: Female*  
*NPI: 1437207750*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT*

*HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942  
 *Phone: (619) 464-6434*  
*Fax: (619) 464-5109*  
 *After Hours Phone: (619) 464-6434*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM 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*  
*RADY CHILDRENS HEALTH NETWORK*  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942  
 *Phone: (619) 464-6434*

*Fax: (619) 464-5109*  
 *After Hours Phone: (619) 464-6434*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM 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*  
*RADY CHILDRENS HEALTH NETWORK*

8881 FLETCHER PKWY STE 205  
 LA MESA, CA 91942  
 *Phone: (619) 464-6434*  
*Fax: (619) 464-5109*  
 *After Hours Phone: (619) 464-6434*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM

---

### **PEDIATRICS**


---

#### **GIANFORTUNE, RACHEL**

Provider ID: 433091

Provider Gender: Female

NPI: 1912193301

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619)  
464-6434

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **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  
RADY CHILDRENS HEALTH  
NETWORK

 8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

 Phone: (619) 464-6434

 After Hours Phone: (619)  
464-6434

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **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  
RADY CHILDRENS HEALTH  
NETWORK

 8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

 Phone: (619) 401-0404

Fax: (619) 401-0522

 After Hours Phone: (619)  
401-0404

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

---

### **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

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## C. Directorio de atención primaria

DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619)  
401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### MOLINOS, NICOLE

Provider ID: 538098

Provider Gender: Female

NPI: 1538685524

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH  
NETWORK

6942 UNIVERSITY AVE STE  
A

LA MESA, CA 91942

Phone: (619) 698-2184

Fax: (619) 698-2084

After Hours Phone: (619)  
698-2184

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

### 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

RADY CHILDRENS HEALTH

NETWORK

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

### 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

RADY CHILDRENS HEALTH

NETWORK

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942




Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria





 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-6PM  
 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  
 IHP OF SOUTHERN CAL-PHP

 10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
 After Hours Phone: (858)  
 218-3000  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

#### FAMILY PRACTICE



##### FERRAILOLO, NATALIE







Provider ID: 353843  
 Provider Gender: Female  
 License Number: A152372  
 NPI: 1306290143  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
 After Hours Phone: (858)  
 218-3000  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

#### FAMILY PRACTICE

##### LIU-BARBARO, DOROTHY







Provider ID: 353843  
 Provider Gender: Female  
 License Number: A115342  
 NPI: 1851602270  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin,  
 Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (619) 440-2751  
 After Hours Phone: (619)  
 440-2751  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

#### FQHC

##### NEIGHBORHOOD

##### HEALTHCARE LAKESIDE,

Provider ID: 353843  
 NPI: 1932384120  
 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
 Fax: (360) 462-2744  
 After Hours Phone: (858)  
 218-3000  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

#### GENERAL PRACTICE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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  
IHP OF SOUTHERN CAL-PHP

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (858) 218-3000


 After Hours Phone: (858)  
218-3000


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

 10039 VINE ST

LAKESIDE, CA 92040

 Phone: (858) 218-3000

 After Hours Phone: (858)  
218-3000


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### LEMON GROVE

### CERTIFIED NURSE

### PRACTITIONER

### ALLEN, KATHERINE

Provider ID: 419139

Provider Gender: Female


License Number: NP95009933


NPI: 1831557024

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550


 After Hours Phone: (619)  
515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

### CERTIFIED NURSE

### PRACTITIONER

### SMITH, SHARON

Provider ID: 419139


Provider Gender: Female

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## C. Directorio de atención primaria

License Number: RN428876

NPI: 1780603597

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER


#### **SMITH, SHARON**

Provider ID: 419139

Provider Gender: Female

License Number: NP15444

NPI: 1780603597

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF  
SAN DIEGO

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

#### **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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

Fax: (619) 825-9577

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

#### **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

FAMILY HEALTH CENTERS OF

### SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### **INTERNAL MEDICINE**

### **MAHDAI, SUZAN**

Provider ID: 419139

Provider Gender: Female

License Number: A154838

NPI: 1598015679

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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## C. Directorio de atención primaria

 Hours: M-F 9AM-5PM

### **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

FAMILY HEALTH CENTERS OF SAN DIEGO

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF SAN DIEGO

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


FAMILY HEALTH CENTERS OF SAN DIEGO

 7592 BROADWAY

LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:30AM-5:30PM

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

7592 BROADWAY  
 LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
 515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 9AM-5PM

### **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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

7592 BROADWAY  
 LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
 515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

7592 BROADWAY  
 LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
 515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

### **OBSTETRICS / GYNECOLOGY**

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

7592 BROADWAY  
 LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
 515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

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## C. Directorio de atención primaria



 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital*  
*Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO*

 7592 BROADWAY  
LEMON GROVE, CA 91945  
 *Phone: (619) 515-2550*  
 *After Hours Phone: (619)  
515-2550*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*





*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F 9AM-5PM*


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



 7592 BROADWAY  
LEMON GROVE, CA 91945  
 *Phone: (619) 515-2550*  
 *After Hours Phone: (619)  
515-2550*  
 *Website: N/A*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO*



 7592 BROADWAY  
LEMON GROVE, CA 91945






 *Phone: (619) 515-2550*  
 *After Hours Phone: (619)  
515-2550*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

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

 7592 BROADWAY  
LEMON GROVE, CA 91945  
 *Phone: (619) 515-2550*  
 *After Hours Phone: (619)  
515-2550*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

**PROVIDER**  
 Hours: M-F 9AM-5PM

### **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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 7592 BROADWAY  
 LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
 515-2550

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 9AM-5PM

### **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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 7592 BROADWAY  
 LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619)  
 515-2500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

 Provider Language(s)

Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 7592 BROADWAY  
 LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619)  
 515-2500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550  
After Hours Phone: (619)  
515-2550

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550  
After Hours Phone: (619)  
515-2550

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550  
After Hours Phone: (619)  
515-2550

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **NATIONAL CITY**

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **AQUINO, FELINO**

Provider ID: 417102

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-6PM  
F 8AM-5PM

### **CERTIFIED NURSE**

### **PRACTITIONER**

#### **AQUINO, FELINO**

Provider ID: 418302

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y




Provider Language(s)

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## C. Directorio de atención primaria

Spoken: Tagalog  
 Cultural Competency: N  
 Board Certified Specialty: No  
**OPERATION SAMAHAN**  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM



### **CERTIFIED NURSE PRACTITIONER**

**DHARKAR-SURBER, SAPNA**  
 Provider ID: 185270  
 Provider Gender: Female  
 License Number: NP95013257  
 NPI: 1538707765  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Marathi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
**MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL**  
 Board Certified Specialty: No  
**LA MAESTRA FAMILY CLINIC**  
 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)  
 g  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
**OPERATION SAMAHAN**  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **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  
**OPERATION SAMAHAN**  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-6PM  
 F 8AM-5PM

### **CERTIFIED NURSE PRACTITIONER**

**LUM, YUIN-WAH**  
 Provider ID: 418930  
 Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria


License Number: NP95010663  
NPI: 1942764477

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

 After Hours Phone: (619)  
515-2399


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 564-8765

 After Hours Phone: (619)  
564-8765

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER


#### OCHOA, ERLINDA

Provider ID: 185270

Provider Gender: Female

License Number: NP4430

NPI: 1346437464

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: www.lamaestra.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

#### REAL, MARIA


Provider ID: 185270

Provider Gender: Female

License Number: NP17328

NPI: 1548450471

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Catalan, German,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308


 Website: www.lamaestra.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

### CERTIFIED NURSE





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## C. Directorio de atención primaria

<b>PRACTITIONER</b>	
<p><b>REID, EMILY</b>  <i>Provider ID: 185270</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95002766</i>  <i>NPI: 1083081467</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i>  <b>LA MAESTRA FAMILY CLINIC</b></p> <p> 217 HIGHLAND AVE            NATIONAL CITY, CA 91950</p> <p> <i>Phone: (619) 434-7308</i>  <i>After Hours Phone: (619) 434-7308</i></p> <p> <i>Website: www.lamaestra.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5:30PM</i></p>	<p><i>Board Certified Specialty: No</i>  <b>LA MAESTRA FAMILY CLINIC</b></p> <p> 217 HIGHLAND AVE            NATIONAL CITY, CA 91950</p> <p> <i>Phone: (619) 434-7308</i>  <i>After Hours Phone: (619) 434-7308</i></p> <p> <i>Website: www.lamaestra.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5:30PM</i></p>
<b>CERTIFIED NURSE PRACTITIONER</b>	
<p><b>VERDUZCO GONZALEZ, AURORA</b>  <i>Provider ID: 185270</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95001961</i>  <i>NPI: 1932452323</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i>  <b>LA MAESTRA FAMILY CLINIC</b></p> <p> 217 HIGHLAND AVE            NATIONAL CITY, CA 91950</p> <p> <i>Phone: (619) 434-7308</i>  <i>After Hours Phone: (619) 434-7308</i></p> <p> <i>Website: www.lamaestra.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5:30PM</i></p>	<p><i>Board Certified Specialty: No</i>  <b>LA MAESTRA FAMILY CLINIC</b></p> <p> 217 HIGHLAND AVE            NATIONAL CITY, CA 91950</p> <p> <i>Phone: (619) 434-7308</i>  <i>After Hours Phone: (619) 434-7308</i></p> <p> <i>Website: www.lamaestra.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5:30PM</i></p>
<b>CERTIFIED NURSE PRACTITIONER</b>	
<p><b>VILLANUEVADEGUTIE, BERENICE</b>  <i>Provider ID: 185270</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95002188</i>  <i>NPI: 1952795536</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i>  <b>LA MAESTRA FAMILY CLINIC</b></p> <p> 217 HIGHLAND AVE            NATIONAL CITY, CA 91950</p> <p> <i>Phone: (619) 434-7308</i>  <i>After Hours Phone: (619) 434-7308</i></p> <p> <i>Website: www.lamaestra.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5:30PM</i></p>	<p><i>Board Certified Specialty: No</i>  <b>LA MAESTRA FAMILY CLINIC</b></p> <p> 217 HIGHLAND AVE            NATIONAL CITY, CA 91950</p> <p> <i>Phone: (619) 434-7308</i>  <i>After Hours Phone: (619) 434-7308</i></p> <p> <i>Website: www.lamaestra.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5:30PM</i></p>
<b>CHIROPRACTOR</b>	
<p><b>HOURIHAN, KEITH</b>  <i>Provider ID: 185270</i></p>	<p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5:30PM</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria





Provider Gender: Male  
 License Number: DC29314  
 NPI: 1306916994  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
**LA MAESTRA FAMILY CLINIC**  
 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)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: TH 8AM-2PM

### **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  
**IHP OF SOUTHERN CAL-PHP**  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

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







 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
**OPERATION SAMAHAN**

 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM



### **FAMILY PRACTICE**

#### **CAMPBELL, BRIANNA**

Provider ID: 227418  
 Provider Gender: Female  
 License Number: A157488  
 NPI: 1316479892



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: CHULA VISTA COMM HOSP*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **CANLAS, AVELINO**

*Provider ID: 417102*

*Provider Gender: Male*

*License Number: A74854*

*NPI: 1275682528*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Tagalog*


*Cultural Competency: N*


*Hospital Affiliation: PARADISE VALLEY HOSPITAL*

*Board Certified Specialty: No*  
*OPERATION SAMAHAN*

 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

 *Phone: (844) 200-2426*

 *After Hours Phone: (844) 200-2426*


 *Website: www.operationsamahan.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-6PM*  
*F 8AM-5PM*

### **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*  
*IHP OF SOUTHERN CAL-PHP*

 1136 D AVE  
 NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

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

 *Website: syhealth.org/clinic/s/national-city-family-clinic-1*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*  
*IHP OF SOUTHERN CAL-PHP*

 1136 D AVE  
 NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

*Fax: (619) 474-3722*


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

 *Website: syhealth.org/clinic/s/national-city-family-clinic-1*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

<p><b>FAMILY PRACTICE</b></p> <p><b>DILLON, MAYRA</b>            Provider ID: 227412            Provider Gender: Female            License Number: A112571            NPI: 1629232715</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 1136 D AVE            NATIONAL CITY, CA 91950   Phone: (619) 662-4100            Fax: (619) 336-2323   After Hours Phone: (619) 662-4100   Website: <a href="http://syhealth.org/clinics/national-city-family-clinic-1">syhealth.org/clinics/national-city-family-clinic-1</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p>NPI: 1992230593</p> <p> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1000 EUCLID AVE            NATIONAL CITY, CA 91950   Phone: (619) 515-2399   After Hours Phone: (619) 515-2399   Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            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</p>	<p>IHP OF SOUTHERN CAL-PHP</p> <p> 2400 E 8TH ST STE A            NATIONAL CITY, CA 91950   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://syhealth.org/clinics/paradise-hills-family-clinic">syhealth.org/clinics/paradise-hills-family-clinic</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>LANUZA, MARK</b>            Provider ID: 418930            Provider Gender: Male            License Number: 20A18460</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>LAW, KAREN</b>            Provider ID: 227418            Provider Gender: Female            License Number: A138534            NPI: 1205253150</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: CHULA VISTA COMM HOSP            Board Certified Specialty: No</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>LEUTE, ERIC</b>            Provider ID: 227418            Provider Gender: Male            License Number: A80832            NPI: 1720171507</p> <p> 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            IHP OF SOUTHERN CAL-PHP</p> <p> 2400 E 8TH ST STE A            NATIONAL CITY, CA 91950   Phone: (619) 662-4100   After Hours Phone: (619)</p>






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.









## C. Directorio de atención primaria

662-4100  
 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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 IHP OF SOUTHERN CAL-PHP  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

**NAVARRO, VANESSAMARIA**  
 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 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 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

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## C. Directorio de atención primaria

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### NOLASCO, 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  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### 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  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### FAMILY PRACTICE

#### RICHARDSON, DANIELLE

Provider ID: 227418  
 Provider Gender: Female

License Number: A127555  
 NPI: 1609142892  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French, Portuguese, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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  
LA MAESTRA FAMILY CLINIC

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)

g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: TH 8AM-2PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

### FQHC

**FAMILY HEALTH CTR SD  
NATIONAL CITY,**

Provider ID: 418930

NPI: 1417409228

Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-3:30PM  
TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

### FQHC

**LA MAESTRA FAMILY CLINIC  
INC,**

Provider ID: 185270

NPI: 1336353721

Provider English Spoken: Y  
Cultural Competency: N

LA MAESTRA FAMILY CLINIC

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: TH 8AM-2PM

### FQHC

**OPERATION SAMAHAN -  
NATIONAL C,**

Provider ID: 417102

NPI: 1801907449

Provider English Spoken: Y  
Cultural Competency: N

OPERATION SAMAHAN

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-6PM  
F 8AM-5PM

### FQHC

**OPERATION SAMAHAN  
GRANGER SCHOOL BASED,**

Provider ID: 418302

NPI: 1205134517

Provider English Spoken: Y  
Cultural Competency: N

OPERATION SAMAHAN

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FQHC

#### SAN YSIDRO HEALTH

##### NATIONAL CITY,


Provider ID: 227412

NPI: 1003869363

 Provider English Spoken: Y  
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


### FQHC

#### SAN YSIDRO HEALTH

##### PARADISE HILLS,

Provider ID: 227418


NPI: 1598907487

 Provider English Spoken: Y


Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FQHC

#### SAN YSIDRO HEALTH SOUTH BAY,


Provider ID: 361428

NPI: 1851757215


 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

### INTERNAL MEDICINE

#### BRAVERMAN, IRA


Provider ID: 10635


Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NPI: 1124039755

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: PARADISE


VALLEY HOSPITAL

Board Certified Specialty: Yes


IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


### INTERNAL MEDICINE


#### HEKMAT, RAZI

Provider ID: 78388

Provider Gender: Male

NPI: 1871501205

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE


VALLEY HOSPITAL

Board Certified Specialty: No


IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

### 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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### ROUEL, WADI

Provider ID: 185270

Provider Gender: Male

License Number: C55979



NPI: 1740254713


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria




 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*  
*LA MAESTRA FAMILY CLINIC*  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 *Phone: (619) 434-7308*  
 *After Hours Phone: (619) 434-7308*  
 *Website: www.lamaestra.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM*





### NEUROLOGY

**CANTU-REYNA, GUILLERMO**  
*Provider ID: 185270*  
*Provider Gender: Male*  
*License Number: A41375*  
*NPI: 1447389101*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*




*Hospital Affiliation: SHARP CHULA VISTA MED CTR*  
*Board Certified Specialty: No*  
*LA MAESTRA FAMILY CLINIC*  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 *Phone: (619) 798-3977*  
 *After Hours Phone: (619) 798-3977*  
 *Website: www.lamaestra.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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: Faroese, 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*  
*IHP OF SOUTHERN CAL-PHP*  
 2400 E 8TH ST STE A


NATIONAL CITY, CA 91950  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: syhealth.org/clinics/paradise-hills-family-clinic*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*


### PEDIATRICS

**BAILONY, MOHAMMED**  
*Provider ID: 30132*  
*Provider Gender: Male*  
*NPI: 1376625913*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Board Certified Specialty: Yes*  
*RADY CHILDRENS HEALTH NETWORK*  
 655 EUCLID AVE STE 205  
 NATIONAL CITY, CA 91950


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 470-1945

 Fax: (619) 475-5048

 After Hours Phone: (619) 470-1945

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM


### PEDIATRICS


#### **BAILONY, AHMAD**

Provider ID: 146949

Provider Gender: Male

NPI: 1790914422

 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH NETWORK

 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM


### PEDIATRICS


#### **BARBADILLO, TERESITA**

Provider ID: 84258

Provider Gender: Female

NPI: 1952416695

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: PARADISE VALLEY HOSPITAL


Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

### 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 IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **CONE, STEPHANIE**

Provider ID: 185270

Provider Gender: Female


License Number: A123929

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

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

LA MAESTRA FAMILY CLINIC

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

RADY CHILDRENS HEALTH  
NETWORK

 655 EUCLID AVE STE 207  
NATIONAL CITY, CA 91950

 Phone: (619) 475-4575

Fax: (619) 475-4578

 After Hours Phone: (619)  
475-4575

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU-SA 8AM-5PM

### 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

RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): **UY, CARMELITA**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### **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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


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### **PEDIATRICS**

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  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### **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  
RADY CHILDRENS HEALTH NETWORK

 655 EUCLID AVE STE 207  
NATIONAL CITY, CA 91950

 Phone: (619) 475-4575

Fax: (619) 475-4578

 After Hours Phone: (619) 475-4575

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU-SA 8AM-5PM

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### **PHYSICIANS ASSISTANT**

**ARMENTA, JORGE**

Provider ID: 185270

Provider Gender: Male







License Number: PA13694

NPI: 1346382611

 Provider English Spoken: Y  
Cultural Competency: N



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
**LA MAESTRA FAMILY CLINIC**  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5:30PM

### PHYSICIANS ASSISTANT



#### BANGS, SASHA

Provider ID: 418930  
 Provider Gender: Female  
 License Number: PA55660  
 NPI: 1720524374  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
**FAMILY HEALTH CENTERS OF  
 SAN DIEGO**  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT  
 PROVIDER

### PHYSICIANS ASSISTANT

#### MARTINEZ-MURGUIA, IRENE


Provider ID: 185270  
 Provider Gender: Female  
 License Number: PA20296  
 NPI: 1447492889  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
**LA MAESTRA FAMILY CLINIC**








 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)  
 g  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### PHYSICIANS ASSISTANT

#### MERCER, KELLY

Provider ID: 185270  
 Provider Gender: Female  
 License Number: PA21625  
 NPI: 1154609790  
 Provider English Spoken: Y





 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
**LA MAESTRA FAMILY CLINIC**  
 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)  
 g  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5:30PM

## OCEANSIDE

### CERTIFIED NURSE

### PRACTITIONER

#### BAEK, KILHYO

Provider ID: 206341  
 Provider Gender: Female  
 License Number: NP95003571  
 NPI: 1053776914  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Korean  
 Cultural Competency: N  
 Board Certified Specialty: No  
**IHP OF SOUTHERN CAL-PHP**  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

📞 After Hours Phone: (760) 631-5000  
 🌐 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **BAEK, KILHYO**

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571

NPI: 1053776914

📄 Provider English Spoken: Y

📄 Provider Language(s) Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

📍 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT

PROVIDER  
 🕒 Hours: M-F 8AM-5PM SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **BAEK, KILHYO**

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571

NPI: 1053776914

📄 Provider English Spoken: Y

📄 Provider Language(s) Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

📍 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **BINETTE, DONYA**

Provider ID: 480247

Provider Gender: Female

License Number: NP95001653  
 NPI: 1427325166

📄 Provider English Spoken: Y

📄 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

📍 2210 MESA DR STE 300 OCEANSIDE, CA 92054

📞 Phone: (760) 757-5841

📞 After Hours Phone: (760) 757-5841

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM SA 8AM-4:30PM

### CERTIFIED NURSE PRACTITIONER

#### **BINETTE, DONYA**

Provider ID: 480247

Provider Gender: Female

License Number: NP95001653

NPI: 1427325166

📄 Provider English Spoken: Y

📄 Provider Language(s) Spoken: Spanish






Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP




📍 2210 MESA DR STE 300


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## C. Directorio de atención primaria








OCEANSIDE, CA 92054  
 Phone: (760) 757-5841  
 After Hours Phone: (760) 757-5841  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 8AM-4:30PM

### 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  
 IHP OF SOUTHERN CAL-PHP  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER








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

### 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  
 IHP OF SOUTHERN CAL-PHP  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**BROMAN, GRETCHEN**  
 Provider ID: 206341  
 Provider Gender: Female  
 License Number: NP95007885  
 NPI: 1922421288

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM

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## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 206341

N

 Accessibility: CONTACT PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

#### **BROMAN, GRETCHEN**

Provider ID: 206341

Provider Gender: Female


License Number: NP95007885


NPI: 1922421288

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 206341

N

 Accessibility: CONTACT PROVIDER

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

### CERTIFIED NURSE

### PRACTITIONER

#### **CHILAKA, SAMUEL**

Provider ID: 206341

Provider Gender: Male


License Number: NP95017483


NPI: 1679140644

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000


 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 206341

 Accessibility: CONTACT PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

#### **CHILAKA, SAMUEL**

Provider ID: 206341

Provider Gender: Male


License Number: NP95017483


NPI: 1679140644


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
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 After Hours Phone: (760)  
631-5000


 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 206341

 Accessibility: CONTACT PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

#### **CHILAKA, SAMUEL**

Provider ID: 206341

Provider Gender: Male


License Number: NP95017483


NPI: 1679140644


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
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OCEANSIDE, CA 92057

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 After Hours Phone: (760)  
631-5000

 Website: www.vistacommunityclinic.org



Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 206341

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 9AM-4PM*


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### **CERTIFIED NURSE PRACTITIONER**


---



#### **CHRISTY, TYLER**

*Provider ID: 206341*  
*Provider Gender: Male*  
*License Number: NP95025871*  
*NPI: 1689094971*

 *Provider English Spoken: Y Cultural Competency: N*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 *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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 9AM-4PM*

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### **CERTIFIED NURSE PRACTITIONER**

---

#### **CHRISTY, TYLER**



*Provider ID: 206341*  
*Provider Gender: Male*


*License Number: NP95025871*  
*NPI: 1689094971*

 *Provider English Spoken: Y Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*


 *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: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

---

### **CERTIFIED NURSE PRACTITIONER**

---



#### **CHRISTY, TYLER**

*Provider ID: 206341*  
*Provider Gender: Male*  
*License Number: NP95025871*  
*NPI: 1689094971*


 *Provider English Spoken: Y Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 *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: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

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### **CERTIFIED NURSE PRACTITIONER**

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
#### **CORY, ALLISON**


*Provider ID: 206341*  
*Provider Gender: Female*  
*License Number: NP20497*  
*NPI: 1194027706*

 *Provider English Spoken: Y Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*


 *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: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>CORY, ALLISON</b>            Provider ID: 206341            Provider Gender: Female            License Number: NP20497            NPI: 1194027706</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 4700 N RIVER RD            OCEANSIDE, CA 92057</p> <p> Phone: (760) 631-5000   After Hours Phone: (760) 631-5000</p> <p> Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM            SA 9AM-4PM</p>	<p>Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 4700 N RIVER RD            OCEANSIDE, CA 92057</p> <p> Phone: (760) 631-5000   After Hours Phone: (760) 631-5000</p> <p> Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM            SA 9AM-4PM</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM            SA 9AM-4PM</p>
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>CORY, ALLISON</b>            Provider ID: 206341            Provider Gender: Female            License Number: NP20497            NPI: 1194027706</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>EVERETT, ELIZABETH</b>            Provider ID: 206341            Provider Gender: Female            License Number: NP95025094            NPI: 1942952767</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Sign Language            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 4700 N RIVER RD            OCEANSIDE, CA 92057</p> <p> Phone: (760) 631-5000   After Hours Phone: (760) 631-5000</p> <p> Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>EVERETT, ELIZABETH</b>            Provider ID: 206341            Provider Gender: Female            License Number: NP95025094            NPI: 1942952767</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Sign Language            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 4700 N RIVER RD            OCEANSIDE, CA 92057</p> <p> Phone: (760) 631-5000   After Hours Phone: (760) 631-5000</p> <p> Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM            SA 9AM-4PM</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

### CERTIFIED NURSE PRACTITIONER

#### EVERETT, ELIZABETH

Provider ID: 206341

Provider Gender: Female

License Number: NP95025094

NPI: 1942952767

Provider English Spoken: Y

Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

#### HALGEDAHL, YI TING

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

#### HALGEDAHL, YI TING

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

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#### HALGEDAHL, YI TING

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No

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## C. Directorio de atención primaria

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

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**HALGEDAHL, YI TING**

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

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**CERTIFIED NURSE**  
**PRACTITIONER**

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**HALGEDAHL, YI TING**

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**HALGEDAHL, YI TING**

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, Mandarin


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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**CERTIFIED NURSE**  
**PRACTITIONER**

---

**HALGEDAHL, YI TING**


Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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## C. Directorio de atención primaria

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>HARRIS, PAMELA</b> <i>Provider ID: 206341</i> <i>Provider Gender: Female</i> <i>License Number: NP95022679</i> <i>NPI: 1407545221</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4700 N RIVER RD OCEANSIDE, CA 92057</p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p> <i>Website: www.vistacommu nityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i> <i>SA 9AM-4PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>HARRIS, PAMELA</b> <i>Provider ID: 206341</i> <i>Provider Gender: Female</i></p>	<p><i>License Number: NP95022679</i> <i>NPI: 1407545221</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4700 N RIVER RD OCEANSIDE, CA 92057</p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p> <i>Website: www.vistacommu nityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i> <i>SA 9AM-4PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>HARRIS, PAMELA</b> <i>Provider ID: 206341</i> <i>Provider Gender: Female</i> <i>License Number: NP95022679</i> <i>NPI: 1407545221</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4700 N RIVER RD OCEANSIDE, CA 92057</p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p>	<p>631-5000</p> <p> <i>Website: www.vistacommu nityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i> <i>SA 9AM-4PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>HOWELL, AMANDA</b> <i>Provider ID: 206341</i> <i>Provider Gender: Female</i> <i>License Number: NP95020894</i> <i>NPI: 1427797943</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4700 N RIVER RD OCEANSIDE, CA 92057</p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p> <i>Website: www.vistacommu nityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i> <i>SA 9AM-4PM</i></p>
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## C. Directorio de atención primaria

<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>HOWELL, AMANDA</b>            Provider ID: 206341            Provider Gender: Female            License Number: NP95020894            NPI: 1427797943</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 4700 N RIVER RD            OCEANSIDE, CA 92057</p> <p> Phone: (760) 631-5000</p> <p> After Hours Phone: (760) 631-5000</p> <p> Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM            SA 9AM-4PM</p>	<p>Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 4700 N RIVER RD            OCEANSIDE, CA 92057</p> <p> Phone: (760) 631-5000</p> <p> After Hours Phone: (760) 631-5000</p> <p> Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM            SA 9AM-4PM</p>	<p> Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-TU 8AM-5PM            W 8AM-7PM            TH-F 8AM-5PM            SA 9AM-4PM</p>
<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>HOWELL, AMANDA</b>            Provider ID: 206341            Provider Gender: Female            License Number: NP95020894            NPI: 1427797943</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N</p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KELLEHER, BRIDGET</b>            Provider ID: 402434            Provider Gender: Female            License Number: NP95003447            NPI: 1245695006</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: TRI CITY MEDICAL CTR</p> <p>Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 818 PIER VIEW WAY            OCEANSIDE, CA 92054</p> <p> Phone: (760) 631-5000</p> <p> After Hours Phone: (760) 631-5000</p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KELLEHER, BRIDGET</b>            Provider ID: 402434            Provider Gender: Female            License Number: NP95003447            NPI: 1245695006</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: TRI CITY MEDICAL CTR</p> <p>Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 818 PIER VIEW WAY            OCEANSIDE, CA 92054</p> <p> Phone: (760) 631-5000</p> <p> After Hours Phone: (760) 631-5000</p> <p> Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>


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## C. Directorio de atención primaria

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TU 8AM-5PM W 8AM-7PM TH-F 8AM-5PM SA 9AM-4PM</i></p>	<p><i>Provider ID: 206341</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: NP95020584</i></p> <p><i>NPI: 1851747166</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p>	<p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p> <i>Website: www.vistacommunityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p>
<b><u>CERTIFIED NURSE</u></b>		
<b><u>PRACTITIONER</u></b>		
<p><b>TAYLOR, CHRISTOPHER</b></p> <p><i>Provider ID: 206341</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: NP95020584</i></p> <p><i>NPI: 1851747166</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> <i>4700 N RIVER RD OCEANSIDE, CA 92057</i></p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p> <i>Website: www.vistacommunityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p>	<p> <i>4700 N RIVER RD OCEANSIDE, CA 92057</i></p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p> <i>Website: www.vistacommunityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM SA 9AM-4PM</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM SA 9AM-4PM</i></p>
<b><u>CERTIFIED NURSE</u></b>		
<b><u>PRACTITIONER</u></b>		
<p><b>TAYLOR, CHRISTOPHER</b></p> <p><i>Provider ID: 206341</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: NP95020584</i></p> <p><i>NPI: 1851747166</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> <i>4700 N RIVER RD OCEANSIDE, CA 92057</i></p>	<p><b><u>CERTIFIED NURSE</u></b></p> <p><b><u>PRACTITIONER</u></b></p> <p><b>TAYLOR, CHRISTOPHER</b></p> <p><i>Provider ID: 206341</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: NP95020584</i></p> <p><i>NPI: 1851747166</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> <i>4700 N RIVER RD OCEANSIDE, CA 92057</i></p>	<p><b>WAGNER, TASIA</b></p> <p><i>Provider ID: 206341</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95001650</i></p> <p><i>NPI: 1598158768</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> <i>4700 N RIVER RD OCEANSIDE, CA 92057</i></p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p> <i>Website: www.vistacommunityclinic.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>

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## C. Directorio de atención primaria

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

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### **CERTIFIED NURSE PRACTITIONER**

---


#### **WAGNER, TASIA**

Provider ID: 206341


Provider Gender: Female


License Number: NP95001650

NPI: 1598158768

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
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 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
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### **CERTIFIED NURSE PRACTITIONER**

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#### **WAGNER, TASIA**

Provider ID: 206341


Provider Gender: Female


License Number: NP95001650

NPI: 1598158768

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
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Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

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### **FAMILY PRACTICE**

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#### **ESPINOSA-SILVA, YAMINAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A12958

NPI: 1003172016


 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: No  
IHP OF SOUTHERN CAL-PHP

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

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### **FAMILY PRACTICE**

---



#### **ESPINOSA-SILVA, YAMINAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A12958


NPI: 1003172016


 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: No  
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## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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 Accessibility: CONTACT PROVIDER

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### **FAMILY PRACTICE**


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NPI: 1003172016

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 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL


CTR


Board Certified Specialty: No

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Min/Max Age: 0\None

American Sign Language (ASL):

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 Accessibility: CONTACT

PROVIDER

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

### **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

IHP OF SOUTHERN CAL-PHP

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631-5000

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

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**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: Yes

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American Sign Language (ASL):

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**FATLAND, SARAH**

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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: Yes


Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): *Medi-Cal Open Panel: Yes*  
N

 Accessibility: CONTACT PROVIDER

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

### **FAMILY PRACTICE**


#### **KETCHEL, CLINT**


Provider ID: 206341

Provider Gender: Male

License Number: A135564

NPI: 1699038125

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic, Spanish,  
Syriac


Cultural Competency: N


Hospital Affiliation:

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, TRI  
CITY MEDICAL CTR, WHITTIER  
HOSPITAL MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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)

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

### **FAMILY PRACTICE**


#### **KETCHEL, CLINT**


Provider ID: 206341

Provider Gender: Male

License Number: A135564

NPI: 1699038125

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic, Spanish,  
Syriac


Cultural Competency: N


Hospital Affiliation:

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, TRI  
CITY MEDICAL CTR, WHITTIER  
HOSPITAL MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

### **FAMILY PRACTICE**

#### **KETCHEL, CLINT**


Provider ID: 206341

Provider Gender: Male

License Number: A135564

NPI: 1699038125

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic, Spanish,  
Syriac


Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, TRI  
CITY MEDICAL CTR, WHITTIER  
HOSPITAL MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP





 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria

 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM

### FAMILY PRACTICE



#### **KETCHEL, CLINT**







Provider ID: 402434  
 Provider Gender: Male  
 License Number: A135564  
 NPI: 1699038125  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic, Spanish, Syriac  
 Cultural Competency: N  
 Hospital Affiliation:  
 SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR, WHITTIER HOSPITAL MEDICAL CENTER  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### FAMILY PRACTICE

#### **KETCHEL, CLINT**

Provider ID: 402434  
 Provider Gender: Male  
 License Number: A135564  
 NPI: 1699038125  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic, Spanish, Syriac  
 Cultural Competency: N  
 Hospital Affiliation:  
 SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR, WHITTIER HOSPITAL MEDICAL CENTER  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM


### FAMILY PRACTICE

#### **NGUYEN, DANIELA**

Provider ID: 206341  
 Provider Gender: Female  
 License Number: 20A21066  
 NPI: 1891069662  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

### **FAMILY PRACTICE**

**NGUYEN, DANIELA**

Provider ID: 206341

Provider Gender: Female


License Number: 20A21066


NPI: 1891069662

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **FAMILY PRACTICE**

**NGUYEN, DANIELA**

Provider ID: 206341

Provider Gender: Female


License Number: 20A21066


NPI: 1891069662

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**PANICKER, CIBU**

Provider ID: 206341


Provider Gender: Male

License Number: A149340

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria


NPI: 1235492760

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### PONSFORD, DIANA

Provider ID: 402436

Provider Gender: Female

License Number: 20A17371


NPI: 1407204969

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)

631-5000


 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### 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  
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000


 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### 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  
IHP OF SOUTHERN CAL-PHP

 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<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### FAMILY PRACTICE

#### VIDAL, MONICA

Provider ID: 206341

Provider Gender: Female

License Number: 20A8949

NPI: 1871791749




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 9AM-4PM*

### 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*  
*IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 9AM-4PM*








### FQHC

#### TRUECARE,

*Provider ID: 480247*  
*NPI: 1245246917*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*IHP OF SOUTHERN CAL-PHP*  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 8AM-4:30PM*

### FQHC

**VISTA COMMUNITY CLINIC,**  
*Provider ID: 206341*

*NPI: 1851300123*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*IHP OF SOUTHERN CAL-PHP*  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
 *Website: www.vistacommu  
nityclinic.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 9AM-4PM*

### FQHC

#### VISTA COMMUNITY CLINIC,


*Provider ID: 206341*  
*NPI: 1316501562*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*IHP OF SOUTHERN CAL-PHP*  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
 *Website: www.vistacommu  
nityclinic.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP  
N

 Accessibility: CONTACT PROVIDER

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

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### FQHC

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#### VISTA COMMUNITY CLINIC,


Provider ID: 206341

NPI: 1649662719

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

---

### 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

---

### FQHC

---

#### VISTA COMMUNITY CLINIC

HORNE STREET,


Provider ID: 402436

NPI: 1609094036

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

---

### FQHC

---

#### VISTA COMMUNITY CLINIC

PIER VIEW WAY,


Provider ID: 402434

NPI: 1629357355

 Provider English Spoken: Y  
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-5PM  
W 8AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM

---

### FQHC

---

#### VISTA COMMUNITY CLINIC

PIER VIEW WAY,

Provider ID: 402434

NPI: 1629357355

 Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8AM-5PM  
W 8AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM

### INTERNAL MEDICINE

**HASSANI, FARZANEH**

Provider ID: 206341

Provider Gender: Female

License Number: C54458

NPI: 1942204979

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Farsi,  
Persian, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL  
CTR, UC DAVIS MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### INTERNAL MEDICINE

**HASSANI, FARZANEH**

Provider ID: 206341

Provider Gender: Female

License Number: C54458

NPI: 1942204979

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Farsi,  
Persian, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL  
CTR, UC DAVIS MEDICAL CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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nityclinic.org](http://www.vistacommu<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### INTERNAL MEDICINE

**HASSANI, FARZANEH**

Provider ID: 206341

Provider Gender: Female

License Number: C54458

NPI: 1942204979

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Farsi,  
Persian, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL  
CTR, UC DAVIS MEDICAL CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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<br/>nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): \_\_\_\_\_

N

 Accessibility: CONTACT PROVIDER

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


### PEDIATRICS

#### **CALHOUN, CHANELLE**

Provider ID: 344145

Provider Gender: Female

NPI: 1437166709

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

RADY CHILDRENS HEALTH


NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): \_\_\_\_\_

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS


#### **CALHOUN, CHANELLE**

Provider ID: 480247

Provider Gender: Female

License Number: G75390

NPI: 1437166709

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 891-4667

 After Hours Phone: (760)  
891-4667

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): \_\_\_\_\_

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS


#### **CALHOUN, CHANELLE**

Provider ID: 480247

Provider Gender: Female

License Number: G75390

NPI: 1437166709

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 891-4667

 After Hours Phone: (760)  
891-4667

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): \_\_\_\_\_

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **CURLEY, EDWARD**


Provider ID: 480247

Provider Gender: Male

License Number: A73814

NPI: 1164434312

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR




Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

### PEDIATRICS


#### CURLEY, EDWARD

Provider ID: 480247

Provider Gender: Male

License Number: A73814

NPI: 1164434312

 Provider English Spoken: Y



 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054


 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-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  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-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  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### GUNTA, SUJANA

Provider ID: 402434

Provider Gender: Female

License Number: A109056

NPI: 1932304342

 Provider English Spoken: Y

 Provider Language(s)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Spoken: Hindi, Marathi, Spanish, Telugu  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, TRI CITY MEDICAL CTR  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 818 PIER VIEW WAY OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **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 IHP OF SOUTHERN CAL-PHP  
 818 PIER VIEW WAY OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **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 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 8AM-0PM

### **PEDIATRICS**

#### **MACINTYRE, ELIZABETH**

Provider ID: 543354  
 Provider Gender: Female  
 NPI: 1336520766  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: Yes RADY CHILDRENS HEALTH NETWORK

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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 8AM-0PM

### **PEDIATRICS**

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## C. Directorio de atención primaria

### 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  
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3731

After Hours Phone: (760)  
631-5000

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### PEDIATRICS

### MCCAMMACK, BRADLEY

Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3731

After Hours Phone: (760)  
631-5000

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### PEDIATRICS

### MCCAMMACK, BRADLEY

Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3731

After Hours Phone: (760)  
631-5000

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### PEDIATRICS

### MILLER, DONALD

Provider ID: 433589

Provider Gender: Male

NPI: 1154356582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

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

RADY CHILDRENS HEALTH  
NETWORK


3605 VISTA WAY BLDG B  
STE 130

OCEANSIDE, CA 92056

Phone: (760) 547-1010

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (760) 547-1010


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### **PEDIATRICS**

#### **NOVOTA, GABRIELA**

Provider ID: 685653


Provider Gender: Female

NPI: 1154520096

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

---



### **PEDIATRICS**

#### **PARK, RONALD**

Provider ID: 271889

Provider Gender: Male

NPI: 1881695914

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-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  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### **PEDIATRICS**

#### **RONAN, KEVIN**


Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 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: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 9AM-4PM*

### **PEDIATRICS**

#### **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 IHP OF SOUTHERN CAL-PHP*

 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: Yes*  
*Min/Max Age: 0\None*



*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*

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


### **PEDIATRICS**

#### **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 IHP OF SOUTHERN CAL-PHP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

### **PEDIATRICS**

#### **ZACHRY, ALISON**

*Provider ID: 480247*

*Provider Gender: Female*

*License Number: A131678*

*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 IHP OF SOUTHERN CAL-PHP*

 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: N/A

*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\None*


*American Sign Language (ASL):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM  
SA 8AM-4:30PM*

---

### **PEDIATRICS**


#### **ZACHRY, ALISON**

*Provider ID: 480247*

*Provider Gender: Female*

*License Number: A131678*

*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*

*IHP OF SOUTHERN CAL-PHP*

 *2210 MESA DR STE 300  
OCEANSIDE, CA 92054*

 *Phone: (760) 736-6767*

 *After Hours Phone: (760)  
736-6767*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM  
SA 8AM-4:30PM*

---

### **PHYSICIANS ASSISTANT**


#### **CHISWICK, GARY**

*Provider ID: 480247*

*Provider Gender: Male*

*License Number: PA22667*

*NPI: 1174964001*

 *Provider English Spoken: Y*

*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL*


*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 *2210 MESA DR STE 300  
OCEANSIDE, CA 92054*

 *Phone: (760) 966-3306*

 *After Hours Phone: (760)  
966-3306*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**


#### **CHISWICK, GARY**

*Provider ID: 480247*

*Provider Gender: Male*

*License Number: PA22667*

*NPI: 1174964001*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation:*


*GROSSMONT HOSPITAL*


*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 *2210 MESA DR STE 300*

OCEANSIDE, CA 92054

 *Phone: (760) 966-3306*

 *After Hours Phone: (760)  
966-3306*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

*Provider ID: 480247*

*Provider Gender: Female*

*License Number: PA53036*

*NPI: 1922471192*


 *Provider English Spoken: Y*


*Cultural Competency: N*

*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 *2210 MESA DR STE 300  
OCEANSIDE, CA 92054*

 *Phone: (760) 966-3306*

 *After Hours Phone: (760)  
966-3306*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider ID: 480247

Provider Gender: Female

License Number: PA53036

NPI: 1922471192

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 966-3306

After Hours Phone: (760)  
966-3306

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### POWAY

#### FAMILY PRACTICE

##### KAUR, JATINDER

Provider ID: 481187

Provider Gender: Female

License Number: A120771

NPI: 1912141391

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Punjabi,  
Urdu

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

13010 POWAY RD

POWAY, CA 92064

Phone: (858) 218-3000

After Hours Phone: (858)  
218-3000

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

#### FQHC

##### NEIGHBORHOOD

##### HEALTHCARE GOLD FAMILY

##### HEALTH CENTER,

Provider ID: 481187

NPI: 1023518768

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

Fax: (360) 462-2742

After Hours Phone: (858)  
218-3000

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

#### 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  
IHP OF SOUTHERN CAL-PHP

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

After Hours Phone: (858)  
218-3000

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

#### PEDIATRICS

##### LINDBACK, SARAH

Provider ID: 161834

Provider Gender: Female

NPI: 1427345487

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, SCRIPPS MEMORIAL

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## C. Directorio de atención primaria

HOSPITAL, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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  
RADY CHILDRENS HEALTH

NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

**MOREIRA, LUCILA**

Provider ID: 523761

Provider Gender: Female

NPI: 1104846567

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8AM-5PM

### 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  
RADY CHILDRENS HEALTH

NETWORK

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: Yes

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## C. Directorio de atención primaria

Min/Max Age: 0\19

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **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  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **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  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

### **PEDIATRICS**


#### **TAI, KUANGKAI**

Provider ID: 351834

Provider Gender: Male

NPI: 1396744066


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, Mandarin, Spanish

Cultural Competency: N


Hospital Affiliation: PALOMAR HEALTH, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM  
SA 8:30AM-0PM

### **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  
IHP OF SOUTHERN CAL-PHP

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## C. Directorio de atención primaria

 13010 POWAY RD  
 POWAY, CA 92064  
 Phone: (858) 218-3000  
 After Hours Phone: (858)  
 218-3000  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-4:30PM








### RAMONA

#### CERTIFIED NURSE PRACTITIONER

**DOAN, CHINH**  
 Provider ID: 449438  
 Provider Gender: Female  
 License Number: NP18874  
 NPI: 1083845069  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 220 ROTANZI ST  
 RAMONA, CA 92065  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER

#### FQHC






**TRUECARE,**  
 Provider ID: 449438  
 NPI: 1245246917  
 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 220 ROTANZI ST  
 RAMONA, CA 92065  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-0PM

#### INTERNAL MEDICINE






**YUNG, DORIS**  
 Provider ID: 449438  
 Provider Gender: Female  
 License Number: A89893  
 NPI: 1730386863  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin,  
 Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 220 ROTANZI ST  
 RAMONA, CA 92065  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


#### PEDIATRICS

**ZACHRY, ALISON**  
 Provider ID: 449438  
 Provider Gender: Female  
 License Number: A131678  
 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  
 IHP OF SOUTHERN CAL-PHP  
 220 ROTANZI ST  
 RAMONA, CA 92065  
 Phone: (760) 736-6767  
 After Hours Phone: (760)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

### **PHYSICIANS ASSISTANT**


#### **CHISWICK, GARY**

Provider ID: 449438  
Provider Gender: Male  
License Number: PA22667  
NPI: 1174964001

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 220 ROTANZI ST  
RAMONA, CA 92065  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER



### **PHYSICIANS ASSISTANT**


#### **REIFENBERGER, JODY**


Provider ID: 449438  
Provider Gender: Female  
License Number: PA22669  
NPI: 1386741072

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 220 ROTANZI ST  
RAMONA, CA 92065  
 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER




### **PHYSICIANS ASSISTANT**


#### **RUSSO, KRISTA**

Provider ID: 449438  
Provider Gender: Female  
License Number: PA53036  
NPI: 1922471192

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 220 ROTANZI ST  
RAMONA, CA 92065  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER




### **PHYSICIANS ASSISTANT**


#### **ZANGEN, ROCHELLE**

Provider ID: 449438  
Provider Gender: Female  
License Number: PA51494  
NPI: 1447681150

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 220 ROTANZI ST  
RAMONA, CA 92065  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

## **SAN DIEGO**

### **CARDIOVASCULAR DISEASE**

#### **BLUM, RICHARD**

Provider ID: 417937  
Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: G53758


NPI: 1043310030


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### 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

OPERATION SAMAHAN

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
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

OPERATION SAMAHAN

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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  
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF

### SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

#### **BESTERFELDT, LYDIA**

Provider ID: 482070

Provider Gender: Female

License Number: NP95013060

NPI: 1265929442

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **BURNS, DELLA**

Provider ID: 233597

Provider Gender: Female

License Number: NP7413


NPI: 1871577023

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## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 *Phone: (619) 563-0250*  
 *After Hours Phone: (619) 563-0250*  
 *Website: www.sdfamilycare.org*


*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*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*  
*IHP OF SOUTHERN CAL-PHP*


 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*

*/clinics/king- chavez- health center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*




 *Hours: M-F 8AM-5PM SA 8AM-4PM*


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

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*



*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*  
 *Provider Language(s) Spoken: Marathi, Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*  
*LA MAESTRA FAMILY CLINIC*

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 *Phone: (619) 255-9155*  
 *After Hours Phone: (619) 255-9155*  
 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM SA 8AM-2PM*

### CERTIFIED NURSE PRACTITIONER

#### **GALLEGOS, CYNTHIA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider ID: 206360

Provider Gender: Female

License Number: NP95016217

NPI: 1174105589

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**GARCIA, JOHNNY**

Provider ID: 206363

Provider Gender: Male

License Number: NP95007000

NPI: 1932622156

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Provider Language(s)*  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### HA, THU

Provider ID: 482070

Provider Gender: Female

License Number: NP95010517


NPI: 1346443983


 *Provider English Spoken: Y*

 *Provider Language(s)*  
Spoken: Vietnamese  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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)

.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### HARRINGTON, BARBARA LORRAINE

Provider ID: 185268

Provider Gender: Female


License Number: NP17008


NPI: 1659579134

 *Provider English Spoken: Y*  
Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

### CERTIFIED NURSE

### PRACTITIONER

#### HART, BECKY

Provider ID: 403583

Provider Gender: Female


License Number: NP95025699


NPI: 1316626344

 *Provider English Spoken: Y*  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 645-6405

 After Hours Phone: (619)  
645-6405

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
OPERATION SAMAHAN

 10737 CAMINO RUIZ STE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-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

OPERATION SAMAHAN

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1205019510

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-4:30PM

### **CERTIFIED NURSE PRACTITIONER**

#### **HOANG, CHI**

Provider ID: 482070

Provider Gender: Female

License Number: NP95004600

NPI: 1902350994

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

#### **HOGAN, ROSELYNNJOY**

Provider ID: 206362

Provider Gender: Female

License Number: NP17852

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Thai

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-TH  
8:30AM-5:30PM  
F 8AM-5PM

### **CERTIFIED NURSE PRACTITIONER**

#### **HOGAN, ROSELYNNJOY**

Provider ID: 206362

Provider Gender: Female

License Number: NP17852

NPI: 1205019510

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Thai

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria


### SAN DIEGO

 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: Yes  
Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER




 Hours: M-TH  
8:30AM-5:30PM  
F 8AM-5PM


#### CERTIFIED NURSE PRACTITIONER

### HOGAN, ROSELYNNJOY

Provider ID: 206360  
Provider Gender: Female  
License Number: NP17852  
NPI: 1205019510  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Thai  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-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  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

#### CERTIFIED NURSE PRACTITIONER

### INSTONE, SUSAN

Provider ID: 482070  
Provider Gender: Female  
License Number: NP4858  
NPI: 1710223268

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### CERTIFIED NURSE PRACTITIONER

**KI, TRISH**

Provider ID: 482070

Provider Gender: Female

License Number: NP23847

NPI: 1376840199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

SA 8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER


#### LENNON, RYAN

Provider ID: 624977

Provider Gender: Female


License Number: NP95027593


NPI: 1558084855

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 2204 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2355

 After Hours Phone: (619)  
515-2355

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 316 25TH ST  
SAN DIEGO, CA 92102  
 Phone: (619) 238-5551  
 After Hours Phone: (619)  
238-5551  
 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



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### CERTIFIED NURSE PRACTITIONER





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#### **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  
OPERATION SAMAHAN

 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.operationsamahan.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM


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### CERTIFIED NURSE PRACTITIONER


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#### **LU, TAMMY**

Provider ID: 206360  
Provider Gender: Female  
License Number: NP95007253  
NPI: 1457879132

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


---

### CERTIFIED NURSE PRACTITIONER


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#### **MARTIN, RIA**

Provider ID: 206363  
Provider Gender: Female  
License Number: NP95005321  
NPI: 1437695079

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



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### CERTIFIED NURSE PRACTITIONER

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#### **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  
IHP OF SOUTHERN CAL-PHP


 1016 OUTER RD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733  
 Website: [www.ibclinic.org](http://www.ibclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5PM  
 TU-TH 8:30AM-8PM  
 F 8:30AM-5PM







### **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  
 OPERATION SAMAHAN  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**MORAN, TIFFANY**  
 Provider ID: 207382  
 Provider Gender: Female  
 License Number: NP95011037  
 NPI: 1730730649  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP


 2630 1ST AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
 After Hours Phone: (619) 234-2158  
 Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)  
 G  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Indian Health Services: Y

### **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  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 564-8765  
 After Hours Phone: (619) 564-8765  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-6PM  
 SA 8AM-2PM

### **CERTIFIED NURSE PRACTITIONER**

**NGUYEN, NINA**  
 Provider ID: 417101  
 Provider Gender: Female  
 License Number: NP95020179  
 NPI: 1417699869  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 OPERATION SAMAHAN

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
After Hours Phone: (844)  
200-2426  
Website: [www.operationsamahahan.org](http://www.operationsamahahan.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-4:30PM

### CERTIFIED NURSE PRACTITIONER

#### **NOCEDA, ANA**

Provider ID: 482070  
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  
IHP OF SOUTHERN CAL-PHP

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)

.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### 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  
IHP OF SOUTHERN CAL-PHP

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: Yes  
Min/Max Age: 0\22

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
SA 8AM-2PM

### 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  
IHP OF SOUTHERN CAL-PHP

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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **OCAMPO, ELAINE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED NURSE PRACTITIONER**

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**OCAMPO, ELAINE**

Provider ID: 482070

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805

Provider English Spoken: Y


Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese

Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED NURSE PRACTITIONER**

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**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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED NURSE PRACTITIONER**

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**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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED NURSE PRACTITIONER**

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**ODA, THAGHAR**

Provider ID: 206363

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: RN810863

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s)

Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### ORPILLA, IMELDA

Provider ID: 418535

Provider Gender: Female

License Number: NP95003211

NPI: 1790785988

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

OPERATION SAMAHAN

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: Yes

Min/Max Age: 0\None

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

OPERATION SAMAHAN

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:30PM

### CERTIFIED NURSE PRACTITIONER

#### OWEN, MICHAEL

Provider ID: 206362

Provider Gender: Female

License Number: NP95001492

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

NPI: 1073869145

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:30AM-5:30PM  
F 8AM-5PM

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### CERTIFIED NURSE PRACTITIONER

#### **OWEN, MICHAEL**

Provider ID: 206362

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

SAN DIEGO

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:30AM-5:30PM  
F 8AM-5PM

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### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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### 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  
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

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### CERTIFIED NURSE PRACTITIONER

#### **PATEL, KELLY**

Provider ID: 402851


Provider Gender: Female

License Number: NP95004735



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

NPI: 1033493747

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


 3705 MISSION BLVD  
SAN DIEGO, CA 92109

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

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925


 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925

 Website: www.sdfamilycare  
.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **PATIAG, DANIEL**

Provider ID: 482070

Provider Gender: Male

License Number: NP95012511



NPI: 1073169769


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700


 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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 9AM-4PM

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### **CERTIFIED NURSE**

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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<b>PRACTITIONER</b>	
<p><b>PERRY, KATHERINE</b>            Provider ID: 207382            Provider Gender: Female            License Number: NP95014964            NPI: 1215543426</p> <p> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 2630 1ST AVE            SAN DIEGO, CA 92103   Phone: (619) 234-2158   After Hours Phone: (619) 234-2158   Website: WWW.SDAIHC.ORG</p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM            Indian Health Services: Y</p>	<p>Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 7011 LINDA VISTA RD            SAN DIEGO, CA 92111   Phone: (858) 810-8700   After Hours Phone: (858) 810-8700   Website: www.sdfamilycare.org</p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<b>CERTIFIED NURSE PRACTITIONER</b>	
<p><b>QUINTO, CINDY</b>            Provider ID: 482070            Provider Gender: Female            License Number: NP16433            NPI: 1902810377</p> <p> 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            IHP OF SOUTHERN CAL-PHP</p>	<p><b>QUINTO, CINDY</b>            Provider ID: 233532            Provider Gender: Female            License Number: NP16433            NPI: 1902810377</p> <p> 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            IHP OF SOUTHERN CAL-PHP</p>
<b>CERTIFIED NURSE PRACTITIONER</b>	
<p><b>REID, EMILY</b>            Provider ID: 185268            Provider Gender: Female            License Number: NP95002766            NPI: 1083081467</p> <p> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No            LA MAESTRA FAMILY CLINIC</p> <p> 4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105   Phone: (619) 255-9155   After Hours Phone: (619) 255-9155   Website: www.lamaestra.org</p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>	<p>4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105   Phone: (619) 280-2058   After Hours Phone: (619) 280-2058   Website: www.sdfamilycare.org</p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\22            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM            SA 8AM-2PM</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i></p>	<p> <i>Phone: (858) 279-0925</i>   <i>After Hours Phone: (858) 279-0925</i>   <i>Website: www.sdfamilycare.org</i></p>
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<b>ROGERS, TANYA</b>		
<p><i>Provider ID: 417987</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95004443</i>  <i>NPI: 1558710038</i></p>	<p> 7011 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 810-8700</i>   <i>After Hours Phone: (858) 810-8700</i>   <i>Website: www.sdfamilycare.org</i></p>	<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M 8AM-5PM</i>  <i>TU 8AM-8PM</i>  <i>W-F 8AM-5PM</i>  <i>SA 9AM-1PM</i></p>
<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p>	<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M 8:30AM-5:30PM</i>  <i>TU 8:30AM-9PM</i>  <i>W-F 8:30AM-5:30PM</i>  <i>SA 9AM-4PM</i></p>	
<p> 4874 POLK AVE            SAN DIEGO, CA 92105   <i>Phone: (619) 515-2426</i>   <i>After Hours Phone: (619) 515-2426</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>	<b><u>CERTIFIED NURSE PRACTITIONER</u></b>	<b><u>CERTIFIED NURSE PRACTITIONER</u></b>
<b>SABIN, NANCY</b>		
<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>Provider ID: 206046</i>  <i>Provider Gender: Female</i>  <i>License Number: NP4668</i>  <i>NPI: 1285732586</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i></p>	<p><b>SABIN, NANCY</b>  <i>Provider ID: 206046</i>  <i>Provider Gender: Female</i>  <i>License Number: NP4668</i>  <i>NPI: 1285732586</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   6973 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 279-0925</i>   <i>After Hours Phone: (858) 279-0925</i>   <i>Website: www.sdfamilycare.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i></p>
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<b>SABIN, NANCY</b>		
<p><i>Provider ID: 482070</i>  <i>Provider Gender: Female</i>  <i>License Number: NP4668</i>  <i>NPI: 1285732586</i>   <i>Provider English Spoken: Y</i></p>	<p> 6973 LINDA VISTA RD            SAN DIEGO, CA 92111</p>	

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): **SANTANGELO, JOANNE**

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM

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**CERTIFIED NURSE  
PRACTITIONER**

---

**SAMPSON, ANDRIECE**

Provider ID: 207382

Provider Gender: Female


License Number: NP95026377


NPI: 1619594124

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

 After Hours Phone: (619)  
234-2158

 Website: WWW.SDAIHC.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
Indian Health Services: Y

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**CERTIFIED NURSE  
PRACTITIONER**

---

Provider ID: 206046

Provider Gender: Female

License Number: NP2390


NPI: 1619370475


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: www.sdfamilycare.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM

---

**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

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM

---

**CERTIFIED NURSE  
PRACTITIONER**

---

**SANTANGELO, JOANNE**

Provider ID: 482070

Provider Gender: Female

License Number: NP2390


NPI: 1619370475


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER


#### **SATTERWHITE, MAURINE**

Provider ID: 482070

Provider Gender: Female

License Number: NP7022

NPI: 1225012842


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

SA 9AM-4PM

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM

### 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  
FAMILY HEALTH CENTERS OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### SAN DIEGO


 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes  
Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): Provider English Spoken: Y  
N

Accessibility: CONTACT  
PROVIDER

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### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED NURSE PRACTITIONER**

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**TAYLOR, KAYLA**

Provider ID: 417429

Provider Gender: Female

License Number: NP95006792

NPI: 1730604414

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

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### **CERTIFIED NURSE PRACTITIONER**

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**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

IHP OF SOUTHERN CAL-PHP

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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### **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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED NURSE PRACTITIONER**

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## C. Directorio de atención primaria


### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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#### CERTIFIED NURSE PRACTITIONER

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### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

#### CERTIFIED NURSE PRACTITIONER

---

### VILLALOBOS, REBECA

Provider ID: 206360

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: NP95015780  
NPI: 1184224396

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

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### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

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### CERTIFIED NURSE PRACTITIONER

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#### **WILLIAMS, BREAUNA**

Provider ID: 185268

Provider Gender: Female

License Number: NP95001840

NPI: 1063884864

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)  
255-9155

Website: www.lamaestra.or  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 8AM-2PM

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### CERTIFIED NURSE PRACTITIONER

---

#### **WILLIAMS, TAKISHA**

Provider ID: 416831


Provider Gender: Female

License Number: NP95013978

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NPI: 1881727386


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)

515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED REGISTERED

### NURSE MIDWIFE

#### **GEPHSTEIN, 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3705 MISSION BLVD

SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED REGISTERED NURSE MIDWIFE

#### **TOLMIE, SIMONE**


Provider ID: 206360

Provider Gender: Female

License Number: NM236263

NPI: 1104572007

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Hospital Affiliation: Providence  
Santa Rosa Memorial Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### 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  
OPERATION SAMAHAN

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM

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  
OPERATION SAMAHAN

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:30PM

### CHIROPRACTOR

#### GILIBERTO, JOSEPH

Provider ID: 417101

Provider Gender: Male

License Number: DC15775

NPI: 1821463159

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish




Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

10737 CAMINO RUIZ STE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

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### 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

OPERATION SAMAHAN

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM

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### CHIROPRACTOR

---


#### HALEY, STEVEN

Provider ID: 185268

Provider Gender: Male

License Number: DC25697

NPI: 1083764484

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619) 280-4213

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### CHIROPRACTOR

---

#### HOURIHAN, KEITH

Provider ID: 185268

Provider Gender: Male

License Number: DC29314

NPI: 1306916994

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619) 280-4213

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### CHIROPRACTOR

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#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

### LA MAESTRA FAMILY CLINIC N

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### CHIROPRACTOR


#### KAZEM, AHMAD

Provider ID: 227409

Provider Gender: Male

License Number: DC33300

NPI: 1003296096


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Persian


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

### CHIROPRACTOR


#### LOVERN, JENNIFER


Provider ID: 418535

Provider Gender: Female

License Number: DC29074

NPI: 1235469396


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: French, Italian,  
Spanish


Cultural Competency: N


Board Certified Specialty: No

OPERATION SAMAHAN

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM  
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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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






FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE


SAN DIEGO, CA 92103



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM







### 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO


 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM






### 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO



 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### CHIROPRACTOR

**TAGHIZADEH, MAJID**  
 Provider ID: 417937  
 Provider Gender: Male  
 License Number: DC30121  
 NPI: 1750590600  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Persian, Turkish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

**PROVIDER**  
 Hours: M-F  
 8:30AM-5:30PM

### **CHIROPRACTOR**

#### **TRUONG, VENNES**


Provider ID: 417101  
 Provider Gender: Female  
 License Number: DC34907  
 NPI: 1053919928  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
**OPERATION SAMAHAN**

 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.operationsamahan.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-4:30PM



### **CLINIC OUTPATIENT**

#### **OPERATION SAMAHAN**

#### **RANCHO PENASQUITOS,**

Provider ID: 418535  
 NPI: 1699216622  
 Provider English Spoken: Y  
 Cultural Competency: N





**OPERATION SAMAHAN**  
 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.operationsamahan.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10AM-7PM  
 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

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

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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### **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,*


*SCRIPPS MERCY HOSPITAL,*


*SCRIPPS MERCY HOSPITAL*

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

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-7PM*

*TU-TH 8AM-6PM*

*F 8AM-5:30PM*

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

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

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#### **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*  
*FAMILY HEALTH CENTERS OF*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### HOSEIN, NADEEN

Provider ID: 417937

Provider Gender: Female

License Number: A113255

NPI: 1912051715

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### ISLAM, JULIE

Provider ID: 206363

Provider Gender: Female

License Number: A149552

NPI: 1750780516

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali, Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### LORENZO, PATRICIA

Provider ID: 206360

Provider Gender: Female

License Number: A129599

NPI: 1487913315

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619)  
515-2300  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY METABOLISM DIABETES

**MCCALLUM, JAMES**  
Provider ID: 206360  
Provider Gender: Male  
License Number: A55708  
NPI: 1609838994  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS GREEN  
HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE

SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619)  
515-2300  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TU 8:30AM-6PM  
TH 8:30AM-6PM  
F 8:30AM-5PM  
SA 8:30AM-5PM

### ENDOCRINOLOGY METABOLISM DIABETES

**NAGELBERG, JODI**  
Provider ID: 206360  
Provider Gender: Female  
License Number: A146838  
NPI: 1720474141  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619)  
515-2300  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None































American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY METABOLISM DIABETES

**PHILIS-TSIMIKAS, ATHENA**  
Provider ID: 206360  
Provider Gender: Female  
License Number: A50477  
NPI: 1922105964  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Greek  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS GREEN  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619)  
515-2300  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 9AM-5PM</i></p> <hr/> <p style="text-align: center;"><b><u>FAMILY PRACTICE</u></b></p> <p><b>ABDALLAH, ALI</b></p> <p><i>Provider ID: 206363</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: 20A15471</i></p> <p><i>NPI: 1649699968</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Arabic</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 4725 MARKET ST SAN DIEGO, CA 92102</p> <p> <i>Phone: (619) 515-2560</i></p> <p> <i>After Hours Phone: (619) 515-2560</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b><u>FAMILY PRACTICE</u></b></p> <p><b>ALVAREZ-ESTRADA, MIGUEL</b></p> <p><i>Provider ID: 227409</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A157505</i></p> <p><i>NPI: 1588197826</i></p>	<p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: https://www.syhealth.org/locations</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <hr/> <p style="text-align: center;"><b><u>FAMILY PRACTICE</u></b></p> <p><b>BACHARACH, REBECCA</b></p> <p><i>Provider ID: 417937</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: 20A15459</i></p> <p><i>NPI: 1225442643</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p>	<p> 4094 4TH AVE SAN DIEGO, CA 92103</p> <p> <i>Phone: (619) 515-2545</i></p> <p> <i>After Hours Phone: (619) 515-2545</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TH 8AM-9PM</i> <i>F 8AM-5PM</i></p> <hr/> <p style="text-align: center;"><b><u>FAMILY PRACTICE</u></b></p> <p><b>BAGINGITO, AUSTIN</b></p> <p><i>Provider ID: 417937</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A163977</i></p> <p><i>NPI: 1942705637</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 4094 4TH AVE SAN DIEGO, CA 92103</p> <p> <i>Phone: (619) 515-2545</i></p> <p> <i>After Hours Phone: (619) 515-2545</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>
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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### **FAMILY PRACTICE**

#### **BAGINGITO, AUSTIN**

Provider ID: 206360

Provider Gender: Male


License Number: A163977


NPI: 1942705637

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **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  
FAMILY HEALTH CENTERS OF

SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **FAMILY PRACTICE**



#### **BAHRAMZI, MARIA**

Provider ID: 417987

Provider Gender: Female


License Number: A173486


NPI: 1588141865

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Pashto

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

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: Pashto

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Provider Language(s)*  
Spoken: Pashto  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **BAIN, NATALIE**


Provider ID: 206360

Provider Gender: Female

License Number: A183464

NPI: 1821677584

 *Provider English Spoken:* Y


 *Provider Language(s)*  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551

 After Hours Phone: (619)  
238-5551

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 645-6405


 After Hours Phone: (619)  
645-6405


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-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  
IHP OF SOUTHERN CAL-PHP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5PM  
TU-TH 8:30AM-8PM  
F 8:30AM-5PM

### 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  
FAMILY HEALTH CENTERS OF SAN DIEGO

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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### BORTNER, ADAM

Provider ID: 417937  
Provider Gender: Male  
License Number: A164879  
NPI: 1811491749  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH 8AM-9PM  
F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
Phone: (619) 233-8500  
After Hours Phone: (619) 233-8500  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER  
Hours: M-W 8:30AM-5PM  
TH 8:30AM-9PM  
F 8:30AM-5PM

### 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  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None





American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-W  
 8:30AM-5:30PM  
 TH 9AM-6PM  
 F 8:30AM-5:30PM



### FAMILY PRACTICE

#### **BROWN, BRANDON**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: A148499  
 NPI: 1013399559  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO



 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):




N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8AM-7PM  
 TU-TH 8AM-6PM  
 F 8AM-5:30PM  
 SA 8AM-5PM


### 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 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: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO



 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM

### FAMILY PRACTICE

#### **CAMPBELL, BRIANNA**

Provider ID: 451167  
 Provider Gender: Female  
 License Number: A157488  
 NPI: 1316479892  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: CHULA

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

VISTA COMM HOSP

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4194

After Hours Phone: (619)  
662-4194

Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

**CAMPOS, PRISCILLA**

Provider ID: 206360

Provider Gender: Female

License Number: A152651

NPI: 1508217399

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

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## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **COLLINS, WILLIAM**

Provider ID: 417937

Provider Gender: Male

License Number: 20A15413

NPI: 1417361973

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU-SA 8AM-9PM

### **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

FAMILY HEALTH CENTERS OF SAN DIEGO

 3544 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU-SA  
8:30AM-5:30PM*

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

 *3544 30TH ST  
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)  
515-2424*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU-SA  
8:30AM-5:30PM*

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### **FAMILY PRACTICE**

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

 *3705 MISSION BLVD  
SAN DIEGO, CA 92109*

 *Phone: (619) 515-2444*

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

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

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### **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  
IHP OF SOUTHERN CAL-PHP*

 *3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113*

 *Phone: (619) 662-4100*

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

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

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

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### **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  
IHP OF SOUTHERN CAL-PHP*

 *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: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Hours: M-F 8AM-5PM  
SA 8AM-4PM

### **FAMILY PRACTICE**

#### **DOSCAS, MICHELLE**

Provider ID: 206360

Provider Gender: Female

License Number: A163633


NPI: 1306343421


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### **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  
IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p><b>FAMILY PRACTICE</b></p> <p><b>GLEASON ROHRER, GWEN</b>            Provider ID: 233532            Provider Gender: Female            License Number: A112176            NPI: 1710140462</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: UCSD MEDICAL CTR            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105   Phone: (619) 280-2058   After Hours Phone: (619) 280-2058   Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\22            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>Cultural Competency: N            Hospital Affiliation: UCSD MEDICAL CTR            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 4094 4TH AVE            SAN DIEGO, CA 92103   Phone: (619) 515-2545   After Hours Phone: (619) 515-2545   Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-TH 8AM-9PM            F 8AM-5PM</p>	<p> After Hours Phone: (619) 515-2426   Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8:30AM-5:30PM</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>GRIFFITHS, KENNETH</b>            Provider ID: 417937            Provider Gender: Male            License Number: C52451            NPI: 1760563068</p> <p> Provider English Spoken: Y</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>GUTIERREZ, TANIA</b>            Provider ID: 417987            Provider Gender: Female            License Number: 20A19345            NPI: 1285196311</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 4874 POLK AVE            SAN DIEGO, CA 92105   Phone: (619) 515-2426</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>HAMILTON, LISA MARIE</b>            Provider ID: 206363            Provider Gender: Female            License Number: 20A14772            NPI: 1235576059</p> <p> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 4725 MARKET ST            SAN DIEGO, CA 92102   Phone: (619) 515-2560   After Hours Phone: (619) 515-2560   Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8:30AM-5:30PM</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p><b>FAMILY PRACTICE</b></p> <p><b>HAMILTON, LISA MARIE</b>            Provider ID: 418142            Provider Gender: Female            License Number: 20A14772            NPI: 1235576059</p> <p> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 5160 FEDERAL BLVD            SAN DIEGO, CA 92105   Phone: (619) 515-2454   After Hours Phone: (619) 515-2454   Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER   Hours: M-F 8:30AM-5:30PM</p>	<p><b>MEMORIAL HOSPITAL</b>            Board Certified Specialty: No  <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 950 S EUCLID AVE            SAN DIEGO, CA 92114   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/king-chavez-health-center">www.syhealth.org/clinics/king-chavez-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM            SA 8AM-4PM</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>HEINRICI, ALEKA</b>            Provider ID: 451167            Provider Gender: Female            License Number: A125329            NPI: 1780979120</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>HENDRIX, JEFFERSON</b>            Provider ID: 631494            Provider Gender: Male            License Number: A32571            NPI: 1235142738</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No  <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 1666 PRECISION PARK LN            SAN DIEGO, CA 92173   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org">www.syhealth.org</a></p>	<p><b>FAMILY PRACTICE</b></p> <p><b>KAUFHOLD, ANNE</b>            Provider ID: 227409            Provider Gender: Female            License Number: A88893            NPI: 1164508073</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Arabic, Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS  <b>MERCY HOSPITAL CHULA VISTA</b>            Board Certified Specialty: No  <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 3177 OCEAN VIEW BLVD            SAN DIEGO, CA 92113   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>
		<p><b>FAMILY PRACTICE</b></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### **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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

#### **FAMILY PRACTICE**

### **KEFLEZIGHI, BAHGHI**

Provider ID: 206363

Provider Gender: Female

License Number: A100391

NPI: 1124210844

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF

### SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

#### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### FAMILY PRACTICE

### LINDEMAN, KURTIS

Provider ID: 403583

Provider Gender: Male

License Number: A104052


NPI: 1124155791







Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## C. Directorio de atención primaria




 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*  
*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 *Phone: (619) 233-8500*  
 *After Hours Phone: (619)  
233-8500*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F 8AM-5PM*

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

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*

 *After Hours Phone: (619)  
515-2300*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*



### **FAMILY PRACTICE**







**LOUGH, MICHELLE**  
*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: A165872*  
*NPI: 1053816496*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO*

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619)  
515-2560*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*


### **FAMILY PRACTICE**

**LU, JULIE**  
*Provider ID: 418142*

*Provider Gender: Female*  
*License Number: 20A14804*  
*NPI: 1619210614*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO*

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105  
 *Phone: (619) 515-2454*  
 *After Hours Phone: (619)  
515-2454*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:30AM-5:30PM*

### **FAMILY PRACTICE**

**MANDOYAN, AUSTIN**  
*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: A161682*  
*NPI: 1841726148*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

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)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M 8AM-7PM  
 TU-TH 8AM-6PM  
 F 8AM-5:30PM  
 SA 8AM-5PM

### **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 IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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 IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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 IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**MATICH, BRANKO**

Provider ID: 482070  
 Provider Gender: Male  
 License Number: C174985  
 NPI: 1023437704

Provider English Spoken: Y  
 Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 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: Yes

Min/Max Age: 0\None

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 9AM-4PM

### **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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **FAMILY PRACTICE**

#### **MCLAUGHLIN, ERIK**

Provider ID: 207382



Provider Gender: Male


License Number: C176574  
NPI: 1861637217

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158  
 After Hours Phone: (619)  
234-2158

 Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
Indian Health Services: Y

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


 3705 MISSION BLVD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W  
 8:30AM-5:30PM  
 TH 9AM-6PM  
 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  
 IHP OF SOUTHERN CAL-PHP  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT


### *PROVIDER*

### **FAMILY PRACTICE**



**NAVARRO, VANESSAMARIA**  
 Provider ID: 631494  
 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  
 IHP OF SOUTHERN CAL-PHP  
 1666 PRECISION PARK LN  
 SAN DIEGO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


**NGUYEN CLEARY, THAI**  
 Provider ID: 417937  
 Provider Gender: Male  
 License Number: A86079  
 NPI: 1467442624  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation:  
 HOLLYWOOD PRESBYTERIAN  
 MED CTR  
 Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria


### FAMILY HEALTH CENTERS OF SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM




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

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None



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  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

#### **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  
OPERATION SAMAHAN

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

#### **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  
IHP OF SOUTHERN CAL-PHP

 316 25TH ST

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.








## C. Directorio de atención primaria

SAN DIEGO, CA 92102  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM



### **FAMILY PRACTICE**




**PAYAMI, MADDIHA**  
 Provider ID: 417429  
 Provider Gender: Female  
 License Number: 20A14012  
 NPI: 1336484104  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619) 515-2525  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

### **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  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>RAGUVEER, VISHAKA</b>  <i>Provider ID: 418535</i>  <i>Provider Gender: Female</i>  <i>License Number: A172736</i>  <i>NPI: 1740609387</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>OPERATION SAMAHAN</b></p> <p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11  SAN DIEGO, CA 92129</p> <p> <i>Phone: (916) 419-7292</i></p> <p> <i>After Hours Phone: (916) 419-7292</i></p> <p> <i>Website: www.operationsamahan.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>RAGUVEER, VISHAKA</b>  <i>Provider ID: 618164</i>  <i>Provider Gender: Female</i>  <i>NPI: 1740609387</i></p>	<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>COMMUNITY CARE IPA LLC</b></p> <p> 9995 CARMEL MOUNTAIN RD STE 10-11B  SAN DIEGO, CA 92129</p> <p> <i>Phone: (844) 200-2426</i>  <i>Fax: (858) 240-6470</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p> <p> <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>RAMIREZ, CRISTHIAN</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Female</i>  <i>License Number: 20A17478</i>  <i>NPI: 1407200942</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 1809 NATIONAL AVE  SAN DIEGO, CA 92113</p> <p> <i>Phone: (619) 515-2300</i></p> <p> <i>After Hours Phone: (619) 515-2300</i></p>	<p> <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M 8AM-7PM TU-TH 8AM-6PM F 8AM-5:30PM SA 8AM-5PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>RIDGE, NEAL</b>  <i>Provider ID: 631494</i>  <i>Provider Gender: Male</i>  <i>License Number: 20A6920</i>  <i>NPI: 1053381004</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 1666 PRECISION PARK LN  SAN DIEGO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>RITTER, STEVEN</b></p>
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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider ID: 451167  
 Provider Gender: Male  
 License Number: 20A7435  
 NPI: 1356556021  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 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

IHP OF SOUTHERN CAL-PHP N  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### FAMILY PRACTICE

**RODRIGUEZ, LOUIE**  
 Provider ID: 206360  
 Provider Gender: Male  
 License Number: A176144  
 NPI: 1558823625  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

**RODRIGUEZ, LOUIE**  
 Provider ID: 417937  
 Provider Gender: Male  
 License Number: A176144  
 NPI: 1558823625  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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

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## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

316 25TH ST  
SAN DIEGO, CA 92102  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100

Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### ROSENBAUM, HERBERT

Provider ID: 631494  
Provider Gender: Male  
License Number: A169694  
NPI: 1922532712

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100

Website: www.syhealth.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
LA MAESTRA FAMILY CLINIC

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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-6PM  
SA 8AM-2PM

### 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  
FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD  
SAN DIEGO, CA 92109  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300

Website: www.fhcsd.org

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## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): License Number: A163512

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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

### **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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

### **FAMILY PRACTICE**

#### **SHIRAKI, JEAN**


Provider ID: 417987

Provider Gender: Female

License Number: 20A17577

NPI: 1144684382

 Provider English Spoken: Y


 Provider Language(s) Spoken: Japanese


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF

SAN DIEGO

 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)





























Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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## C. Directorio de atención primaria

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>	<p><b>GROSSMONT HOSPITAL</b>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   4690 EL CAJON BLVD  SAN DIEGO, CA 92115   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>
<hr/>		
<b><u>FAMILY PRACTICE</u></b>		
<p><b>SMOOT, CHARLES</b>  <i>Provider ID: 356145</i>  <i>Provider Gender: Male</i>  <i>License Number: A97036</i>  <i>NPI: 1245490358</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>	<p> 1809 NATIONAL AVE  SAN DIEGO, CA 92113   <i>Phone: (619) 515-2300</i>   <i>After Hours Phone: (619) 515-2300</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p style="text-align: center;"><b><u>FAMILY PRACTICE</u></b></p>
<p> 2391 ISLAND AVE  SAN DIEGO, CA 92102   <i>Phone: (619) 515-2435</i>   <i>After Hours Phone: (619) 515-2435</i>   <i>Website: N/A</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 9AM-5PM</i></p>	<p><b>SOPHY, ELIZABETH</b>  <i>Provider ID: 403583</i>  <i>Provider Gender: Female</i>  <i>License Number: A157547</i>  <i>NPI: 1013441203</i></p>
<hr/>		
<b><u>FAMILY PRACTICE</u></b>		
<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b>SNYDER, CHRISTOPHER</b>  <i>Provider ID: 517998</i>  <i>Provider Gender: Male</i>  <i>License Number: 20A7502</i>  <i>NPI: 1922041235</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: PIH</i>  <i>Hospital - Downey, JOHN F KENNEDY MEMORIAL HOSP, CEDARS SINAI MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, EISENHOWER MEDICAL CTR,</i></p>	<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   1501 IMPERIAL AVE  SAN DIEGO, CA 92101   <i>Phone: (619) 233-8500</i>   <i>After Hours Phone: (619) 233-8500</i>   <i>Website: N/A</i></p>

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## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-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  
IHP OF SOUTHERN CAL-PHP

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (619) 515-2545


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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### FAMILY PRACTICE


#### TRAN, UYEN THAO


Provider ID: 206360

Provider Gender: Female

License Number: A76709

NPI: 1891720355

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

Fax: (619) 795-2756

 After Hours Phone: (619)  
515-2300

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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### 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


IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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### 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


FAMILY HEALTH CENTERS OF

SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2400

 After Hours Phone: (619)  
515-2400

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### **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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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### **FAMILY PRACTICE**

#### **VILLA, MARIA**

Provider ID: 107710

Provider Gender: Female

NPI: 1861541385

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog


Cultural Competency: N

Board Certified Specialty: No


COMMUNITY CARE IPA LLC

 655 SATURN BLVD STE J

SAN DIEGO, CA 92154

 Phone: (619) 575-4442

Fax: (619) 575-1297

 After Hours Phone: (619)  
575-4442


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

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### **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  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

**PROVIDER**  
 Hours: M-F 8AM-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  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5PM

### **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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

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

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### FQHC

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#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC,


*Provider ID: 206363*

*NPI: 1982747671*


 *Provider English Spoken: Y  
Cultural Competency: N*

*FAMILY HEALTH CENTERS OF  
SAN DIEGO*

 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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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### FQHC

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#### DOWNTOWN FAMILY CTR AT CONNECTIONS,

*Provider ID: 417782*


*NPI: 1588901045*

 *Provider English Spoken: Y  
Cultural Competency: N*


*FAMILY HEALTH CENTERS OF  
SAN DIEGO*


 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*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

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### FQHC

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#### FAMILY HEALTH CTR IBARRA,


*Provider ID: 417987*

*NPI: 1477953933*


 *Provider English Spoken: Y  
Cultural Competency: N*

*FAMILY HEALTH CENTERS OF  
SAN DIEGO*

 4874 POLK AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*  
*Fax: (619) 255-8002*


 *After Hours Phone: (619)  
515-2426*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

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### FQHC

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


*Provider ID: 419167*

*NPI: 1316419070*


 *Provider English Spoken: Y  
Cultural Competency: N*

*FAMILY HEALTH CENTERS OF  
SAN DIEGO*

 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*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

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### FQHC

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


*Provider ID: 418142*

*NPI: 1336525906*

 *Provider English Spoken: Y  
Cultural Competency: N*

*FAMILY HEALTH CENTERS OF  
SAN DIEGO*

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 *Phone: (619) 515-2454*  
*Fax: (619) 794-2696*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

☎ *After Hours Phone: (619) 515-2454*

🌐 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8:30AM-5:30PM*

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### FQHC

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

*Provider ID: 664747*

*NPI: 1336525906*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

📍 2114 NATIONAL AVE  
 SAN DIEGO, CA 92113

☎ *Phone: (619) 515-2406*

☎ *After Hours Phone: (619) 515-2406*

🌐 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8:30AM-5:30PM*

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### FQHC

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

#### **DIEGO COMMERCIAL,**

*Provider ID: 419529*

*NPI: 1235521782*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

📍 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*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

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### FQHC

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

*Provider ID: 417429*

*NPI: 1356750376*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

📍 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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8:30AM-5:30PM*

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### FQHC

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

*Provider ID: 402851*

*NPI: 1386689701*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

📍 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*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*
































🕒 *Hours: M-W 8:30AM-5:30PM*

*TH 9AM-6PM*

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





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p style="text-align: center;"><b>FQHC</b></p> <p><b>FAMILY HLTH CTR SD HILLCREST,</b>  <i>Provider ID: 417937</i>  <i>NPI: 1629456900</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>   4094 4TH AVE            SAN DIEGO, CA 92103   <i>Phone: (619) 515-2545</i>  <i>Fax: (619) 501-9645</i>   <i>After Hours Phone: (619) 515-2545</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-TH 8AM-9PM</i>  <i>F 8AM-5PM</i></p>	 <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/king-chavez-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i> <i>SA 8AM-4PM</i>	<p style="text-align: center;"><b>FQHC</b></p> <p><b>LINDA VISTA HEALTH CARE CTR,</b>  <i>Provider ID: 206046</i>  <i>NPI: 1609905215</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   6973 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 279-0925</i>  <i>Fax: (858) 633-4680</i>   <i>After Hours Phone: (858) 279-0925</i>   <i>Website: www.sdfamilycare.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8:30AM-5:30PM</i></p>
<p style="text-align: center;"><b>FQHC</b></p> <p><b>KING CHAVEZ HEALTH CENTER,</b>  <i>Provider ID: 451167</i>  <i>NPI: 1538262092</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   950 S EUCLID AVE            SAN DIEGO, CA 92114   <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 205-1952</i></p>	<p style="text-align: center;"><b>FQHC</b></p> <p><b>LA MAESTRA FAMILY CLINIC INC,</b>  <i>Provider ID: 185268</i>  <i>NPI: 1336353721</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>LA MAESTRA FAMILY CLINIC</b>   4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105   <i>Phone: (619) 280-4213</i>  <i>Fax: (619) 795-9849</i>   <i>After Hours Phone: (619) 280-4213</i>   <i>Website: www.lamaestra.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>	<p style="text-align: center;"><b>FQHC</b></p> <p><b>LINDA VISTA HEALTH CARE CTR,</b>  <i>Provider ID: 206046</i>  <i>NPI: 1780665877</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   6973 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 279-0925</i>  <i>Fax: (858) 633-4680</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## C. Directorio de atención primaria

 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

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### FQHC

**LOGAN HEIGHTS FAMILY HEALTH CENTER,**  
 Provider ID: 206360  
 NPI: 1447281936  
 Provider English Spoken: Y  
 Cultural Competency: N  
 FAMILY HEALTH CENTERS OF SAN DIEGO




 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

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### FQHC



**LOGAN HEIGHTS FAMILY**

**HEALTH CENTER,**  
 Provider ID: 624977  
 NPI: 1447281936  
 Provider English Spoken: Y  
 Cultural Competency: N  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

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### FQHC

**MID-CITY COMMUNITY CLINIC,**  
 Provider ID: 233532  
 NPI: 1962483040  
 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 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)

[www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\22  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM

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### FQHC

**MID-CITY COMMUNITY CLINIC,**  
 Provider ID: 233597  
 NPI: 1962483040  
 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM

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### FQHC


**NESTOR COMMUNITY HEALTH CENTER,**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Provider ID: 214492

NPI: 1215246996


 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 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](http://www.ibclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5PM  
TU-TH 8:30AM-8PM  
F 8:30AM-5PM

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### FQHC

#### NORTH PARK FAMILY HEALTH CENTERS,


Provider ID: 206362

NPI: 1184169963


 Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### FQHC

#### NORTH PARK FAMILY HEALTH CENTERS,


Provider ID: 206362

NPI: 1700821303


 Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### FQHC

#### NORTH PARK FAMILY HEALTH CENTERS,


Provider ID: 416831

NPI: 1700821303


 Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

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### FQHC

#### OPERATION SAMAHAN - MIRA MESA,


Provider ID: 432308

NPI: 1861933897


 Provider English Spoken: Y  
Cultural Competency: N


OPERATION SAMAHAN

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

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### FQHC

#### OPERATION SAMAHAN - MIRA MESA,

*Provider ID: 417101*


*NPI: 1871680397*

 *Provider English Spoken: Y Cultural Competency: N*


OPERATION SAMAHAN


 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 *Phone: (844) 200-2426*

*Fax: (858) 578-4417*

 *After Hours Phone: (844) 200-2426*


 *Website: www.operationsamahan.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-4:30PM*

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### FQHC

#### OPERATION SAMAHAN RANCHO PENASQUITOS,

*Provider ID: 418535*

*NPI: 1699216622*


 *Provider English Spoken: Y Cultural Competency: N*

OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN


RD STE B10 AND B11

SAN DIEGO, CA 92129

 *Phone: (844) 200-2426*

*Fax: (858) 695-9074*

 *After Hours Phone: (844) 200-2426*

 *Website: www.operationsamahan.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TU*

*8:30AM-5:30PM*

*W 10AM-7PM*

*TH-F 8:30AM-5:30PM*

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### FQHC

#### SAN DIEGO AMERICAN INDIAN HEALTH CENTER,

*Provider ID: 207382*


*NPI: 1003902917*

 *Provider English Spoken: Y Cultural Competency: N*

IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE

SAN DIEGO, CA 92103

 *Phone: (619) 234-2158*

*Fax: (619) 234-0206*

 *After Hours Phone: (619) 234-2158*

 *Website: WWW.SDAIHC.ORG*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

*Indian Health Services: Y*

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### FQHC

#### SAN DIEGO FAMILY CARE,

*Provider ID: 482070*


*NPI: 1457724858*

 *Provider English Spoken: Y Cultural Competency: N*

IHP OF SOUTHERN CAL-PHP


 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*

*Fax: (858) 633-4680*

 *After Hours Phone: (858) 810-8700*

 *Website: www.sdfamilycare.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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 9AM-4PM*

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### FQHC

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

*Provider ID: 517403*

*NPI: 1598308926*

 *Provider English Spoken: Y*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
IHP OF SOUTHERN CAL-PHP

316 25TH ST  
SAN DIEGO, CA 92102

Phone: (619) 238-5551

Fax: (619) 238-3807

After Hours Phone: (619)  
238-5551

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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### FQHC

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

Provider ID: 227409

NPI: 1326225632

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

Fax: (619) 595-0258

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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### FQHC

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

Provider ID: 517998

NPI: 1205477841

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 662-4100

Fax: (619) 824-9076

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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### FQHC

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**SAN YSIDRO HEALTH  
PRECISION PARK,**

Provider ID: 631494

NPI: 1124782685

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN

SAN DIEGO, CA 92173

Phone: (619) 662-4100

Fax: (619) 600-4870

After Hours Phone: (619)  
662-4100

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

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### FQHC

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**SHERMAN HEIGHTS FAMILY  
HLTH CTRS INC,**

Provider ID: 356145

NPI: 1174549232

Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2391 ISLAND AVE  
SAN DIEGO, CA 92102

Phone: (619) 515-2435

Fax: (619) 515-2435

After Hours Phone: (619)  
515-2435

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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### FQHC

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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,


Provider ID: 403583

NPI: 1659415131

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

Fax: (619) 687-1067

 After Hours Phone: (619)  
233-8500

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

### GASTROENTEROLOGY

#### FRENETTE, CATHERINE

Provider ID: 417937

Provider Gender: Female

License Number: A80461

NPI: 1417935081

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL


CHULA VISTA, CALIFORNIA


PACIFIC MED CTR

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545


 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### GASTROENTEROLOGY


#### GADDIPATI, KISHORE


Provider ID: 417937

Provider Gender: Male

License Number: A111638

NPI: 1720114093

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Faroese, Hindi,  
Spanish, Telugu, Urdu

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### GASTROENTEROLOGY

#### HAI, FAIZI

Provider ID: 417937

Provider Gender: Male

License Number: A159324

NPI: 1639523228


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### GASTROENTEROLOGY


#### STIPHO, SALLY

Provider ID: 417937

Provider Gender: Female

License Number: A104647

NPI: 1467642215

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: French


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, KINDRED  
HOSPITAL SAN DIEGO,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### 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  
OPERATION SAMAHAN

 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.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4:30PM

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### GENERAL PRACTICE

#### RECALDE, FRANCISCO

Provider ID: 13850

Provider Gender: Male

NPI: 1538309067

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 3811 EL CAJON BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 284-5622


Fax: (619) 566-4655

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 After Hours Phone: (619) 507-3050


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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


### GENERAL PRACTICE

#### **RECALDE, FRANCISCO**

Provider ID: 13850

Provider Gender: Male

NPI: 1538309067

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 3811 EL CAJON BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 284-5622

Fax: (619) 566-4655


 After Hours Phone: (619) 507-3050


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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

### 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

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619) 255-9155

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619) 515-2422

 Website: www.fhcsd.org

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

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### 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 IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### INTERNAL MEDICINE

#### **ANDERSON, KENDELL**

Provider ID: 417937

License Number: 20A15598

NPI: 1285028191

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 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

IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### INTERNAL MEDICINE

#### **BENITEZ, MARTHA**

Provider ID: 206362

Provider Gender: Female

License Number: 20A19248

NPI: 1124521901

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


PROVIDER	FAMILY HEALTH CENTERS OF SAN DIEGO	N
<p><b>INTERNAL MEDICINE</b></p> <p><b>BENITEZ, MARTHA</b>            Provider ID: 206362            Provider Gender: Female            License Number: 20A19248            NPI: 1124521901</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p>	<p>4094 4TH AVE            SAN DIEGO, CA 92103            Phone: (619) 515-2545            After Hours Phone: (619) 515-2545            Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p><input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> Hours: M-TH 8AM-9PM F 8AM-5PM</p>
<p><b>INTERNAL MEDICINE</b></p> <p><b>BOHR, CHRISTINA</b>            Provider ID: 417937            Provider Gender: Female            License Number: 20A17702            NPI: 1841794344</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No</p>	<p>4094 4TH AVE            SAN DIEGO, CA 92103            Phone: (619) 515-2545            After Hours Phone: (619) 515-2545            Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p><input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> Hours: M-TH 8AM-9PM F 8AM-5PM</p>
<p><b>INTERNAL MEDICINE</b></p> <p><b>BRIONES COLMAN, FELICIA</b>            Provider ID: 417937            Provider Gender: Female            License Number: A80153            NPI: 1962517367</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p>	<p>4094 4TH AVE            SAN DIEGO, CA 92103            Phone: (619) 515-2545            After Hours Phone: (619) 515-2545            Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p><input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> Hours: M-TH 8AM-9PM F 8AM-5PM</p>
<p><b>INTERNAL MEDICINE</b></p> <p><b>CHAN, ANDY</b>            Provider ID: 417937            Provider Gender: Male            License Number: 20A20352            NPI: 1104480912</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p>	<p>4094 4TH AVE            SAN DIEGO, CA 92103            Phone: (619) 515-2545            After Hours Phone: (619) 515-2545            Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p><input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> Hours: M-TH 8AM-9PM F 8AM-5PM</p>
<p><b>INTERNAL MEDICINE</b></p> <p><b>CHANDRADAS, SAJIV</b>            Provider ID: 417937            Provider Gender: Male</p>	<p>4094 4TH AVE            SAN DIEGO, CA 92103            Phone: (619) 515-2545            After Hours Phone: (619) 515-2545            Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p><input type="checkbox"/> Accessibility: CONTACT PROVIDER  <input type="checkbox"/> Hours: M-TH 8AM-9PM F 8AM-5PM</p>

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## C. Directorio de atención primaria

License Number: A122474

NPI: 1720350465

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### CHEN, JAMES


Provider ID: 417937

Provider Gender: Male

License Number: A86644

NPI: 1265495691

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM

### INTERNAL MEDICINE


#### CUMMINS, ANDREW

Provider ID: 417937

Provider Gender: Male

License Number: A102764

NPI: 1699917096

 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 ENCINITAS

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

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## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


 Provider Language(s)  
Spoken: German

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-9PM  
F 8AM-5PM*

---

### **INTERNAL MEDICINE**


#### **DODGE, JOHN**

*Provider ID: 417937*

*Provider Gender: Male*

*License Number: G67831*

*NPI: 1770510489*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL*

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

 *4094 4TH AVE  
SAN DIEGO, CA 92103*

 *Phone: (619) 515-2545*

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


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *4094 4TH AVE  
SAN DIEGO, CA 92103*

 *Phone: (619) 515-2545*

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

 *Website: www.fhcsd.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-9PM  
F 8AM-5PM*

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### **INTERNAL MEDICINE**


#### **FABELLA, GABRIEL**

*Provider ID: 9774*

*Provider Gender: Male*

*NPI: 1124060827*


 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Japanese, Spanish,  
Tagalog*


*Cultural Competency: N*

*Board Certified Specialty: No  
COMMUNITY CARE IPA LLC*

 *10737 CAMINO RUIZ STE 115  
SAN DIEGO, CA 92126*

 *Phone: (858) 695-1262*

*Fax: (858) 695-2132*

 *After Hours Phone: (858)  
695-1262*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-3PM*

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### **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*


*FAMILY HEALTH CENTERS OF  
SAN DIEGO*

 *1809 NATIONAL AVE*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### INTERNAL MEDICINE


#### GEHR, MARC

Provider ID: 417937  
Provider Gender: Male  
License Number: G67338  
NPI: 1306800180

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
FAMILY HEALTH CENTERS OF SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER

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


### INTERNAL MEDICINE

#### HAN, PAUL

Provider ID: 417937  
Provider Gender: Male  
License Number: A116816  
NPI: 1053553339

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Korean

Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

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## C. Directorio de atención primaria

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

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### INTERNAL MEDICINE

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#### HAZELBAKER, PAUL

Provider ID: 417782


Provider Gender: Male


License Number: 20A7147

NPI: 1831106103

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### INTERNAL MEDICINE

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#### HENDERSON, PHILIP

Provider ID: 417937


Provider Gender: Male


License Number: A140324

NPI: 1447678834

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

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### INTERNAL MEDICINE

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#### HIGGINSON, MICHELLE

Provider ID: 417937

Provider Gender: Female

License Number: A74420


NPI: 1114955879


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### INTERNAL MEDICINE

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#### JACKSON, GAVIN

Provider ID: 417937

Provider Gender: Male

License Number: A110647

NPI: 1609033182

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

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## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 417937

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

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### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

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### INTERNAL MEDICINE

---

#### KARCHES, KELLI

Provider ID: 417937

Provider Gender: Female

License Number: A80931


NPI: 1891997631


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

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### INTERNAL MEDICINE

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#### KHANNA, POORNIMA

Provider ID: 185268

Provider Gender: Female

License Number: A70714


NPI: 1598862583


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619)  
280-4213

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

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### 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  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): License Number: A140646

N

 Accessibility: CONTACT PROVIDER

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

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### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### NARAYANAN, MEENA

Provider ID: 206363



Provider Gender: Female






License Number: A113448

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO






 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE

#### PREVALLET, ALEXANDER

Provider ID: 417937  
 Provider Gender: Male  
 License Number: 20A19716  
 NPI: 1659833556  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103

 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### INTERNAL MEDICINE

#### RESNIKOFF, PAMELA

Provider ID: 417937

Provider Gender: Female

License Number: G80358


NPI: 1841252533


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### RIVERA, TANIA

Provider ID: 206363

Provider Gender: Female

License Number: A126958

NPI: 1336346972


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER, SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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, Assyrian,  
Spanish, Syriac


Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT


HOSPITAL

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): **SHI, RUJING**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

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### INTERNAL MEDICINE

---


**SHAMSINEJAD BABAKI,  
ARASH**


Provider ID: 631494

Provider Gender: Male

License Number: A81206

NPI: 1750498119


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi


Cultural Competency: N

Hospital Affiliation: ST MARYS  
MEDICAL CENTER SAN  
FRANCISCO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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### INTERNAL MEDICINE

---

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

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### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

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### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE



#### VALDEZ, KRISTAL ANGELI


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  
 OPERATION SAMAHAN  
 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: Yes


Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-4:30PM

### INTERNAL MEDICINE

#### VIDAURRAZAGA, MONICA

Provider ID: 417937  
 Provider Gender: Female  
 License Number: A169207  
 NPI: 1346628310  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE



#### WASTILA, LISA

Provider ID: 403583  
 Provider Gender: Female

License Number: A60801  
 NPI: 1043375231  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: German  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### WATTANAMANO, PORNTHAP

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  
 IHP OF SOUTHERN CAL-PHP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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

 Provider Language(s)  
Spoken: Spanish



Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **YUNG, STEVEN**

Provider ID: 417937

Provider Gender: Male

License Number: G80798

NPI: 1689636656

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619)  
515-2560  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **MULTI SPECIALTY MEDICAL CLINIC**

**UCSD MEDICAL GROUP,**  
Provider ID: 179619  
NPI: 1578672184  
Provider English Spoken: Y  
Cultural Competency: N  
UCSD MEDICAL GROUP  
330 LEWIS ST STE 400  
SAN DIEGO, CA 92103  
Phone: (619) 471-9260  
Fax: (619) 471-9310  
After Hours Phone: (619)  
471-9260  
Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\25

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **MULTI SPECIALTY MEDICAL CLINIC**

**UCSD MEDICAL GROUP,**  
Provider ID: 179639  
NPI: 1508968751  
Provider English Spoken: Y  
Cultural Competency: N  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 25\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM

### **NEUROLOGY**

**CANTU-REYNA, GUILLERMO**  
Provider ID: 185268  
Provider Gender: Male  
License Number: A41375  
NPI: 1447389101  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish






Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 255-9155  
After Hours Phone: (619)  
255-9155  
Website: www.lamaestra.or  
g  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM

### **NEUROLOGY**

**GRISOLIA, JAMES**  
Provider ID: 417937  
Provider Gender: Male  
License Number: G42884  
NPI: 1336102359  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria


 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### NEUROLOGY

#### LUHAR, RIYA



Provider ID: 417937  
 Provider Gender: Female  
 License Number: 20A19975  
 NPI: 1235665662  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Gujarati, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 HEALTH, PALOMAR MEDICAL  
 CENTER, TRI CITY MEDICAL  
 CTR, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### NEUROLOGY

#### MARTIN, FREDERIC


Provider ID: 417937  
 Provider Gender: Male  
 License Number: G61965  
 NPI: 1265582605  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SELECT SPECIALTY HOSPITAL  
 SAN DIEGO, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS MERCY  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### NEUROLOGY

#### TAFRESHI, GILDA


Provider ID: 417937  
 Provider Gender: Female  
 License Number: A103111  
 NPI: 1891946950  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS GREEN HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-9PM  
F 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**


#### **AL-MSHHDANI, AYSER**

*Provider ID: 185268*

*Provider Gender: Female*

*License Number: A172929*

*NPI: 1679008569*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Arabic*

*Cultural Competency: N*


*Hospital Affiliation: PALOMAR  
MEDICAL CENTER, SCRIPPS  
MERCY HOSPITAL CHULA*


*VISTA, Sharp Grossmont*

*Hospital, SCRIPPS MERCY  
HOSPITAL*

*Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC*

 *4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105*

 *Phone: (619) 280-4213*


 *After Hours Phone: (619)  
280-4213*


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

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

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

 *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)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-TH 8:30AM-5PM*

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

 *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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-TH  
8:30AM-5:30PM*

*F 8:30AM-5PM*

### **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:*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619)  
515-2424  
Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

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

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### BLAKE, GARY

Provider ID: 206046

Provider Gender: Male

License Number: G44807

NPI: 1497738439

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### 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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### 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  
FAMILY HEALTH CENTERS OF

### SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (619) 515-2424

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


FAMILY HEALTH CENTERS OF

SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


FAMILY HEALTH CENTERS OF

SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

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


FAMILY HEALTH CENTERS OF

SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


### **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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

### **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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### CITY MEDICAL CTR

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-7PM  
TU-TH 8AM-6PM  
F 8AM-5:30PM  
SA 8AM-5PM

### **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  
FAMILY HEALTH CENTERS OF

### SAN DIEGO

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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-W 8:30AM-5PM  
TH 9:30AM-6PM*

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO*  
 *3705 MISSION BLVD  
SAN DIEGO, CA 92109*  
 *Phone: (619) 515-2444*  
 *After Hours Phone: (619)  
515-2444*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM*



### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO*  
 *1809 NATIONAL AVE  
SAN DIEGO, CA 92113*  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619)  
515-2300*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**



#### **CHAKRABARTI, PRIYA**

*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: A163464*  
*NPI: 1326531401*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital*  
*Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO*  
 *4725 MARKET ST  
SAN DIEGO, CA 92102*  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619)  
515-2560*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**







#### **CHAKRABARTI, PRIYA**

*Provider ID: 416831*  
*Provider Gender: Female*  
*License Number: A163464*  
*NPI: 1326531401*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital*  
*Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO*

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## C. Directorio de atención primaria






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 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-5PM

---

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO






 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

---

### **OBSTETRICS / GYNECOLOGY**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


### **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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### OBSTETRICS / GYNECOLOGY


#### **FOLCHTORRES-AGUIAR, BEATRIZ**


Provider ID: 206360

Provider Gender: Female

License Number: A148014

NPI: 1457794752

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Yue Chinese


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M 8AM-7PM

TU-TH 8AM-6PM

F 8AM-5:30PM

SA 8AM-5PM

### OBSTETRICS / GYNECOLOGY


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

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### OBSTETRICS / GYNECOLOGY


#### **GRANT, REBEKAH**


Provider ID: 206360

Provider Gender: Female

License Number: C159737

NPI: 1326243833

 Provider English Spoken: Y

 Provider Language(s) Spoken: French, Portuguese, Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, Sharp  
Grossmont Hospital, SCRIPPS  
MERCY HOSPITAL, RIVERSIDE  
COMMUNITY HOSP, HOAG  
HOSPITAL IRVINE

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-7PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

TU-TH 8AM-6PM

F 8AM-5:30PM

SA 8AM-5PM

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (619) 515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
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


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF

SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-W 8:30AM-5PM  
TH 9:30AM-6PM

### **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

HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 416831

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 206363

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 206360

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,


GROSSMONT HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **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  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

### **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:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO







 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

#### **LOEFFLER, ALLISON**



Provider ID: 206360  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No







FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M 8AM-7PM  
TU-TH 8AM-6PM  
F 8AM-5:30PM  
SA 8AM-5PM

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY


#### **LOEFFLER, ALLISON**

Provider ID: 416831  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 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  
 CHULA VISTA  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **LOEFFLER, ALLISON**


Provider ID: 402851  
 Provider Gender: Female  
 License Number: A116680  
 NPI: 1700073962

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **PHAN, TIFFANI**



Provider ID: 417101


Provider Gender: Female  
 License Number: A161105  
 NPI: 1134515695

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 OPERATION SAMAHAN

 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **SAPRA, SONIA**

Provider ID: 402851  
 Provider Gender: Female  
 License Number: A164859  
 NPI: 1952751711

Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Provider Language(s) Spoken: Hindi*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 *Phone: (619) 515-2444*  
 *After Hours Phone: (619) 515-2444*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-W*  
*8:30AM-5:30PM*  
*TH 9AM-6PM*  
*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*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*



*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*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*



 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 3514 30TH ST  
 SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\18*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### OBSTETRICS / GYNECOLOGY

### TRUJILLO, JENNIFER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **WINESBURG, JENNIFER**

Provider ID: 206360

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP

CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 402851

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N



Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**


#### **ZIEG, ALAN**

Provider ID: 206362

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA


Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

### SAN DIEGO

 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: Yes  
Min/Max Age: 0\None

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

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206363

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### OBSTETRICS / GYNECOLOGY

#### ZIEG, ALAN

Provider ID: 416831

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### OBSTETRICS / GYNECOLOGY

#### ZIEG, ALAN

Provider ID: 206362

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8:30AM-6PM  
TH 8:30AM-6PM

F 8:30AM-5PM

SA 8:30AM-5PM

### OPHTHALMOLOGY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### SHAW, BLAKE

Provider ID: 206360

Provider Gender: Male

License Number: G61394

NPI: 1649206541

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-7:30PM  
TU-F 8:30AM-5:30PM

### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4:45PM

### OTOLARYNGOLOGY

### CRAWFORD, KAYVA

Provider ID: 206360

Provider Gender: Female

License Number: A165819

NPI: 1396241824


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### OTOLARYNGOLOGY

### DAVIS, MORGAN

Provider ID: 206360


Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: A181809

NPI: 1891359154

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300


 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)

515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### PEDIATRICS

#### **ABELL, GEOFFREY**

Provider ID: 27341

Provider Gender: Male

NPI: 1245256130

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, PARADISE VALLEY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, SCRIPPS MERCY


HOSPITAL

Board Certified Specialty: No


RADY CHILDRENS HEALTH

NETWORK

 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

 Phone: (619) 262-8624

Fax: (619) 262-6639

 After Hours Phone: (619)  
262-8624

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **ABRAMSON, RACHEL**

Provider ID: 185268

Provider Gender: Female

License Number: A104918

NPI: 1588707178

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS GREEN


HOSPITAL, SHARP CHULA


VISTA MED CTR


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619)  
280-4213

 Website: www.lamaestra.or  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

### PEDIATRICS


#### **ADJAN, ROULA**


Provider ID: 185268

Provider Gender: Female

License Number: A81682

NPI: 1992847263


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, French,  
Spanish

Cultural Competency: N


Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

Fax: (619) 749-5480

 After Hours Phone: (619)  
255-9155


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
RADY CHILDRENS HEALTH  
NETWORK

 16918 DOVE CANYON RD  
STE 200  
SAN DIEGO, CA 92127

 Phone: (858) 924-1960

Fax: (858) 924-1964

 After Hours Phone: (858)  
924-1960

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS


#### **ALBINO, NICHOLAS**

Provider ID: 416831

Provider Gender: Male

License Number: A179851

NPI: 1740843499

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

 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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS


#### **ANDREE, GREGOR**


Provider ID: 482070

Provider Gender: Male

License Number: A72833

NPI: 1467436063


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM


### 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

RADY CHILDRENS HEALTH

NETWORK

 16918 DOVE CANYON RD  
STE 200

SAN DIEGO, CA 92127

 Phone: (858) 924-1960

Fax: (858) 924-1964

 After Hours Phone: (858)  
924-1960

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **AYSON, NICOLE**

Provider ID: 417429

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: A128091


NPI: 1013278704


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **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  
RADY CHILDRENS HEALTH  
NETWORK

 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

 Phone: (619) 262-8624

Fax: (619) 262-6639

 After Hours Phone: (619)  
262-8624

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CABARLO, JEHRIB**


Provider ID: 206360

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N





Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria

SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 RADY CHILDRENS HEALTH NETWORK  
 550 WASHINGTON ST STE 300  
 SAN DIEGO, CA 92103  
 Phone: (619) 297-5437  
 Fax: (619) 297-4567  
 After Hours Phone: (619) 297-5437

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-8:30PM  
 F 8AM-5PM  
 SA 8AM-2PM

### 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  
 LA MAESTRA FAMILY CLINIC  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

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  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123  
 Phone: (858) 495-0500  
 Fax: (858) 560-4279  
 After Hours Phone: (858) 495-0500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS

#### CHEN, JENNIFER


Provider ID: 206363  
 Provider Gender: Female  
 License Number: A141057  
 NPI: 1255785150  
 Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **CONE, STEPHANIE**



*Provider ID: 185268*  
*Provider Gender: Female*  
*License Number: A123929*  
*NPI: 1437444858*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*

*LA MAESTRA FAMILY CLINIC*  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 *Phone: (619) 255-9154*  
 *After Hours Phone: (619) 255-9154*  
 *Website: www.lamaestra.org*



*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM SA 8AM-2PM*

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



 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*  
 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8AM-7PM TU-TH 8AM-6PM F 8AM-5:30PM SA 8AM-5PM*

### **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*  
*IHP OF SOUTHERN CAL-PHP*

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
 *After Hours Phone: (858) 810-8700*  
 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8:30AM-5:30PM TU 8:30AM-8:30PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

W-F 8:30AM-5:30PM  
SA 9AM-4PM

### 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

RADY CHILDRENS HEALTH

NETWORK

11943 EL CAMINO REAL

STE 210

SAN DIEGO, CA 92130

Phone: (858) 793-1011

After Hours Phone: (858)  
793-1011

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### 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

RADY CHILDRENS HEALTH

NETWORK

16918 DOVE CANYON RD

STE 200

### PEDIATRICS

#### FORTUNE, ERIN

Provider ID: 416831

Provider Gender: Male

License Number: A95577

NPI: 1801088422

Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria



SAN DIEGO, CA 92127  
 Phone: (858) 924-1960  
 Fax: (858) 924-1964  
 After Hours Phone: (858) 924-1960  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### 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  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 255-9154  
 After Hours Phone: (619) 255-9154  
 Website: www.lamaestra.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM


### 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-7PM  
 TU-TH 8:30AM-6PM  
 F 8:30AM-5:30PM  
 SA 8:30AM-5PM

### 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

*DIEGO, ALVARADO HOSPITAL  
LLC*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK*

 6699 ALVARADO RD STE  
2200

SAN DIEGO, CA 92120

 Phone: (619) 265-3400

Fax: (619) 265-3407

 After Hours Phone: (619)  
265-3400


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **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

*RADY CHILDRENS HEALTH  
NETWORK*

 550 WASHINGTON ST STE  
300

SAN DIEGO, CA 92103

 Phone: (619) 297-5437

Fax: (619) 297-4567

 After Hours Phone: (619)  
297-5437

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-8:30PM  
F 8AM-5PM  
SA 8AM-2PM

### **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  
RADY CHILDRENS HEALTH  
NETWORK

 6699 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (619) 265-3400

Fax: (619) 265-3407

 After Hours Phone: (619)  
265-3400

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


### **PEDIATRICS**

**HORMOZDYARAN, SANAYA**

Provider ID: 612398

Provider Gender: Female


NPI: 1750887634

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 2790 TRUXTUN RD STE  
120A

SAN DIEGO, CA 92106

 Phone: (619) 222-1253

Fax: (619) 222-1276

 After Hours Phone: (619)  
222-1253

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19



American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

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### **PEDIATRICS**

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#### **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 RADY CHILDRENS HEALTH NETWORK*  
 12036 SCRIPPS HIGHLANDS DR STE 102 SAN DIEGO, CA 92131  
 *Phone: (858) 566-4444*  
*Fax: (858) 566-3321*  
 *After Hours Phone: (858) 566-4444*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

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### **PEDIATRICS**

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#### **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 RADY CHILDRENS HEALTH NETWORK*  
 7910 FROST ST STE 400 SAN DIEGO, CA 92123  
 *Phone: (858) 495-0500*  
*Fax: (858) 560-4279*  
 *After Hours Phone: (858) 495-0500*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

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### **PEDIATRICS**

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#### **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 OPERATION SAMAHAN*  
 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844) 200-2426*  
 *Website: www.operationsamahan.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM*

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### **PEDIATRICS**

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#### **KESANAPALLI, DEEPTHI**

*Provider ID: 235069*  
*Provider Gender: Female*  
*NPI: 1487948584*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Telugu*  
*Cultural Competency: N*



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*

*Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK*

 7910 FROST ST STE 335  
SAN DIEGO, CA 92123

 Phone: (858) 576-8010  
 Fax: (858) 576-7391

 After Hours Phone: (858) 576-8010

 Website: N/A


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8:30AM-6PM  
F 8:30AM-0PM*

### **PEDIATRICS**

#### **LAWRIE, ALISA**

*Provider ID: 660912*

*Provider Gender: Female*

*NPI: 1407847908*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: SHARP MEMORIAL HOSPITAL*


*Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK*

 550 WASHINGTON ST STE 300

SAN DIEGO, CA 92103

 Phone: (619) 297-4567


 After Hours Phone: (619) 297-4567


 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

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


### **PEDIATRICS**


#### **LE, NGUYEN**

*Provider ID: 44952*

*Provider Gender: Male*

*NPI: 1548308109*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish,  
Vietnamese*

*Cultural Competency: N*

*Hospital Affiliation:*

*GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP*

*FOR WOMEN AND*

*NEWBORNS, RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO, UCSF BENIOFF*

*CHILDREN'S HOSPITAL*

*OAKLAND, SHARP MEMORIAL*


*HOSPITAL*


*Board Certified Specialty: No*


*RADY CHILDRENS HEALTH NETWORK*

 5507 EL CAJON BLVD STE B

SAN DIEGO, CA 92115

 Phone: (619) 582-8814

 Fax: (619) 582-8813

 After Hours Phone: (619) 582-8814


 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

### **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*


*RADY CHILDRENS HEALTH*

*NETWORK*

 550 WASHINGTON ST STE 300

SAN DIEGO, CA 92103


 Phone: (619) 297-5437

 Fax: (619) 297-4567


 After Hours Phone: (619) 297-5437


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
 RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858) 495-0500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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  
 IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858) 810-8700

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### MANRIQUEZ-CASTILLO, ERENDIRA

Provider ID: 185268

Provider Gender: Female

License Number: A75533

NPI: 1356397418

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 8AM-2PM

### 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  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 400  
SAN DIEGO, CA 92123

Phone: (858) 495-0500

Fax: (858) 560-4279

After Hours Phone: (858)

495-0500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

**NGUYEN, JANICE**

Provider ID: 416831

Provider Gender: Female

License Number: A157335

NPI: 1760916589

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-5PM

### PEDIATRICS

**PARK, TARI**

Provider ID: 237711

Provider Gender: Female

NPI: 1285669085

Provider English Spoken: Y

Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

12036 SCRIPPS  
HIGHLANDS DR STE 102  
SAN DIEGO, CA 92131

Phone: (858) 566-4444

Fax: (858) 566-3321

After Hours Phone: (858)  
566-4444

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

**PARKER, SHERINE**

Provider ID: 206360

Provider Gender: Female

License Number: G81658



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NPI: 1477626513

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:30AM-7PM  
 TU-TH 8:30AM-6PM  
 F 8:30AM-5:30PM  
 SA 8:30AM-5PM

### 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18







American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### PEDIATRICS

#### **POWELL, STEPHANIE**







Provider ID: 319033  
 Provider Gender: Female  
 NPI: 1720059744  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS,  
 RADY CHILDRENS HOSPITAL  
 SAN DIEGO  
 Board Certified Specialty: No

#### **RADY CHILDRENS HEALTH NETWORK**

 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123  
 Phone: (858) 495-0500  
 Fax: (858) 560-4279  
 After Hours Phone: (858)  
 495-0500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### 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  
 IHP OF SOUTHERN CAL-PHP  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

N



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM*

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### **PEDIATRICS**

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#### **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 IHP OF SOUTHERN CAL-PHP*

 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/king-chavez-health-center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 8AM-4PM*



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### **PEDIATRICS**

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#### **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 LA MAESTRA FAMILY CLINIC*

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 *Phone: (619) 255-9155*  
 *After Hours Phone: (619) 255-9155*  
 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N


 *Accessibility: CONTACT PROVIDER*

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### **PEDIATRICS**


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#### **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 RADY CHILDRENS HEALTH NETWORK*

 11943 EL CAMINO REAL  
 STE 210  
 SAN DIEGO, CA 92130  
 *Phone: (858) 793-1011*  
 *After Hours Phone: (858) 793-1011*

 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*




 *Hours: M-F 8AM-5PM SA 8AM-0PM*

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### **PEDIATRICS**

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#### **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 FAMILY HEALTH CENTERS OF SAN DIEGO*  
 3514 30TH ST

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

 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: Yes  
 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS


#### SEBSO, JODI

Provider ID: 206360

Provider Gender: Female

License Number: A103099

NPI: 1538484316

 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

### PEDIATRICS

#### SELLERS, JAIME

Provider ID: 206360

Provider Gender: Female

License Number: A159494


NPI: 1720512015


 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: Sharp  
 Grossmont Hospital, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

*BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH  
NETWORK*

 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

 Phone: (619) 262-8624

Fax: (619) 262-6639

 After Hours Phone: (619)  
262-8624


 Website: N/A


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

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

### **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*

*IHP OF SOUTHERN CAL-PHP*

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: *www.syhealth.org  
/clinics/king- chavez- healt  
h- center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*


*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH*

*NETWORK*

 6699 ALVARADO RD STE  
2200

SAN DIEGO, CA 92120

 Phone: (619) 265-3400

Fax: (619) 265-3407

 After Hours Phone: (619)  
265-3400

 Website: N/A

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

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

### **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*

*FAMILY HEALTH CENTERS OF*

*SAN DIEGO*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525

 Website: *www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*



*American Sign Language (ASL):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria




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*  
*FAMILY HEALTH CENTERS OF SAN DIEGO*

 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 *Phone: (619) 515-2444*  
 *After Hours Phone: (619) 515-2444*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*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*

*FAMILY HEALTH CENTERS OF SAN DIEGO*

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*RADY CHILDRENS HEALTH NETWORK*

 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123

 *Phone: (858) 495-0500*

*Fax: (858) 560-4279*

 *After Hours Phone: (858) 495-0500*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

### PEDIATRICS

#### **SUBRAMANIAN, RAMA**

*Provider ID: 662343*

*Provider Gender: Female*

*NPI: 1932593506*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Tamil*


*Cultural Competency: N*


*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH NETWORK*

 11943 EL CAMINO REAL  
 STE 210

SAN DIEGO, CA 92130

 *Phone: (858) 793-1011*

 *After Hours Phone: (858) 793-1011*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): **TAMAYO, MAITHE**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

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### **PEDIATRICS**

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**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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): **TAMAYO, MAITHE**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-5PM

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### **PEDIATRICS**


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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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### **PEDIATRICS**


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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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 2391 ISLAND AVE  
SAN DIEGO, CA 92102


 Phone: (619) 515-2435

 After Hours Phone: (619)  
515-2435

 Website: N/A

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### **PEDIATRICS**

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**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  
RADY CHILDRENS HEALTH

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### NETWORK

11943 EL CAMINO REAL  
STE 210  
SAN DIEGO, CA 92130

Phone: (858) 793-1011

After Hours Phone: (858)  
793-1011

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-0PM

### 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  
RADY CHILDRENS HEALTH  
NETWORK

292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

Phone: (619) 262-8624

Fax: (619) 262-6639

After Hours Phone: (619)  
262-8624

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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  
RADY CHILDRENS HEALTH  
NETWORK

6699 ALVARADO RD STE  
2200  
SAN DIEGO, CA 92120

Phone: (619) 265-3400

Fax: (619) 265-3407

After Hours Phone: (619)  
265-3400

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8:30AM-0PM

### 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  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS


#### **ZAHEER, AARON**


Provider ID: 233532

Provider Gender: Male

License Number: A61238

NPI: 1902882301

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Persian, Spanish  
Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS


#### **ZAHEER, AARON**


Provider ID: 482070

Provider Gender: Male

License Number: A61238

NPI: 1902882301

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Persian, Spanish  
Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **ZAND, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None



American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### **PHYSICIANS ASSISTANT**

**ALVARADO, EDMUND**


Provider ID: 419529  
 Provider Gender: Male  
 License Number: PA20888  
 NPI: 1720303340

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO


 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1245349224


N  
 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM



### **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  
 LA MAESTRA FAMILY CLINIC

 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)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-6PM  
 SA 8AM-2PM

### **PHYSICIANS ASSISTANT**

**BATISTA, OSVALDO**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: PA17864



 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### **PHYSICIANS ASSISTANT**



**BHAGAN, SHANNA**

Provider ID: 206362  
 Provider Gender: Female  
 License Number: PA59874  
 NPI: 1437635943

 Provider English Spoken: Y  
 Cultural Competency: N


Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 3544 30TH ST  
 SAN DIEGO, CA 92104

 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

### **PHYSICIANS ASSISTANT**

#### **BHAGAN, SHANNA**

Provider ID: 206362

Provider Gender: Female


License Number: PA59874


NPI: 1437635943


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

### **PHYSICIANS ASSISTANT**

#### **CONDEZ, ESEL**

Provider ID: 206360

Provider Gender: Male

License Number: PA53129

NPI: 1073978680

 Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

 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)  
Medi-Cal Open Panel: Yes


Min/Max Age: 0\None  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER


### **PHYSICIANS ASSISTANT**



#### **CONTRERAS, LORETTA**

Provider ID: 403583  
Provider Gender: Female  
License Number: PA54617  
NPI: 1679096341

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500


 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
TU-W 8:30AM-5PM  
TH 8:30AM-9PM  
F 8:30AM-5PM


### **PHYSICIANS ASSISTANT**



#### **DAVID, MARVIC**

Provider ID: 206360  
Provider Gender: Male  
License Number: PA53748  
NPI: 1750832317

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM

### **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  
FAMILY HEALTH CENTERS OF SAN DIEGO

 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **FINK, PATRICK**

Provider ID: 402851  
Provider Gender: Male  
License Number: PA52704  
NPI: 1922380328

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-W

8:30AM-5:30PM

TH 9AM-6PM

F 8:30AM-5:30PM

---

### 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

FAMILY HEALTH CENTERS OF SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### 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

FAMILY HEALTH CENTERS OF SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


FAMILY HEALTH CENTERS OF

#### SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):


N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

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

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

 *4094 4TH AVE*  
*SAN DIEGO, CA 92103*

 *Phone: (619) 515-2545*


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

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

---

#### **LAPINA, LORI**

*Provider ID: 206362*

*Provider Gender: Female*

*License Number: PA23231*


*NPI: 1245670413*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

*FAMILY HEALTH CENTERS OF SAN DIEGO*

 *3544 30TH ST*  
*SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH*  
*8:30AM-5:30PM*  
*F 8AM-5PM*

---

### **PHYSICIANS ASSISTANT**

---

#### **LAPINA, LORI**

*Provider ID: 206362*

*Provider Gender: Female*


*License Number: PA23231*


*NPI: 1245670413*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

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

 *3544 30TH ST*  
*SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH*  
*8:30AM-5:30PM*  
*F 8AM-5PM*

---

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

 *1550 BROADWAY STE 2*  
*SAN DIEGO, CA 92101*

 *Phone: (619) 515-2525*

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


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

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### **PHYSICIANS ASSISTANT**

---

#### **LOHNES, ELLIE**

*Provider ID: 417429*

*Provider Gender: Female*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


License Number: PA63071


NPI: 1902580426


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525


 After Hours Phone: (619)  
515-2525


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **PHYSICIANS ASSISTANT**

#### **LOPEZ, MARIO**

Provider ID: 417937

Provider Gender: Male


License Number: PA21385

NPI: 1932335080

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)

515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**


#### **MARTINEZ-MURGUIA, IRENE**


Provider ID: 185268

Provider Gender: Female

License Number: PA20296

NPI: 1447492889

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: www.lamaestra.or  
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
LA MAESTRA FAMILY CLINIC




 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.






## C. Directorio de atención primaria

255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 g  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-6PM  
 SA 8AM-2PM

### **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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO




 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO





 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP

 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8AM-5PM  
 TU 8AM-8PM  
 W-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

SA 9AM-1PM

### **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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-5PM

TU 8AM-8PM

W-F 8AM-5PM

SA 9AM-1PM

### **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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

3177 OCEAN VIEW BLVD

SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Hospital Affiliation: MERCY  
HOSPITAL OF FOLSOM  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

### PHYSICIANS ASSISTANT

#### SCHELLIE, SCOTT

Provider ID: 417429

Provider Gender: Male

License Number: PA53288

NPI: 1699053843

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

316 25TH ST  
SAN DIEGO, CA 92102

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1992934988

N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**


#### **TREUNER, JULIE**

Provider ID: 206360

Provider Gender: Female

License Number: PA17478

NPI: 1922013614

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1841472776

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

### **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

FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **UDOH, EKAETE**

Provider ID: 418535

Provider Gender: Male


License Number: PA19664


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

OPERATION SAMAHAN

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **VARGAS, ROBERT**

Provider ID: 206360

Provider Gender: Male

License Number: PA11194

NPI: 1972528081

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

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

### **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*

*FAMILY HEALTH CENTERS OF SAN DIEGO*

 *3544 30TH ST  
SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*


 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*IHP OF SOUTHERN CAL-PHP*

 *4290 POLK AVE  
SAN DIEGO, CA 92105*

 *Phone: (619) 563-0250*

 *After Hours Phone: (619) 563-0250*


 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

### **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*

*FAMILY HEALTH CENTERS OF SAN DIEGO*

 *3544 30TH ST*

*SAN DIEGO, CA 92104*

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*FAMILY HEALTH CENTERS OF SAN DIEGO*

 *1809 NATIONAL AVE  
SAN DIEGO, CA 92113*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

---

### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

---

### PODIATRIST

#### MANCHEL, BRUCE

Provider ID: 631494

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN  
SAN DIEGO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

---

### PODIATRIST

#### SCHNEIDER, SARAH

Provider ID: 402851

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Provider Gender: Female

License Number: DPM4819

NPI: 1326282237

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### 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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### 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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

<b>GENERAL</b>	
<b>HILL, LINDA</b> 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 IHP OF SOUTHERN CAL-PHP 7011 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 810-8700 After Hours Phone: (858) 810-8700 Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M 8:30AM-5:30PM TU 8:30AM-9PM W-F 8:30AM-5:30PM SA 9AM-4PM	License Number: G70886 NPI: 1952386765 Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 7011 LINDA VISTA RD SAN DIEGO, CA 92111 Phone: (858) 810-8700 After Hours Phone: (858) 810-8700 Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M 8:30AM-5:30PM TU 8:30AM-9PM W-F 8:30AM-5:30PM SA 9AM-4PM
<b>PREVENTATIVE MEDICINE</b>	
<b>GENERAL</b>	
<b>RISSER, JOSEPH</b> Provider ID: 482070 Provider Gender: Male	<b>RISSER, JOSEPH</b> Provider ID: 206046 Provider Gender: Male License Number: G70886 NPI: 1952386765 Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: Yes IHP OF SOUTHERN CAL-PHP 6973 LINDA VISTA RD SAN DIEGO, CA 92111
<b>PREVENTATIVE MEDICINE</b>	
<b>GENERAL</b>	
<b>RISSER, JOSEPH</b> Provider ID: 206046 Provider Gender: Male License Number: G70886 NPI: 1952386765 Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: Yes IHP OF SOUTHERN CAL-PHP 6973 LINDA VISTA RD SAN DIEGO, CA 92111	Phone: (858) 279-0925 Fax: (858) 279-0377 After Hours Phone: (858) 279-0925 Website: www.sdfamilycare.org Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM SA 9AM-4PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

N



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM*

---

### 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  
IHP OF SOUTHERN CAL-PHP*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 279-0377*  
 *After Hours Phone: (858)  
279-0925*  
 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*



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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  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS*  
*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 279-0377*  
 *After Hours Phone: (858)  
279-0925*  
 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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### REGISTERED PHYSICAL THERAPIST


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

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619)  
515-2300*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

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


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### REGISTERED PHYSICAL THERAPIST

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#### **CHAVARRIA, JESSICA**


*Provider ID: 417937  
Provider Gender: Female  
License Number: PT292351  
NPI: 1407391808*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO*


 4094 4TH AVE  
SAN DIEGO, CA 92103

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

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### **REGISTERED PHYSICAL THERAPIST**

---


#### **CONCORS, ANDREW**

Provider ID: 417937

Provider Gender: Male

License Number: PT12930

NPI: 1578706743


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### **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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

### **REGISTERED PHYSICAL THERAPIST**

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

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103


 Phone: (619) 515-2545


 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545


 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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*

 *Provider Language(s) Spoken: Spanish*


*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 FAMILY HEALTH CENTERS OF SAN DIEGO*

 *4725 MARKET ST SAN DIEGO, CA 92102*

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*


 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

### RHEUMATOLOGY


#### **REDDY, DANA**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: A115598*

*NPI: 1144538778*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*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 IHP OF SOUTHERN CAL-PHP*

 *1501 IMPERIAL AVE SAN DIEGO, CA 92101*

 *Phone: (619) 233-8500*

 *After Hours Phone: (619) 233-8500*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

### SPEECH PATHOLOGIST

#### **MILLER, WILLIAM**

*Provider ID: 206360*

*Provider Gender: Male*

*License Number: SP35150*

*NPI: 1972002210*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

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

 *1809 NATIONAL AVE SAN DIEGO, CA 92113*

 *Phone: (619) 515-2300*

 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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 FAMILY HEALTH CENTERS OF*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### SAN DIEGO

 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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

### SAN MARCOS

#### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None



American Sign Language (ASL): License Number: NP18788  
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  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### CERTIFIED NURSE PRACTITIONER

#### FODDA, RAMI


Provider ID: 614511  
Provider Gender: Male

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



#### CERTIFIED NURSE PRACTITIONER

#### FREEMAN, WANDA

Provider ID: 206426  
Provider Gender: Female  
License Number: NP95003903  
NPI: 1659504264

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP



 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767

 After Hours Phone: (760)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria


736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER




---



### CERTIFIED NURSE PRACTITIONER

---

**FREEMAN, WANDA**  
 Provider ID: 206426  
 Provider Gender: Female  
 License Number: NP95003903  
 NPI: 1659504264

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


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### CERTIFIED NURSE PRACTITIONER


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**FREEMAN, WANDA**  
 Provider ID: 206426

Provider Gender: Female  
 License Number: NP95003903  
 NPI: 1659504264

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER




---



### CERTIFIED NURSE PRACTITIONER

---

**HENLEY, MEARA**  
 Provider ID: 206426  
 Provider Gender: Female  
 License Number: NP95002545  
 NPI: 1538319645

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

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736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER




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### CERTIFIED NURSE PRACTITIONER

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**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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 Min/Max Age: 0\None  
 American Sign Language (ASL):  
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## C. Directorio de atención primaria


### 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  
IHP OF SOUTHERN CAL-PHP

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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### CERTIFIED NURSE PRACTITIONER


### KOUSARI, JHALEH


Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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Min/Max Age: 0\None

American Sign Language (ASL):  
N

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### KOUSARI, JHALEH


Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No  
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Provider Gender: Female

License Number: NP20893

NPI: 1811262405

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 Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


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MEMORIAL HOSPITAL

Board Certified Specialty: No  
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## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

---

### **CERTIFIED NURSE PRACTITIONER**

---

**MACIAS, ALISSA**

*Provider ID: 206426*

*Provider Gender: Female*


*License Number: NP21368*


*NPI: 1952658445*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

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 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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### **CERTIFIED NURSE PRACTITIONER**

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**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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*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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### **CERTIFIED NURSE PRACTITIONER**

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**MACIAS, ALISSA**

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*Provider Gender: Female*


*License Number: NP21368*


*NPI: 1952658445*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Board Certified Specialty: No  
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*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

**BELANGER, TANYA**

*Provider ID: 206426*

*Provider Gender: Female*

*License Number: NM235844*


*NPI: 1407287469*


 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: PALOMAR  
MEDICAL CENTER*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

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N*

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PROVIDER*

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

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

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**BELANGER, TANYA**

*Provider ID: 206426*

*Provider Gender: Female*

*License Number: NM235844*

*NPI: 1407287469*

 *Provider English Spoken: Y*

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## C. Directorio de atención primaria


*Cultural Competency: N*

*Hospital Affiliation: PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

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 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 Accessibility: CONTACT PROVIDER

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

### **CERTIFIED REGISTERED NURSE MIDWIFE**

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*Provider Gender: Female*

*License Number: NM235844*


*NPI: 1407287469*

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*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 Accessibility: CONTACT PROVIDER

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

### **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 IHP OF SOUTHERN CAL-PHP*

 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: Yes

*Min/Max Age: 0\None*

*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 IHP OF SOUTHERN CAL-PHP*

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 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: Yes

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 Accessibility: CONTACT PROVIDER

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#### **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 IHP OF SOUTHERN CAL-PHP*

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## C. Directorio de atención primaria

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

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Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### FQHC

#### TRUECARE,


Provider ID: 614511

NPI: 1598484255

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

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Fax: (760) 736-6744

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736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### FQHC

#### TRUECARE,


Provider ID: 614511

NPI: 1811617939

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744


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736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

---

### FQHC

#### TRUECARE,


Provider ID: 614511

NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

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Fax: (760) 736-6744

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736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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### FQHC

#### TRUECARE,


Provider ID: 206426

NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N


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American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER

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

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#### TRUECARE,


Provider ID: 206426

NPI: 1598484255

 Provider English Spoken: Y  
Cultural Competency: N

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Min/Max Age: 0\None

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 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
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### FQHC

#### TRUECARE,

Provider ID: 206426


NPI: 1811617939

 Provider English Spoken: Y

Cultural Competency: N

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

---

### 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

IHP OF SOUTHERN CAL-PHP

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Min/Max Age: 0\None

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NPI: 1184735201

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 Provider Language(s)

Spoken: Polish

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Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No

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Min/Max Age: 0\None  
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  
IHP OF SOUTHERN CAL-PHP




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### INTERNAL MEDICINE

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License Number: G74757  
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### INTERNAL MEDICINE

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Min/Max Age: 0\None  
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: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### **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: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

### **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: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

### **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  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

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## C. Directorio de atención primaria

 *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*

*IHP OF SOUTHERN CAL-PHP*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*IHP OF SOUTHERN CAL-PHP*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*IHP OF SOUTHERN CAL-PHP*

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 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*IHP OF SOUTHERN CAL-PHP*

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 *After Hours Phone: (760) 736-6767*

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*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

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## C. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

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### **PEDIATRICS**


---


#### **MALHOTRA, ARATI**

*Provider ID: 110242*

*Provider Gender: Female*

*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 RADY CHILDRENS HEALTH NETWORK*

 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: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-6PM*

---

### **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 RADY CHILDRENS HEALTH NETWORK*

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

*Fax: (760) 736-6744*

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-6PM  
TU 8AM-5PM  
W-F 8AM-6PM  
SA 8AM-5PM*

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### **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 RADY CHILDRENS HEALTH NETWORK*

 1582 W SAN MARCOS  
BLVD STE 203  
SAN MARCOS, CA 92078

 *Phone: (760) 744-6710*

*Fax: (760) 744-6156*

 *After Hours Phone: (760) 744-6710*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

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### **PEDIATRICS**

---


#### **NEVES, VANESSA**

*Provider ID: 143763*

*Provider Gender: Female*

*NPI: 1174672547*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK*

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 *Phone: (760) 736-6767*

*Fax: (760) 736-6797*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (760) 736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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


### **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

RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

### **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

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

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## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### QUINTERO, CAROLYN

Provider ID: 614767

Provider Gender: Female

NPI: 1023033156

Provider English Spoken: Y

Provider Language(s)  
Spoken: Afar, Spanish

Cultural Competency: N

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

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736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

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## C. Directorio de atención primaria

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
RADY CHILDRENS HEALTH  
NETWORK

1582 W SAN MARCOS  
BLVD STE 203  
SAN MARCOS, CA 92078

Phone: (760) 744-6710

Fax: (760) 744-6156

After Hours Phone: (760)

744-6710

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-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  
IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### BERNARDO, RACHELLE

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Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No  
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### PHYSICIANS ASSISTANT

#### BERNARDO, RACHELLE

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Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

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## C. Directorio de atención primaria

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106 SAN MARCOS, CA 92078

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### CHISWICK, GARY

Provider ID: 206426

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### CHISWICK, GARY

Provider ID: 206426

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

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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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### CHISWICK, GARY

Provider ID: 206426

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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 IHP OF SOUTHERN CAL-PHP

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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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*  
*IHP OF SOUTHERN CAL-PHP*

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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*  
*IHP OF SOUTHERN CAL-PHP*

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 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

---

### PHYSICIANS ASSISTANT

#### RUSSO, KRISTA

*Provider ID: 206426*




*Provider Gender: Female*


*License Number: PA53036*

*NPI: 1922471192*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
 *After Hours Phone: (760) 736-6767*


 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

---

### PHYSICIANS ASSISTANT

#### RUSSO, KRISTA

*Provider ID: 206426*

*Provider Gender: Female*


*License Number: PA53036*


*NPI: 1922471192*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 *Phone: (760) 736-6767*


 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

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

---

### PHYSICIANS ASSISTANT

#### RUSSO, KRISTA

*Provider ID: 206426*

*Provider Gender: Female*

*License Number: PA53036*

*NPI: 1922471192*






 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 150 VALPRED A RD  
SAN MARCOS, CA 92069




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## C. Directorio de atención primaria

 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 8AM-5PM


### 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  
 IHP OF SOUTHERN CAL-PHP

 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: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP

 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: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP

 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: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP

 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

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## C. Directorio de atención primaria

SA 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### 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  
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### PODIATRIST

#### DASGUPTA, DEBORSHI

Provider ID: 614511

Provider Gender: Male

License Number: DPM5542

NPI: 1598129223

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali, Hindi,  
Spanish

Cultural Competency: N

Hospital Affiliation: CLOVIS  
COMMUNITY HOSPITAL,  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
FRESNO HEART AND  
SURGICAL HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PODIATRIST

#### DASGUPTA, DEBORSHI

Provider ID: 614511

Provider Gender: Male

License Number: DPM5542

NPI: 1598129223

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali, Hindi,  
Spanish

Cultural Competency: N

Hospital Affiliation: CLOVIS  
COMMUNITY HOSPITAL,  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
FRESNO HEART AND  
SURGICAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

Phone: (760) 736-6767

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PODIATRIST


#### **DASGUPTA, DEBORSHI**


Provider ID: 614511

Provider Gender: Male

License Number: DPM5542

NPI: 1598129223

 Provider English Spoken: Y


 Provider Language(s) Spoken: Bengali, Hindi, Spanish


Cultural Competency: N

Hospital Affiliation: CLOVIS COMMUNITY HOSPITAL, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, FRESNO HEART AND SURGICAL HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078

 Phone: (760) 736-6767


 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **SAN YSIDRO**

### CARDIOVASCULAR DISEASE


#### **PONCE, SONIA**

Provider ID: 206292

Provider Gender: Female

License Number: A145008

NPI: 1164659033

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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 IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

#### **CHAUSSE CASTRO,**

#### **EKATERINA**

Provider ID: 227469

Provider Gender: Female

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## C. Directorio de atención primaria

License Number: NP95018617  
NPI: 1154040418

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)  
662-4100

🌐 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

📍 4004 BEYER 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

📍 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)  
662-4100

🌐 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

📍 4004 BEYER 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: Yes

Min/Max Age: 0\None

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

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## C. Directorio de atención primaria

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

### 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 IHP OF SOUTHERN CAL-PHP  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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 IHP OF SOUTHERN CAL-PHP  
 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

### 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 IHP OF SOUTHERN CAL-PHP  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER


#### **VAZQUEZ-ERLBECK, MARTHA**

Provider ID: 227469

Provider Gender: Female

License Number: NP95001960

NPI: 1669865960


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CHIROPRACTOR

#### **OCHOA, RAUL**

Provider ID: 206292

Provider Gender: Male

License Number: DC33693


NPI: 1518401827


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY METABOLISM DIABETES

#### **CRUZ, MICHAEL**

Provider ID: 206292



Provider Gender: Male

License Number: A138772


NPI: 1265851133

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP


 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP



 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP



 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5PM

### **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  
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

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## C. Directorio de atención primaria

### 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  
IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### 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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

### 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  
IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### FAMILY PRACTICE

#### CAMPOS, MELISSA

Provider ID: 227411

Provider Gender: Female

License Number: A138474

NPI: 1427475318

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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

---

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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)

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## C. Directorio de atención primaria

- center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP  
 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**




#### **DAVIS, CHARLES**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: G41219  
 NPI: 1194840231  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM




### **FAMILY PRACTICE**

#### **ESTRADA, JOHANNA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A127188  
 NPI: 1255698155  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **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  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [https://www.syhealth.org/locations](http://www.syhealth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

 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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **LARA, LESLEY**

Provider ID: 206292

Provider Gender: Female

License Number: A173435

NPI: 1184112682

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10AM-4PM  
 M-F 8:30AM-5:30PM  
 SA 8AM-2:30PM

### **FAMILY PRACTICE**

#### **LEE, JOSEPH**

Provider ID: 206292

License Number: A164201

NPI: 1417480948

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: ST


ELIZABETH HOSP

Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

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

/clinics/san-ysidro-health  
-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### NAVARRO, VANESSAMARIA

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  
IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

#### 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  
IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

#### 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  
IHP OF SOUTHERN CAL-PHP

4004 BEYER 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)

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## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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, Persian


Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **RAJAIPOUR, NEGIN**


Provider ID: 227469

Provider Gender: Female

License Number: A145480

NPI: 1508286709

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Persian

Cultural Competency: N

Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **ROJAS, SARAH**

Provider ID: 206292

Provider Gender: Female

License Number: A139169

NPI: 1245645076


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

SA 8:30AM-2PM

### **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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **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  
IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

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## C. Directorio de atención primaria

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SWEET, PATRICK**

Provider ID: 206292

Provider Gender: Male

License Number: A101827

NPI: 1457407702

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: HOAG  
HOSPITAL IRVINE, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, GROSSMONT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
DESERT REGIONAL MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
PIONEERS MEMORIAL  
HOSPITAL, PIONEERS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### FAMILY PRACTICE

**TALAVERA, GREGORY**

Provider ID: 206292

Provider Gender: Male

License Number: A40061

NPI: 1740337161

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM

### FAMILY PRACTICE

**TAN, LO FU**

Provider ID: 227469

Provider Gender: Male

License Number: C170935

NPI: 1356314835

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

**UTZ, JACK**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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  
 IHP OF SOUTHERN CAL-PHP  
 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**VANHOLLEBEKE, 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  
 IHP OF SOUTHERN CAL-PHP  
 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### **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  
 IHP OF SOUTHERN CAL-PHP  
 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP  
 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/s/maternal-child-health-center](http://syhealth.org/clinic/s/maternal-child-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **FQHC**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,

Provider ID: 206292

NPI: 1952364747

☐ Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

#### FQHC

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

Provider ID: 227469

NPI: 1801438239

☐ Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

#### 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

IHP OF SOUTHERN CAL-PHP

📍 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

#### GENERAL PRACTICE

### TEJEDA, FRANCISCO

Provider ID: 206292

Provider Gender: Male

License Number: A66885

NPI: 1407940075

☐ Provider English Spoken: Y  
☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### GYNECOLOGY

### CALDERON, JORGE

Provider ID: 206292


Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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, LOMPOC VALLEY


MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP


 4004 BEYER 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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP


 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

SA 8:30AM-2PM

### 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

IHP OF SOUTHERN CAL-PHP


 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **CARPENTERIII, 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

IHP OF SOUTHERN CAL-PHP


 4004 BEYER 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### DELAROSA, JOSE

Provider ID: 206292

Provider Gender: Male

License Number: A49267

NPI: 1689646572

Provider English Spoken: Y


Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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)



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## C. Directorio de atención primaria

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, CHULA VISTA, CHULA VISTA COMM HOSP  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 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 IHP OF SOUTHERN CAL-PHP  
 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-8PM SA 8AM-2PM

### INTERNAL MEDICINE








#### KAUFER, DAVID

Provider ID: 206292  
 Provider Gender: Male  
 License Number: G80107  
 NPI: 1710082789  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

### INTERNAL MEDICINE

#### KAUFER, DAVID

Provider ID: 227469  
 Provider Gender: Male  
 License Number: G80107  
 NPI: 1710082789  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

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## C. Directorio de atención primaria

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**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  
 IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

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**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

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Hospital Affiliation: EISENHOWER MEDICAL CTR  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

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**INTERNAL MEDICINE**

**PARK, DANIEL**  
 Provider ID: 206292  
 Provider Gender: Male  
 License Number: A99433  
 NPI: 1538371844

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

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**INTERNAL MEDICINE**

**POAST, JENNIFER**  
 Provider ID: 206292  
 Provider Gender: Female  
 License Number: 20A8245  
 NPI: 1164435681

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

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**INTERNAL MEDICINE**

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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### RAMIREZSANCHEZ, 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  
IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### INTERNAL MEDICINE

### REDDY, SAMATHHA

Provider ID: 227469

Provider Gender: Female

License Number: A120797

NPI: 1659620854

Provider English Spoken: Y

Provider Language(s)  
Spoken: Gujarati, Hindi,  
Punjabi, Spanish, Telugu  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

ALVARADO HOSPITAL LLC,

GROSSMONT HOSPITAL,

SHARP CHULA VISTA MED

CTR, ST AGNES MEDICAL

CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### INTERNAL MEDICINE

### SALERNO, MARIANA

Provider ID: 206292

Provider Gender: Female

License Number: A131021

NPI: 1598921645

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Providence

St. Joseph Hospital Eureka

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

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)

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## C. Directorio de atención primaria

*/clinics/san-ysidro-health - center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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


IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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

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## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM

### INTERNAL MEDICINE GERIATRIC MEDICINE

#### **PANDIT, IVY**

Provider ID: 206292  
Provider Gender: Female  
License Number: C53735  
NPI: 1891796165  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: KAISER FOUNDATION HOSPITAL RIVERSIDE, RIVERSIDE COUNTY REGIONAL MED CTR  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 205-1950

After Hours Phone: (619) 205-1950  
Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### OBSTETRICS / GYNECOLOGY

#### **ANDERSON, 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  
IHP OF SOUTHERN CAL-PHP  
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: Yes

Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5PM

### 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  
IHP OF SOUTHERN CAL-PHP

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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5PM*

### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A104660*  
*NPI: 1083815823*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: ST JOSEPHS MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: ST JOSEPHS MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: syhealth.org/clinics/maternal-child-health-center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*



### **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 IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*



N

 *Accessibility: CONTACT PROVIDER*

### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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  
IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

### **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  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**DINH, MY**

Provider ID: 206292


Provider Gender: Female

License Number: 20A9907


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria


NPI: 1316146996


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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


IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 206292

Provider Gender: Female

License Number: A175006

NPI: 1255878997


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **OBSTETRICS / GYNECOLOGY**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### JENKINS, ENCHANTA

Provider ID: 227411

Provider Gender: Female

License Number: C143625

NPI: 1285604702

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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, BAKERSFIELD

MEMORIAL HOSP, SHARP

MEMORIAL HOSPITAL,

Adventist Health Bakersfield,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, KERN MEDICAL

CENTER, KERN MEDICAL

CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

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 IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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 IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PEDIATRICS

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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

IHP OF SOUTHERN CAL-PHP

4004 BEYER 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: Yes

Min/Max Age: 0\None

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, Tagalog

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

PROVIDER	HERMAN, ANDREA	NPI: 1396705299
<p><b>PEDIATRICS</b></p> <p><b>GHAHREMANI, SIMIN</b>            Provider ID: 206292            Provider Gender: Female            License Number: C51110            NPI: 1508904657</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Faroese, Farsi            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL            Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 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: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</p>	<p>Provider ID: 227411            Provider Gender: Female            License Number: A72721            NPI: 1518970037</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> 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 IHP OF SOUTHERN CAL-PHP</p> <p> 4050 BEYER BLVD SAN YSIDRO, CA 92173   Phone: (619) 662-4100            Fax: (619) 205-1948   After Hours Phone: (619) 662-4100   Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> 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 IHP OF SOUTHERN CAL-PHP</p> <p> 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: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</p>
<p><b>PEDIATRICS</b></p>	<p><b>PEDIATRICS</b></p> <p><b>NISSAN, BETI</b>            Provider ID: 206292            Provider Gender: Female            License Number: A64487</p>	<p><b>PEDIATRICS</b></p> <p><b>PIANSAY, MARIACORAZON</b>            Provider ID: 206292            Provider Gender: Female            License Number: A93785            NPI: 1669680351</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s)</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

*Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR,*  
*SCRIPPS MERCY HOSPITAL*  
*CHULA VISTA*


*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 4004 BEYER 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: Yes*

*Min/Max Age: 0\None*

*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*

*IHP OF SOUTHERN CAL-PHP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **RUELAS, ROBERTO**

*Provider ID: 227411*

*Provider Gender: Male*

*License Number: A170141*

*NPI: 1194257386*


 *Provider English Spoken: Y*


*Cultural Competency: N*


*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 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: Yes*

*Min/Max Age: 0\None*

*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*  
*IHP OF SOUTHERN CAL-PHP*

 4004 BEYER 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-7:30PM SA 8:30AM-2PM*

### **PEDIATRICS**

#### **SAHMS, TIMOTHY**

*Provider ID: 227411*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Male

License Number: G51462

NPI: 1780697276

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

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

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

### 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  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### BUCKNER, JOSEPH

Provider ID: 206292

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Male


License Number: PA18363


NPI: 1215909205


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **PORTOMADURSKI, KRISTINE**

Provider ID: 227411

Provider Gender: Female

License Number: PA16269

NPI: 1053403782


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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## C. Directorio de atención primaria

 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER 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: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *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 IHP OF SOUTHERN CAL-PHP*

 4004 BEYER 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### PODIATRIST

#### **MANCHEL, BRUCE**

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: DPM2930*

*NPI: 1790890788*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CORONADO HOSP AND HEALTHCARE CTR*


*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### PODIATRIST


#### **MANCHEL, BRUCE**

*Provider ID: 227469*

*Provider Gender: Male*

*License Number: DPM2930*

*NPI: 1790890788*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Hospital Affiliation: SHARP*


*CORONADO HOSP AND HEALTHCARE CTR*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

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

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### REGISTERED PHYSICAL

#### THERAPIST

#### **SHAUF, JOANN**

*Provider ID: 206292*

*Provider Gender: Female*

*License Number: PT296607*


*NPI: 1134732522*


 *Provider English Spoken: Y*


*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4004 BEYER 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: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):*

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## C. Directorio de atención primaria

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*  
*IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

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

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

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

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM*  
*SA 8:30AM-2PM*

### **SANTEE**


### **PEDIATRICS**


#### **ARLATA, TAMANTHA**

*Provider ID: 615945*

*Provider Gender: Female*

*NPI: 1568721934*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL CTR*

*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH*

**NETWORK**

 9600 CUYAMACA ST STE 101

SANTEE, CA 92071

 *Phone: (619) 749-2150*

*Fax: (619) 456-9744*

 *After Hours Phone: (619) 749-2150*

 *Website: N/A*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

### **PEDIATRICS**

#### **MANGINE, REGINA**

*Provider ID: 366456*

*Provider Gender: Female*

*NPI: 1417177577*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN*

*DIEGO, GROSSMONT*

*HOSPITAL, SHARP MARY*

*BIRCH HOSP FOR WOMEN*

*AND NEWBORNS*

*Board Certified Specialty: No*






*RADY CHILDRENS HEALTH*

*NETWORK*

 9600 CUYAMACA ST STE 101

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria


SANTEE, CA 92071  
 Phone: (619) 749-2150  
 Fax: (619) 456-9744  
 After Hours Phone: (619) 749-2150  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619) 515-2555  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1225442643  
 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619) 515-2555  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

#### FAMILY PRACTICE






##### **BACHARACH, REBECCA**

Provider ID: 206361  
 Provider Gender: Female  
 License Number: 20A15459

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619) 515-2555  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619) 515-2555

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## C. Directorio de atención primaria

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM  
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

FAMILY HEALTH CENTERS OF

SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

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## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM  
W-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **BUECHNER, CHARLENE**

Provider ID: 206361

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN


AND NEWBORNS


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)  
515-2555


 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555


 After Hours Phone: (619)  
515-2555

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 206361


Provider Gender: Male

License Number: A108228


NPI: 1629277322


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## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977

 *Phone: (619) 515-2555*

 *After Hours Phone: (619) 515-2555*


 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*FAMILY HEALTH CENTERS OF SAN DIEGO*

 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977

 *Phone: (619) 515-2555*

 *After Hours Phone: (619) 515-2555*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCHTORRES-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*

*FAMILY HEALTH CENTERS OF*

*SAN DIEGO*

 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977

 *Phone: (619) 515-2555*

 *After Hours Phone: (619) 515-2555*

 *Website: www.fhcsd.org*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*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*

*FAMILY HEALTH CENTERS OF SAN DIEGO*

 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977

 *Phone: (619) 515-2555*

 *After Hours Phone: (619) 515-2555*

 *Website: www.fhcsd.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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## C. Directorio de atención primaria

### **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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-7PM

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-7PM

W-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

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

FAMILY HEALTH CENTERS OF  
SAN DIEGO





 8788 JAMACHA RD



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## C. Directorio de atención primaria





 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619) 515-2555  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 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)





Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-7PM  
 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  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 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)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM

### **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  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 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)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

**LOPEZ, MARIO**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider ID: 206361

Provider Gender: Male

License Number: PA21385

NPI: 1932335080

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
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  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM  
W-F 8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### TURNER, ERIC

Provider ID: 206361

Provider Gender: Male

License Number: PA55067

NPI: 1669756128

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

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

### VALLEY CENTER

#### CLINIC OUTPATIENT

#### NEIGHBORHOOD

#### HEALTHCARE,

Provider ID: 519918

NPI: 1437335148

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 After Hours Phone: (760) 742-9919  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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  
 IHP OF SOUTHERN CAL-PHP  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9912  
 After Hours Phone: (760) 742-9912  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### 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  
 IHP OF SOUTHERN CAL-PHP

28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 After Hours Phone: (760) 742-9919  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### FQHC

**NEIGHBORHOOD HEALTHCARE,**  
 Provider ID: 519918  
 NPI: 1437335148  
 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM



### 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  
 RADY CHILDRENS HEALTH

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

### 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

IHP OF SOUTHERN CAL-PHP

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

 After Hours Phone: (760)  
742-9919

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### VISTA

### CERTIFIED NURSE

### PRACTITIONER


#### HALGEDAHL, YI TING

Provider ID: 400339

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, Mandarin


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM

TU 10:30AM-7:30PM

W-F 8AM-5PM

### CERTIFIED NURSE

### PRACTITIONER

#### KELLEHER, BRIDGET

Provider ID: 400339

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

IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000


 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM

TU 10:30AM-7:30PM

W-F 8AM-5PM

### CERTIFIED NURSE

### PRACTITIONER

#### WILLIAMS, JINA

Provider ID: 400339

Provider Gender: Female

License Number: NP95020624

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## C. Directorio de atención primaria


NPI: 1225500259

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000


 After Hours Phone: (760)  
631-5000

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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  
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

### FAMILY PRACTICE


#### **ESPINOSA-SILVA, YAMINAH**

Provider ID: 400339

Provider Gender: Female

License Number: 20A12958

NPI: 1003172016

 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: No  
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **KETCHEL, CLINT**


Provider ID: 400339

Provider Gender: Male

License Number: A135564

NPI: 1699038125

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,


SCRIPPS MEMORIAL


HOSPITAL ENCINITAS, TRI  
CITY MEDICAL CTR, WHITTIER

HOSPITAL MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

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



Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM*


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### FQHC


#### VCC DURIAN,

*Provider ID: 411518*

*NPI: 1851300123*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*IHP OF SOUTHERN CAL-PHP*

 105 DURIAN ST STE A  
 VISTA, CA 92083

 *Phone: (844) 308-5003*  
*Fax: (760) 414-3892*

 *After Hours Phone: (844) 308-5003*


 *Website: www.vistacommunityclinic.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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


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### FQHC

#### VISTA COMMUNITY CLINIC GRAPEVINE,


*Provider ID: 400339*

*NPI: 1851300123*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*IHP OF SOUTHERN CAL-PHP*

 134 GRAPEVINE RD

VISTA, CA 92083

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*


 *Website: www.vistacommunityclinic.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM*

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### PEDIATRICS

#### AMBO, STANLEY

*Provider ID: 52269*

*Provider Gender: Male*

*NPI: 1891735676*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: TRI CITY*


*MEDICAL CTR, SCRIPPS*


*MEMORIAL HOSPITAL*

*ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO*


*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH NETWORK*

 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: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

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### 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  
RADY CHILDRENS HEALTH NETWORK*

 2067 W VISTA WAY STE 280

VISTA, CA 92083

 *Phone: (760) 941-3630*

*Fax: (760) 941-1214*

 *After Hours Phone: (760) 941-3630*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*



*Min/Max Age: 0\19*

*American Sign Language (ASL):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.







## C. Directorio de atención primaria

N



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-6PM SA 9AM-1PM*

### 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*  
*RADY CHILDRENS HEALTH NETWORK*  
 2067 W VISTA WAY STE 280  
 VISTA, CA 92083  
 *Phone: (760) 941-3630*  
*Fax: (760) 941-1214*  
 *After Hours Phone: (760) 941-3630*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*







N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-6PM SA 9AM-1PM*

### PEDIATRICS

#### **CASTRO, JORGE**







*Provider ID: 100779*  
*Provider Gender: Male*  
*NPI: 1326082868*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 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: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### 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*  
*IHP OF SOUTHERN CAL-PHP*  
 105 DURIAN ST STE A  
 VISTA, CA 92083  
 *Phone: (844) 308-5003*  
 *After Hours Phone: (844) 308-5003*  
 *Website: www.vistacommunityclinic.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*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*  
*RADY CHILDRENS HEALTH NETWORK*  
 2067 W VISTA WAY STE 280  
 VISTA, CA 92083  
 *Phone: (760) 941-3630*  
*Fax: (760) 941-1214*  
 *After Hours Phone: (760) 941-3630*

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## C. Directorio de atención primaria

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-6PM  
 SA 9AM-1PM


### 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  
 RADY CHILDRENS HEALTH  
 NETWORK

 2067 W VISTA WAY STE  
 280  
 VISTA, CA 92083

 Phone: (760) 941-3630  
 Fax: (760) 941-1214

 After Hours Phone: (760)  
 941-3630

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8:30AM-6PM  
 SA 9AM-1PM

### 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  
 IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD  
 VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
 631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M 8AM-5PM  
 TU 10:30AM-7:30PM  
 W-F 8AM-5PM

### PEDIATRICS

#### **NAUDIN, VERONICA**

Provider ID: 84118

Provider Gender: Female

NPI: 1093755878

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
 MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL


ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
 NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 8AM-0PM

### PEDIATRICS

#### **PERTL, URSULA**

Provider ID: 593894

Provider Gender: Female

NPI: 1609947464



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## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: German, Spanish*  
*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 RADY CHILDRENS HEALTH NETWORK*  
 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: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 10AM-2PM M-F 8AM-5PM SA 8AM-0PM*



### **PEDIATRICS**







**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 IHP OF SOUTHERN CAL-PHP*  
 134 GRAPEVINE RD VISTA, CA 92083  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*  
 *Website: www.vistacommunityclinic.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8AM-5PM TU 10:30AM-7:30PM W-F 8AM-5PM*

### **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*

**IHP OF SOUTHERN CAL-PHP**  
 134 GRAPEVINE RD VISTA, CA 92083  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*  
 *Website: www.vistacommunityclinic.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 9AM-2PM F 8AM-5PM SA 8AM-4PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### ALPINE

#### OPTOMETRIST

##### AOTO, KIM

Provider ID: 268720

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (800) 898-2020  
Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Female

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

#### PSYCHOLOGIST

##### TORRES, RANDALL

Provider ID: 306854

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1871696435

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### BRAWLEY

#### PEDIATRIC CARDIOLOGY

##### SILVASEPULVEDA, JOSE

Provider ID: 256218

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

207 W LEGION RD  
BRAWLEY, CA 92227

Phone: (760) 351-3291  
After Hours Phone: (760)  
351-3291

Provider Gender: Male

NPI: 1417222472

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

#### SURGERY PEDIATRIC

##### THANGARAJAH, HARIHARAN

Provider ID: 256195

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

207 W LEGION RD  
BRAWLEY, CA 92227

Phone: (760) 351-7643  
After Hours Phone: (760)  
351-7643

Provider Gender: Male

NPI: 1598979593

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

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## D. Directorio de proveedores especialistas

Network

### CAMPO

#### FAMILY PRACTICE

##### BAUM, PETER

Provider ID: 296383

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 824-9071

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1174919971

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### FAMILY PRACTICE

##### ROGERS, MATTHEW

Provider ID: 294843

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 824-9071

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1639606130

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CARLSBAD

#### CERTIFIED NURSE

#### PRACTITIONER

##### HOOPER, BONNIE

Provider ID: 275252

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

#### CERTIFIED NURSE

#### PRACTITIONER

##### RICE, ELIZABETH

Provider ID: 304664

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)  
631-3000

Provider Gender: Female

NPI: 1902470537

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None



American Sign Language (ASL):  
N

Accessibility: CONTACT

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## D. Directorio de proveedores especialistas


### PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC

### DERMATOLOGY

#### ZUBAIR, RAHEEL


Provider ID: 306519  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

 Phone: (760) 448-4484  
Fax: (760) 448-4404


 After Hours Phone: (760)  
448-4484


Provider Gender: Male  
NPI: 1326493024

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### FAMILY PRACTICE

#### CHAVEZSANTOS, MARIA

Provider ID: 307651  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP



 1295 CARLSBAD VILLAGE

DR STE 100  
CARLSBAD, CA 92008

 Phone: (760) 736-6767  
Fax: (760) 720-7204

 After Hours Phone: (760)  
736-6767


Provider Gender: Female  
NPI: 1780061440

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A


IPA: IHP of Southern Cal-PHP

### HEARING AID DEALER / SUPPLIER

#### DAVIS, KELLE


Provider ID: 268654  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 1820 MARRON RD STE 102  
CARLSBAD, CA 92008

 Phone: (760) 434-0125  
Fax: (760) 434-4531


 After Hours Phone: (760)  
434-0125

Provider Gender: Female  
NPI: 1902853344

 Provider English Spoken: Y

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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


 Website: N/A


IPA: Community Care IPA LLC

### NEUROLOGY

#### DROKER, BRIAN



Provider ID: 306953  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

 Phone: (760) 631-3000  
Fax: (760) 270-9534


 After Hours Phone: (760)  
631-3000

Provider Gender: Male  
NPI: 1801112669

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM  
W 8AM-5PM

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## D. Directorio de proveedores especialistas

 Website: N/A

IPA: Community Care IPA LLC

### NEUROLOGY


#### **YOSHII-CONTRERAS, JUNE**

Provider ID: 296589

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC


### OTOLARYNGOLOGY

#### **CHANG, EDWARD**

Provider ID: 309534

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 2390 FARADAY AVE  
CARLSBAD, CA 92008


 Phone: (858) 909-0770

Fax: (858) 909-0880

 After Hours Phone: (858)  
909-0770

Provider Gender: Male

NPI: 1528146008

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

Provider Gender: Male

NPI: 1891743910

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

TEMECULA VALLEY HOSPITAL

INC, SCRIPPS MEMORIAL

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SHARP MEMORIAL HOSPITAL,

SHARP CHULA VISTA MED

CTR, SHARP CHULA VISTA

MED CTR, Sharp Grossmont

Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### PHYSICIANS ASSISTANT

#### **HERMANSON, KATHLEEN**







Provider ID: 269004

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 6010 HIDDEN VALLEY RD




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## D. Directorio de proveedores especialistas








STE 200  
CARLSBAD, CA 92011  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 NPI: 1598160343  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### **PHYSICIANS ASSISTANT**

**INOCELDA, ANDREW**  
 Provider ID: 269089  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### **PHYSICIANS ASSISTANT**



**SHIMIZU, KELSIE**  
 Provider ID: 296819  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

**WILAND, WINONA**  
 Provider ID: 296809  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 2390 FARADAY AVE  
 CARLSBAD, CA 92008  
 Phone: (858) 909-0770  
 Fax: (858) 909-0880  
 After Hours Phone: (858) 909-0770  
 Provider Gender: Female  
 NPI: 1043967383  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **REGISTERED PHYSICAL THERAPIST**

**AMBROSE, CHRISTOPHER**  
 Provider ID: 248010  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3070 MADISON ST  
 CARLSBAD, CA 92008  
 Phone: (760) 434-6100  
 Fax: (760) 471-5139


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## D. Directorio de proveedores especialistas

 After Hours Phone: (760) 591-7750

Provider Gender: Male

NPI: 1114977535

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 8\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Hours: M 7AM-7PM

TU 7AM-5PM

W 7AM-7PM

TH 7AM-5PM

F 7AM-7PM

 Website: N/A

IPA: Community Care IPA LLC


### REGISTERED PHYSICAL THERAPIST


#### **MC GEE, JACQUELINE**

Provider ID: 252472

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 3070 MADISON ST  
CARLSBAD, CA 92008


 Phone: (760) 434-6100

Fax: (760) 434-4583

 After Hours Phone: (760) 434-6100

Provider Gender: Female

NPI: 1194217133

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 8\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7AM-6PM

 Website: N/A

IPA: Community Care IPA LLC

### SURGERY NEUROLOGICAL

#### **BEN-HAIM, SHARONA**

Provider ID: 244069


Board Certified Specialty: No

UCSD MEDICAL GROUP

 6010 HIDDEN VALLEY RD  
STE 200


CARLSBAD, CA 92011


 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1942469663

 Provider English Spoken: Y

 Provider Language(s) Spoken: Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY NEUROLOGICAL


#### **BLASKIEWICZ, DONALD**

Provider ID: 270283

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY NEUROLOGICAL

#### **MURTHY, NIKHIL**

Provider ID: 299996

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### SURGERY NEUROLOGICAL

#### PHAM, MARTIN

Provider ID: 203510

Board Certified Specialty: No

UCSD MEDICAL GROUP

6010 HIDDEN VALLEY RD  
STE 200

CARLSBAD, CA 92011

Phone: (619) 543-5540

After Hours Phone: (619)  
543-5540

Provider Gender: Male

NPI: 1609130921

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

### JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CHULA VISTA

### ANESTHESIOLOGY PAIN MANAGEMENT

#### DAIRO, BRANDON

Provider ID: 299879

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

340 4TH AVE STE 19  
CHULA VISTA, CA 91910

Phone: (619) 761-5308

Fax: (619) 591-1910

After Hours Phone: (619)  
761-5308

Provider Gender: Male

NPI: 1689092470

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\100

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### ANESTHESIOLOGY PAIN MANAGEMENT

#### DAIRO, BRANDON

Provider ID: 300088

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

340 4TH AVE STE 19  
CHULA VISTA, CA 91910

Phone: (619) 761-5308

Fax: (619) 591-1910

After Hours Phone: (619)  
761-5308

Provider Gender: Male

NPI: 1689092470

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):



N

Accessibility: CONTACT

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## D. Directorio de proveedores especialistas

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP



### **CARDIOVASCULAR DISEASE**

#### **LERNER, JONATHAN**

Provider ID: 303445  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC



### **CERTIFIED ACUPUNCTURIST**

#### **LAM, KHANH**





Provider ID: 295381  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
 Phone: (619) 761-5308  
Fax: (619) 591-1910  
 After Hours Phone: (619)  
761-5308  
Provider Gender: Male  
NPI: 1649594979  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese, French,  
Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **CERTIFIED ACUPUNCTURIST**

#### **WILCOX, WENONAH**

Provider ID: 290591  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
Fax: (619) 425-1184  
 After Hours Phone: (619)





662-4100

Provider Gender: Female  
NPI: 1598037178  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **ARMSTON, LINDSEY**

Provider ID: 309664  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 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: 1841851375  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER


**BRACEY-ASIEDU,**

**ALEKSANDRYA**


Provider ID: 309695

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1336625524

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TEMECULA  
VALLEY HOSPITAL INC


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER


**BRAYTENBAH, MELANIE**

Provider ID: 268746


Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Female

NPI: 1508370875


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### CERTIFIED NURSE PRACTITIONER


**BRAYTENBAH, MELANIE**

Provider ID: 295830

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Female

NPI: 1508370875


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### CERTIFIED NURSE PRACTITIONER

**BRAYTENBAH, MELANIE**


Provider ID: 262342

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)

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## D. Directorio de proveedores especialistas

421-3361  
 Provider Gender: Female  
 NPI: 1508370875  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

### CERTIFIED NURSE PRACTITIONER

**CARRION GELABERT, ANA**  
 Provider ID: 302402  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 450 FOURTH AVESTE 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-6PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**DE DIOS, SARAH JANE**  
 Provider ID: 302418  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 450 4TH AVE STE 215  
 CHULA VISTA, CA 91910  
 Phone: (619) 425-3840  
 Fax: (619) 369-4880  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP,

UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**IBARRA, MARTHA**  
 Provider ID: 308352  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 855 THIRD AVESTE 2220  
 CHULA VISTA, CA 91911  
 Phone: (619) 662-4100  
 Fax: (619) 662-4196  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Female  
 NPI: 1114957289  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 14\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM  
 SA 8:30AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<b>PRACTITIONER</b>		
<b>LANE, KIMBERLY</b> Provider ID: 301598 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 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: Yes Min/Max Age: 16\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: IHP of Southern Cal-PHP	Provider Gender: Female NPI: 1497067862 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: BEVERLY HOSPITAL, TRI CITY MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM SA 8AM-2:30PM Website: N/A IPA: IHP of Southern Cal-PHP	Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM SA 8AM-2:30PM Website: N/A IPA: IHP of Southern Cal-PHP
<b>EMERGENCY MEDICINE</b>	<b>EMERGENCY MEDICINE</b>	<b>EMERGENCY MEDICINE</b>
<b>DILLMAN, ARIANA</b> Provider ID: 290495 Board Certified Specialty: Yes IHP OF SOUTHERN CAL-PHP 333 H ST STE 2080 CHULA VISTA, CA 91910 Phone: (619) 662-4100 Fax: (661) 205-6305 After Hours Phone: (619) 662-4100	<b>EINSTEIN, ERIC</b> Provider ID: 290482 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 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: Yes	<b>FRENCH, TONIANNE</b> Provider ID: 290538 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP 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: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER

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## D. Directorio de proveedores especialistas

🕒 *Hours: M-F*  
*8:30AM-5:30PM*  
*SA 8AM-2:30PM*  
 🌐 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **EMERGENCY MEDICINE**

#### **GALASSO, MADISON**

*Provider ID: 290477*  
*Board Certified Specialty: Yes*  
*IHP OF SOUTHERN CAL-PHP*  
 📍 *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: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

♿️ *Accessibility: CONTACT*  
*PROVIDER*

🕒 *Hours: M-F*  
*8:30AM-5:30PM*  
*SA 8AM-2:30PM*

🌐 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **EMERGENCY MEDICINE**

#### **GRIESINGER, MICHAEL**

*Provider ID: 290537*  
*Board Certified Specialty: Yes*

*IHP OF SOUTHERN CAL-PHP*

📍 *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: Adventist*  
*Health Bakersfield, SAN*

*JOAQUIN GENERAL HOSP*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

♿️ *Accessibility: CONTACT*  
*PROVIDER*

🕒 *Hours: M-F*  
*8:30AM-5:30PM*  
*SA 8AM-2:30PM*

🌐 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **EMERGENCY MEDICINE**

#### **PHAM, LILY**

*Provider ID: 304935*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH*  
*NETWORK*

📍 *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: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
*N*

♿️ *Accessibility: CONTACT*  
*PROVIDER*

🕒 *Hours: SU 1PM-10PM*  
*M-F 4PM-10PM*  
*SA 1PM-10PM*

🌐 *Website: N/A*  
*IPA: Rady Childrens Health*  
*Network*

### **EMERGENCY MEDICINE**

#### **QUENZER, FAITH**

*Provider ID: 290637*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

📍 *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*





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## D. Directorio de proveedores especialistas

Cultural Competency: N  
 Hospital Affiliation:  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM  
 SA 8:30AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP,  
 UCSD Medical Group

### **EMERGENCY MEDICINE**








#### **REARDON, JACQUELINE**

Provider ID: 290673  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 10AM-4PM  
 M-F 8:30AM-5:30PM  
 SA 8AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP




### **EMERGENCY MEDICINE**

#### **ROXAS, ROGER**

Provider ID: 290600  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM  
 SA 8AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP


### **ENDOCRINOLOGY METABOLISM DIABETES**

#### **CARRILLO, MARITZA**

Provider ID: 290970  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-8PM  
 SA 8AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

#### **DEIS, CRISTINA**



Provider ID: 302757

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### RADY CHILDRENS HEALTH NETWORK

 1637 THIRD AVESTE 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### **FAMILY PRACTICE**





#### VELASQUEZ, SHARON



Provider ID: 299164  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619)

662-4100  
 Provider Gender: Female  
 NPI: 1972732584  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM  
 SA 8AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **GASTROENTEROLOGY**







#### SHAFFER, KATHERINE

Provider ID: 305510  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 296 H ST STE 301  
 CHULA VISTA, CA 91910  
 Phone: (619) 266-3332  
 After Hours Phone: (619)  
 266-3332  
 Provider Gender: Female  
 NPI: 1336405695  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **GASTROENTEROLOGY**

#### WIENER, GREGORY

Provider ID: 290741  
 Board Certified Specialty: Yes  
 IHP OF SOUTHERN CAL-PHP  
 353 CHURCH AVE STE A  
 CHULA VISTA, CA 91910  
 Phone: (619) 585-8883  
 Fax: (619) 585-0166  
 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






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## D. Directorio de proveedores especialistas

VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL): VISTA  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:30AM-4:30PM  
 F 8:30AM-3PM  
 Website: N/A  
 IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, IHP of Southern Cal-PHP

### GASTROENTEROLOGY






#### **WIENER, GREGORY**




Provider ID: 257480  
 Board Certified Specialty: Yes  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 353 CHURCH AVE STE A  
 CHULA VISTA, CA 91910  
 Phone: (619) 585-8883  
 Fax: (619) 585-0166  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:30AM-4:30PM  
 F 8:30AM-3PM  
 Website: N/A  
 IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, IHP of Southern Cal-PHP

### GENERAL PRACTICE








#### **SAMI, REMAN**

Provider ID: 295214  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1295362242  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### HEARING AID DEALER / SUPPLIER

#### **ANDERSON, ELAINE**

Provider ID: 268688  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### HEARING AID DEALER / SUPPLIER

#### **DAVIS, KELLE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 268651

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC

### HEMATOLOGY / ONCOLOGY

#### **JOHNSON, KENNETH**

Provider ID: 262288

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Imperial Health Holdings

Medical Group-SD

### INTERVENTIONAL

#### CARDIOLOGY

#### **MOHAMEDALI, BURHAN**

Provider ID: 245576

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

Phone: (619) 616-2100

Fax: (619) 616-2104

After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1831393289

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL

#### CARDIOLOGY

#### **MOHAMEDALI, BURHAN**

Provider ID: 309249

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

865 3RD AVE STE 133  
CHULA VISTA, CA 91911

Phone: (619) 616-2100

Fax: (619) 616-2104

After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1831393289

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
Adventist Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. Directorio de proveedores especialistas

American Sign Language (ASL): CHULA VISTA MED CTR  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

#### **NAGHI, JESSE**

Provider ID: 247625  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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

### INTERVENTIONAL CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 302985  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 754 MEDICAL CENTER CT  
 STE 101  
 CHULA VISTA, CA 91911  
 Phone: (619) 434-4208  
 Fax: (619) 434-4315  
 After Hours Phone: (619)  
 434-4208  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N



### INTERVENTIONAL CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 298442  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 754 MEDICAL CENTER CT  
 STE 101  
 CHULA VISTA, CA 91911  
 Phone: (619) 434-4208  
 Fax: (619) 434-4315  
 After Hours Phone: (619)  
 434-4208  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER






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## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD



### INTERVENTIONAL CARDIOLOGY

#### **SHEREV, DIMITRI**

Provider ID: 268950  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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,  
 SHARP MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, ALVARADO  
 HOSPITAL LLC, SHARP CHULA  
 VISTA MED CTR, TRI CITY  
 MEDICAL CTR, TRI CITY  
 MEDICAL CTR, SCRIPPS


MERCY HOSPITAL CHULA  
 VISTA, Sharp Grossmont  
 Hospital, SHARP CORONADO  
 HOSP AND HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N




 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY








#### **SUDHAKAR, DEEPTHI**

Provider ID: 295846  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 765 MEDICAL CENTER CT  
 STE 211  
 CHULA VISTA, CA 91911  
 Phone: (619) 616-2100  
 Fax: (619) 616-2104  
 After Hours Phone: (619)  
 616-2100  
 Provider Gender: Female  
 NPI: 1811307051  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes

Min/Max Age: 15\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 309098  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 865 3RD AVE STE 133  
 CHULA VISTA, CA 91911  
 Phone: (760) 294-0480  
 Fax: (760) 294-0481  
 After Hours Phone: (760)  
 294-0480  
 Provider Gender: Female  
 NPI: 1811307051  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 15\99  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 296051

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Phone: (619) 616-2100  
Fax: (619) 616-2104

After Hours Phone: (619)  
616-2100

Provider Gender: Female  
NPI: 1811307051

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### MATERNAL AND FETAL MEDICINE

#### **MCCULLOUGH, DEIRDRE**

Provider ID: 277263

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

#### **MELBER, DORA**

Provider ID: 296993

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

386 E H ST STE 202  
CHULA VISTA, CA 91910

Phone: (858) 966-6710  
Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female  
NPI: 1124413026

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hungarian,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **REIMERS, REBECCA**

Provider ID: 294653

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### MATERNAL AND FETAL MEDICINE

#### RICHARDSON, ALVIE

Provider ID: 264687

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### MATERNAL AND FETAL MEDICINE

#### WESTERMANN, MELISSA

Provider ID: 242523

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE

#### FLEMING, SARAH

Provider ID: 205646

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

435 H ST  
CHULA VISTA, CA 91910

Phone: (619) 691-7000

After Hours Phone: (619)




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## D. Directorio de proveedores especialistas






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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network




### NEONATAL / PERINATAL MEDICINE

**MATOBA, NANA**  
 Provider ID: 297976  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 435 H ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 691-7000  
 Fax: (619) 260-7055  
 After Hours Phone: (619) 691-7000  
 Provider Gender: Female  
 NPI: 1801952197  
 Provider English Spoken: Y  
 Provider Language(s)






Spoken: Japanese  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE

**NIEMI, ANNA-KAISA**  
 Provider ID: 262159  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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  
 Provider Language(s)  
 Spoken: Finnish, French, German, Spanish, Swedish  
 Cultural Competency: N  
 Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE

**NYMAN, KATHERINE**  
 Provider ID: 301823  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY

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## D. Directorio de proveedores especialistas

### CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### SPEZIALE, MARK

Provider ID: 304829

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEPHROLOGY

#### HOREISH, ADAM

Provider ID: 99947

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED GRP INC

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910

 Phone: (619) 427-1144


Fax: (619) 427-1185

 After Hours Phone: (619) 427-1144

Provider Gender: Male

NPI: 1760461206

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Spanish

Cultural Competency: N


Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD


### NEPHROLOGY

#### HOREISH, ADAM

Provider ID: 99947

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED GRP INC

 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





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### **NEPHROLOGY**






#### **HOREISH, ADAM**




Provider ID: 290100  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619)  
427-1144  
 Provider Gender: Male  
 NPI: 1760461206  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,

PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### **NEPHROLOGY**








#### **PATEL, AMAR**

Provider ID: 245639  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 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  
 Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC


### **NEPHROLOGY**

#### **PHAM, JENNIFER**

Provider ID: 302863  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 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,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: IHP of Southern Cal-PHP


Imperial Health Holdings  
Medical Group-SD


Imperial Health Holdings  
Medical Group-SD

### NEPHROLOGY

#### VIDEEN, JOHN

Provider ID: 262286  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Male

NPI: 1043318199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM


 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,

### NEPHROLOGY

#### VIDEEN, JOHN

Provider ID: 65646  
Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Male

NPI: 1043318199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM


 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,

### NEPHROLOGY

#### VIDEEN, JOHN

Provider ID: 290110  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Male

NPI: 1043318199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medical Group-SD

### **NEPHROLOGY**

**YUAN, HENRY**

Provider ID: 268551

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **NEUROLOGY**

**GUPTA, MONIKA**

Provider ID: 307937

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1922243401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TEMECULA

VALLEY HOSPITAL INC, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **NEUROLOGY**

**HOSSEINZADEHMALEKI, ANA**

Provider ID: 304999

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

450 FOURTH AVE STE 215  
CHULA VISTA, CA 91910

Phone: (619) 425-3840

Fax: (619) 485-5440

After Hours Phone: (619)  
425-3840

Provider Gender: Female

NPI: 1316471485

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Persian

Cultural Competency: N

Hospital Affiliation: TEMECULA

VALLEY HOSPITAL INC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **NEUROLOGY**

**MANDEVILLE, ROSS**


Provider ID: 309932

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

IHP OF SOUTHERN CAL-PHP

 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: Male

NPI: 1205084183


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, MAYERS  
MEMORIAL HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A





IPA: IHP of Southern Cal-PHP

### NEUROLOGY

**MAREK, MAKSYM**



Provider ID: 306707

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Male

NPI: 1881182079

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Spanish,  
Tagalog

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A





IPA: IHP of Southern Cal-PHP

### NEUROLOGY

**MOHAMMAD, AHMADSHAH**



Provider ID: 127244

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 750 MEDICAL CENTER CT  
STE 6  
CHULA VISTA, CA 91911  
 Phone: (619) 337-7900  
 Fax: (619) 337-7902  
 After Hours Phone: (619)  
337-7900

Provider Gender: Male

NPI: 1902973472

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Arabic, Farsi,  
French, German, Pashto,  
Persian, 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A




IPA: Community Care IPA LLC

### NEUROLOGY

**SORIALOPEZ, JOSE**

Provider ID: 295744



Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
TEMECULA VALLEY HOSPITAL  
INC

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### OBSTETRICS / GYNECOLOGY


#### **ATIGA, SCHUBERT**

Provider ID: 290331

Board Certified Specialty: Yes  
IHP OF SOUTHERN CAL-PHP

 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 N

Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM  
F 8AM-0PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OBSTETRICS / GYNECOLOGY

#### **ATIGA, SCHUBERT**


Provider ID: 268953

Board Certified Specialty: Yes

COMMUNITY CARE IPA LLC

 752 MEDICAL CENTER CT  
STE 106

CHULA VISTA, CA 91911

 Phone: (619) 482-8406


Fax: (619) 482-6656

 After Hours Phone: (619)  
482-8406

Provider Gender: Male

NPI: 1033138714

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM  
F 8AM-0PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OCCUPATIONAL THERAPIST

#### **MORRIS, SHEILA**


Provider ID: 268926

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-6PM  
SA 7AM-2PM

 Website: N/A

IPA: Community Care IPA LLC

### OPHTHALMOLOGY

#### **GOLDMAN, DAVID**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider ID: 308604  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

311 DEL MAR AVE  
CHULA VISTA, CA 91910

Phone: (619) 427-3355

Fax: (619) 427-0955

After Hours Phone: (619)  
427-3355

Provider Gender: Male

NPI: 1629185467

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPHTHALMOLOGY

#### GOLDMAN, DAVID

Provider ID: 308450

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

311 DEL MAR AVE  
CHULA VISTA, CA 91910

Phone: (619) 427-3355

Fax: (619) 427-0955

After Hours Phone: (619)  
427-3355

Provider Gender: Male

NPI: 1629185467

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPHTHALMOLOGY

#### HO, AMIEE

Provider ID: 297633

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### OPTOMETRIST

#### CHAIN, PEI CHI

Provider ID: 297621

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

342 F ST  
CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-2025

After Hours Phone: (619)  
422-1471

Provider Gender: Female

NPI: 1730676727

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### OPTOMETRIST

#### KOO, ANITA



Provider ID: 304830

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

678 3RD AVE  
CHULA VISTA, CA 91910

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

Provider Gender: Female  
 NPI: 1669825667


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **KOO, ANITA**

Provider ID: 304537

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 835 THIRD AVESTE A  
 CHULA VISTA, CA 91911

 Phone: (619) 425-7755  
 Fax: (619) 425-2138

 After Hours Phone: (619) 425-7755

Provider Gender: Female  
 NPI: 1669825667

 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT

#### **PROVIDER**

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **KOO, ANITA**

Provider ID: 306902

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 835 THIRD AVESTE A  
 CHULA VISTA, CA 91911

 Phone: (619) 425-7755  
 Fax: (619) 425-2138

 After Hours Phone: (619) 425-7755

Provider Gender: Female  
 NPI: 1669825667


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **MASCARENO, EFRAIN**

Provider ID: 268680


Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 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

 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-6PM

 Website: N/A

IPA: Community Care IPA LLC,  
 Imperial Health Holdings  
 Medical Group-SD


### **OPTOMETRIST**


#### **MASCARENO, EFRAIN**

Provider ID: 268679

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>  Provider English Spoken: Y   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Medi-Cal Open Panel: No            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 9AM-6PM   Website: N/A            IPA: Community Care IPA LLC, Imperial Health Holdings Medical Group-SD         </p>	<p>           American Sign Language (ASL): Imperial Health Holdings Medical Group-SD            N   Accessibility: CONTACT PROVIDER   Hours: M-F 9AM-6PM   Website: N/A            IPA: Community Care IPA LLC, Imperial Health Holdings Medical Group-SD         </p>	<hr/> <p style="text-align: center;"><b>OPTOMETRIST</b></p> <hr/> <p><b>NGUYEN, THU</b>            Provider ID: 298022            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP   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</p>
<hr/> <p style="text-align: center;"><b>OPTOMETRIST</b></p> <hr/> <p><b>MASCARENO, EFRAIN</b>            Provider ID: 262228            Board Certified Specialty: No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD   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   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None</p>	<hr/> <p style="text-align: center;"><b>OPTOMETRIST</b></p> <hr/> <p><b>MASCARENO, EFRAIN</b>            Provider ID: 262229            Board Certified Specialty: No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD   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   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 9AM-6PM   Website: N/A            IPA: Community Care IPA LLC,</p>	<p>  Provider English Spoken: Y   Provider Language(s)            Spoken: Spanish, Tagalog, Vietnamese            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD         </p>
<p>           Min/Max Age: 0\None         </p>	<p>           IPA: Community Care IPA LLC,         </p>	<hr/> <p style="text-align: center;"><b>OPTOMETRIST</b></p> <hr/> <p><b>NGUYEN, THU</b>            Provider ID: 125032</p>

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD

342 F ST  
 CHULA VISTA, CA 91910

Phone: (619) 422-1471  
 Fax: (619) 422-0450

After Hours Phone: (619)  
 422-1471

Provider Gender: Female

NPI: 1326323627

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish, Tagalog,  
 Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### OPTOMETRIST

**NGUYEN, THU**

Provider ID: 265518

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

342 F ST  
 CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-0450

After Hours Phone: (619)  
 422-1471

Provider Gender: Female

NPI: 1326323627

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish, Tagalog,  
 Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### OPTOMETRIST

**RICHARDSON, JULIA**

Provider ID: 297645

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

342 F ST  
 CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-2025

After Hours Phone: (619)  
 422-1471

Provider Gender: Female

NPI: 1770154528

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### OPTOMETRIST

**SCOVILL, ALEXANDRA**

Provider ID: 297625

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

342 F ST  
 CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-0114

After Hours Phone: (619)  
 422-1471

Provider Gender: Female

NPI: 1184146094

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### OPTOMETRIST

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## D. Directorio de proveedores especialistas

### TRAN, JESSICA

Provider ID: 304888

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

340 FOURTH AVESTE 19  
CHULA VISTA, CA 91910

Phone: (619) 761-5308  
Fax: (619) 591-1910

After Hours Phone: (619)  
761-5308

Provider Gender: Female  
NPI: 1457922957

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OTOLARYNGOLOGY

### CHANG, EDWARD

Provider ID: 309536

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

577 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 426-5181  
Fax: (619) 426-0714

After Hours Phone: (619)  
426-5181

Provider Gender: Male  
NPI: 1528146008

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### OTOLARYNGOLOGY

### MCCALLION, PATRICK

Provider ID: 290541

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### OTOLARYNGOLOGY

### SAEZ, NEIL

Provider ID: 302432

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):








Accessibility: CONTACT


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## D. Directorio de proveedores especialistas








**PROVIDER**  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PEDIATRIC EMERGENCY MEDICINE

**AGHILI, ROXANA**  
 Provider ID: 303782  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM

 Website: N/A  
 IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

**DEVERA, GEMMIE**  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

**GORHAM, LAURA**  
 Provider ID: 275787

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 386 E H ST STE 202  
 CHULA VISTA, CA 91910  
 Phone: (858) 966-1720  
 Fax: (858) 966-1725  
 After Hours Phone: (858) 966-1720  
 Provider Gender: Female  
 NPI: 1316162324  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**GROSS, MATTHEW**  
 Provider ID: 297176  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 386 E H ST STE 202

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## D. Directorio de proveedores especialistas

CHULA VISTA, CA 91910  
 Phone: (858) 966-1720  
 Fax: (858) 966-1725  
 After Hours Phone: (858) 966-1720  
 Provider Gender: Male  
 NPI: 1942223664  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **MENDES, CHANTAL**




Provider ID: 295669  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE






#### **VAIDYA, KAMALA**

Provider ID: 289411  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRICS




#### **ROWHANI, NAGHMEH**

Provider ID: 306065  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 280 E ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 426-2170  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1992876759  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Persian  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\17  
 American Sign Language (ASL):

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## D. Directorio de proveedores especialistas

N


 **Accessibility:** CONTACT PROVIDER  
 **Hours:** M-F 8AM-5PM  
 **Website:** N/A  
**IPA:** IHP of Southern Cal-PHP

### PHYSICAL MEDICINE / REHABILITATION

#### **RICHARDSON, HENRY**

**Provider ID:** 295275  
**Board Certified Specialty:** No  
**IHP OF SOUTHERN CAL-PHP**

 340 4TH AVE STE 19  
 CHULA VISTA, CA 91910

 **Phone:** (760) 607-5350  
**Fax:** (760) 607-5365

 **After Hours Phone:** (760) 607-5350

**Provider Gender:** Male

**NPI:** 1407052459

 **Provider English Spoken:** Y  
**Cultural Competency:** N

**Hospital Affiliation:** SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, PALOMAR MEDICAL  
 CENTER


**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 18\None

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

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

 **Website:** N/A

**IPA:** IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### **GI, HUNG**


**Provider ID:** 302126

**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH  
 NETWORK**

 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:** No

**Min/Max Age:** 0\19

**American Sign Language (ASL):**  
 N

 **Accessibility:** CONTACT PROVIDER

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

 **Website:** N/A

**IPA:** Rady Childrens Health  
 Network

### PHYSICIANS ASSISTANT


#### **GUTH, CARA**

**Provider ID:** 299110

**Board Certified Specialty:** No  
**IHP OF SOUTHERN CAL-PHP**

 480 4TH AVE STE 501

CHULA VISTA, CA 91910

 **Phone:** (619) 425-9510

**Fax:** (858) 455-7197

 **After Hours Phone:** (619) 425-9510

**Provider Gender:** Female

**NPI:** 1992177182

 **Provider English Spoken:** Y  
**Cultural Competency:** N


**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 21\None

**American Sign Language (ASL):**

N

 **Accessibility:** CONTACT PROVIDER

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

 **Website:** N/A

**IPA:** IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### **INDA, PRISCILLA**

**Provider ID:** 309072

**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**

 429 BROADWAY  
 CHULA VISTA, CA 91910

 **Phone:** (619) 434-0204


**Fax:** (619) 337-0191

 **After Hours Phone:** (619) 434-0204

**Provider Gender:** Female

**NPI:** 1679008379

 **Provider English Spoken:** Y

 **Provider Language(s)  
 Spoken:** Arabic, Russian,  
 Spanish

**Cultural Competency:** N

**Hospital Affiliation:** SCRIPPS

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## D. Directorio de proveedores especialistas

MERCY HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC

### PHYSICIANS ASSISTANT


**INDA, PRISCILLA**

Provider ID: 265072

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 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: 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC

### PHYSICIANS ASSISTANT


**MARISCAL, MIGUEL**

Provider ID: 308408


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 855 THIRD AVE STE 2200 CHULA VISTA, CA 91911


 Phone: (619) 662-4100

Fax: (619) 662-4196

 After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1760508923

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT


**VARGAS, CHRISTOPHER**

Provider ID: 295945

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT


**VARGAS, CHRISTOPHER**

Provider ID: 295828

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2452 FENTON ST STE C203 CHULA VISTA, CA 91914

 Phone: (619) 600-5309

Fax: (619) 655-4700

 After Hours Phone: (619)

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## D. Directorio de proveedores especialistas

600-5309  
 Provider Gender: Male  
 NPI: 1922505775  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

**VARGAS, CHRISTOPHER**  
 Provider ID: 268744  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

**WRIGHT, DEREK**  
 Provider ID: 302389  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM























Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PODIATRIST

**BRAZIER, SETH**  
 Provider ID: 306399  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 855 THIRD AVESTE 1100  
 CHULA VISTA, CA 91911  
 Phone: (619) 880-5057  
 Fax: (858) 485-1515  
 After Hours Phone: (619)  
 880-5057  
 Provider Gender: Male  
 NPI: 1033554324  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: KAWEAH  
 DELTA DISTRICT HOSP, SELMA  
 COMMUNITY HOSPITAL,  
 ADVENTIST MEDICAL  
 CENTER, ADVENTIST MED CTR  
 REEDLEY  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

PODIATRIST	PODIATRIST	PODIATRIST
<p><b>CAINE, SAMUEL</b>  <i>Provider ID: 308636</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   345 F ST STE 100            CHULA VISTA, CA 91910   <i>Phone: (619) 727-3481</i>  <i>Fax: (619) 420-7087</i>   <i>After Hours Phone: (619) 727-3481</i>  <i>Provider Gender: Male</i>  <i>NPI: 1396230298</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: Sharp</i>  <i>Grossmont Hospital, SCRIPPS</i>  <i>MERCY HOSPITAL CHULA</i>  <i>VISTA, SCRIPPS MERCY</i>  <i>HOSPITAL, SHARP MEMORIAL</i>  <i>HOSPITAL, SHARP CHULA</i>  <i>VISTA MED CTR, SHARP</i>  <i>CORONADO HOSP AND</i>  <i>HEALTHCARE CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT</i>  <i>PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC,</i>  <i>IHP of Southern Cal-PHP</i></p>	<p><b>CAINE, SAMUEL</b>  <i>Provider ID: 308211</i>  <i>Board Certified Specialty: No</i>  <i>COMMUNITY CARE IPA LLC</i>   345 F ST STE 100            CHULA VISTA, CA 91910   <i>Phone: (619) 727-3481</i>  <i>Fax: (619) 420-7087</i>   <i>After Hours Phone: (619) 727-3481</i>  <i>Provider Gender: Male</i>  <i>NPI: 1396230298</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: Sharp</i>  <i>Grossmont Hospital, SCRIPPS</i>  <i>MERCY HOSPITAL CHULA</i>  <i>VISTA, SCRIPPS MERCY</i>  <i>HOSPITAL, SHARP MEMORIAL</i>  <i>HOSPITAL, SHARP CHULA</i>  <i>VISTA MED CTR, SHARP</i>  <i>CORONADO HOSP AND</i>  <i>HEALTHCARE CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT</i>  <i>PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC,</i>  <i>IHP of Southern Cal-PHP</i></p>	<p><b>DAVIDSONIII, JOHN</b>  <i>Provider ID: 129545</i>  <i>Board Certified Specialty: No</i>  <i>COMMUNITY CARE IPA LLC</i>   345 F ST STE 100            CHULA VISTA, CA 91910   <i>Phone: (619) 427-3481</i>  <i>Fax: (619) 420-7807</i>   <i>After Hours Phone: (619) 427-3481</i>  <i>Provider Gender: Male</i>  <i>NPI: 1689069874</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s)</i>  <i>Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS</i>  <i>MERCY HOSPITAL, SCRIPPS</i>  <i>MERCY HOSPITAL CHULA</i>  <i>VISTA, SHARP CHULA VISTA</i>  <i>MED CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT</i>  <i>PROVIDER</i>   <i>Hours: M-F 9AM-4:30PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC</i></p>
		<p><b>PODIATRIST</b></p>
		<p><b>READ, TRENTON</b>  <i>Provider ID: 296655</i>  <i>Board Certified Specialty: No</i>  <i>RADY CHILDRENS HEALTH</i>  <i>NETWORK</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

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### PSYCHOLOGIST

#### BAYLON, ALDO


Provider ID: 290243

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1649429150

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-8PM  
SA 8AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

#### CELAYA, PATRICIA

Provider ID: 294875

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-8PM  
SA 8AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

#### GALLO, LINDA

Provider ID: 296782

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 780 BAY BLVD STE 200  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 240-7852

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1427773621

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


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### PSYCHOLOGIST

#### GOULD, HILARY

Provider ID: 290467

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE

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## D. Directorio de proveedores especialistas

CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 271-0260  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1104297696  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 10AM-4PM  
 M-F 8:30AM-5:30PM  
 SA 8AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

**WIJAYARATNE, IMANIE**  
 Provider ID: 290092  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 245-1184  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1932358355  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes

Min/Max Age: 5\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### RADIATION ONCOLOGY

**CARMONA, RUBEN**  
 Provider ID: 303101  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911  
 Phone: (858) 939-5010  
 Fax: (619) 740-8499  
 After Hours Phone: (858) 939-5010  
 Provider Gender: Male  
 NPI: 1275929242  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

Website: N/A  
 IPA: Community Care IPA LLC

### RADIATION ONCOLOGY

**COLEMAN, LORI**  
 Provider ID: 206393  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 19\100  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### RADIATION ONCOLOGY

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## D. Directorio de proveedores especialistas

### **VOLPP, PAUL**

Provider ID: 221102

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

### **CHENG, BRANDON**

Provider ID: 307786

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1336894724

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-5PM

SA 8AM-1PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

### **CHENG, BRANDON**

Provider ID: 304529

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1336894724

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-5PM

SA 8AM-1PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

#### **REGISTERED PHYSICAL**

#### **THERAPIST**

### **JAIN, ALEXANDRA**

Provider ID: 305150

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 55\None

American Sign Language (ASL):

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## D. Directorio de proveedores especialistas

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: IHP of Southern Cal-PHP</p>	<p style="text-align: center;"><b><u>THERAPIST</u></b></p> <p><b>KARANDE, PRACHI</b></p> <p>Provider ID: 301380</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p>	<p>Fax: (619) 482-3001</p> <p> After Hours Phone: (619) 482-3000</p> <p>Provider Gender: Female</p> <p>NPI: 1699357525</p>
<p style="text-align: center;"><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <p><b>JIMENEZ, ANDREA</b></p> <p>Provider ID: 299889</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p> 1392 E PALOMAR ST STE 503 CHULA VISTA, CA 91913</p> <p> Phone: (619) 482-3000</p> <p>Fax: (619) 482-3001</p> <p> After Hours Phone: (619) 482-3000</p> <p>Provider Gender: Female</p> <p>NPI: 1407440670</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p> 1392 E PALOMAR ST STE 503 CHULA VISTA, CA 91913</p> <p> Phone: (619) 482-3000</p> <p>Fax: (619) 482-3001</p> <p> After Hours Phone: (619) 482-3000</p> <p>Provider Gender: Female</p> <p>NPI: 1699357525</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>	<p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 16\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>
<p style="text-align: center;"><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <p><b>KARANDE, PRACHI</b></p> <p>Provider ID: 287100</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p> 1392 E PALOMAR ST STE 503 CHULA VISTA, CA 91913</p> <p> Phone: (619) 482-3000</p>	<p style="text-align: center;"><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <p><b>KARANDE, PRACHI</b></p> <p>Provider ID: 287100</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p> 1392 E PALOMAR ST STE 503 CHULA VISTA, CA 91913</p> <p> Phone: (619) 482-3000</p>	<p style="text-align: center;"><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <p><b>NGUYEN, TIA</b></p> <p>Provider ID: 305014</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 1392 E PALOMAR ST STE 503 CHULA VISTA, CA 91913</p> <p> Phone: (619) 482-3000</p> <p>Fax: (619) 482-3001</p> <p> After Hours Phone: (619) 482-3000</p> <p>Provider Gender: Female</p> <p>NPI: 1457136269</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p>


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## D. Directorio de proveedores especialistas

American Sign Language (ASL): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM  
F 7AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST


#### NGUYEN, TIA

Provider ID: 305013

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM  
F 7AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

### REGISTERED PHYSICAL THERAPIST


#### NOVENCIDO, ANDREW

Provider ID: 301994

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1447723937

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### NOVENCIDO, ANDREW


Provider ID: 286782

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 1392 E PALOMAR ST STE

503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1447723937

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST


#### SPARKS, TODD

Provider ID: 129142

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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


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## D. Directorio de proveedores especialistas


 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 7AM-7PM TU 7AM-0PM W-TH 7AM-7PM F 7AM-0PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


### REGISTERED PHYSICAL THERAPIST

**SPARKS, TODD**  
*Provider ID: 301108*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913  
 *Phone: (619) 482-3000*  
*Fax: (619) 482-3001*  
 *After Hours Phone: (619) 482-3000*  
*Provider Gender: Male*  
*NPI: 1265481139*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*





*American Sign Language (ASL): IHP of Southern Cal-PHP*  
*N*

 *Accessibility: CONTACT PROVIDER*


 *Hours: M 7AM-7PM TU 7AM-0PM W-TH 7AM-7PM F 7AM-0PM*


 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### REGISTERED PHYSICAL THERAPIST

**STAHL, KEVIN**  
*Provider ID: 305424*  
*Board Certified Specialty: No COMMUNITY CARE IPA LLC*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*  
*IPA: Community Care IPA LLC,*


### REGISTERED PHYSICAL THERAPIST

**STAHL, KEVIN**  
*Provider ID: 301418*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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








 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### REGISTERED PHYSICAL THERAPIST

**VILLANUEVA, GIOVANNI**  
*Provider ID: 301532*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 1392 E PALOMAR ST STE

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## D. Directorio de proveedores especialistas

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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7AM-7PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### RHEUMATOLOGY

**CHITKARA, PUJA**  
 Provider ID: 262358  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 765 MEDICAL CENTER CT  
 STE 216  
 CHULA VISTA, CA 91911  
 Phone: (619) 623-3000  
 Fax: (619) 623-3001  
 After Hours Phone: (619) 623-3000  
 Provider Gender: Female  
 NPI: 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: Imperial Health Holdings  
 Medical Group-SD





### RHEUMATOLOGY

**CHWA, JEFFREY**  
 Provider ID: 268780  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 765 MEDICAL CENTER CT  
 STE 216  
 CHULA VISTA, CA 91911  
 Phone: (619) 623-3000  
 Fax: (619) 623-3001  
 After Hours Phone: (619) 623-3000  
 Provider Gender: Male  
 NPI: 1285989236  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### SPEECH PATHOLOGIST

**AROCHO-SALGADO, MIRELIS**  
 Provider ID: 296928  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 333 H ST STE 5000  
 CHULA VISTA, CA 91910  
 Phone: (877) 757-8353  
 Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353  
 Provider Gender: Female  
 NPI: 1063660165  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### SPEECH PATHOLOGIST

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## D. Directorio de proveedores especialistas

### CLARK, MELISSA

Provider ID: 296923

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

333 H ST STE 5000  
CHULA VISTA, CA 91910

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1760546428

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 7AM-7PM  
M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### SPEECH PATHOLOGIST

#### DURNAN, CASSANDRA

Provider ID: 307884

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1073873501

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### SURGERY GENERAL

#### CASILLAS BERUMEN, SERGIO

Provider ID: 304607

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: PALOMAR  
HEALTH, PARADISE VALLEY

HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL,  
PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### SURGERY ORTHOPEDIC

#### ANDRY, JAMES

Provider ID: 302084

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS MERCY  
HOSPITAL, SHARP CHULA


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## D. Directorio de proveedores especialistas

VISTA MED CTR, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP




### **SURGERY ORTHOPEDIC**




**KUSNEZOV, NICHOLAS**  
Provider ID: 303195  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 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, TRI CITY MEDICAL  
CTR, PARADISE VALLEY  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SHARP CHULA  
VISTA MED CTR, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, Sharp  
Grossmont Hospital, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **CMP PENDLETON**







#### **CERTIFIED NURSE PRACTITIONER**

**FREEMAN, WANDA**  
Provider ID: 298117  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: IHP of Southern Cal-PHP


### **CORONADO**

#### **CERTIFIED NURSE PRACTITIONER**

**LANE, KIMBERLY**  
Provider ID: 301599  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 230 PROSPECT PL STE 210  
CORONADO, CA 92118  
 Phone: (619) 299-0670  
Fax: (858) 429-7929  
 After Hours Phone: (619)  
299-0670  
Provider Gender: Female  
NPI: 1457670119  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

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## D. Directorio de proveedores especialistas


 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### HEARING AID DEALER / SUPPLIER

#### **DAVIS, KELLE**

Provider ID: 268655  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

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

 Website: N/A


IPA: Community Care IPA LLC

### SURGERY ORTHOPEDIC

#### **ANDRY, JAMES**

Provider ID: 302087  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 230 PROSPECT PL STE 230  
 CORONADO, CA 92118


 Phone: (619) 435-7282

Fax: (619) 435-3723

 After Hours Phone: (619)  
 435-7282

Provider Gender: Male

NPI: 1679726103

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS MERCY

HOSPITAL, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### SURGERY ORTHOPEDIC

#### **PALLIA, CHRISTOPHER**

Provider ID: 302102

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 230 PROSPECT PL STE 230  
 CORONADO, CA 92118


 Phone: (619) 435-7282

Fax: (619) 435-3723

 After Hours Phone: (619)  
 435-7282

Provider Gender: Male

NPI: 1497751457

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **EL CAJON**

### CARDIOVASCULAR DISEASE

#### **LERNER, JONATHAN**








Provider ID: 303446

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC




 1625 E MAIN ST STE 201





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## D. Directorio de proveedores especialistas

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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC



### CERTIFIED ACUPUNCTURIST

**CRAFT, KEVIN**  
 Provider ID: 290945  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: TU-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**HAMID, WAHIDA**  
 Provider ID: 302295  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Persian, Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**MANRIQUEZ, LISETTE**  
 Provider ID: 307102  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: 1760058911  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

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## D. Directorio de proveedores especialistas

### **PIRTLE, KEYSHONE**

Provider ID: 284244

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

5442 SYCUAN RD  
EL CAJON, CA 92019

Phone: (619) 445-0707

Fax: (619) 445-9764

After Hours Phone: (619)  
445-0707

Provider Gender: Male

NPI: 1417567827

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4PM

Website: N/A

IPA: Community Care IPA LLC

### **CERTIFIED NURSE**

#### **PRACTITIONER**

### **WILLIAMS, SHANTRICE**

Provider ID: 296007

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-2PM

TU-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **DERMATOLOGY**

### **LIN, SHINKO**

Provider ID: 308218

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

222 W MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 579-5115

Fax: (619) 749-6174

After Hours Phone: (619)  
579-5115

Provider Gender: Female

NPI: 1205130036

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:30AM-4:30PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **DERMATOLOGY**

### **LIN, SHINKO**

Provider ID: 306321

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

222 W MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 579-5115

Fax: (619) 749-6174

After Hours Phone: (619)  
579-5115

Provider Gender: Female

NPI: 1205130036

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N


Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:30AM-4:30PM






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## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### GASTROENTEROLOGY








#### **NOVO, MEGAN**

Provider ID: 296067  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, UNIVERSITY OF  
 CALIFORNIA IRVINE MED CTR,  
 UCSD MEDICAL CTR, SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP







### HEARING AID DEALER / SUPPLIER

#### **ANDERSON, ELAINE**






Provider ID: 268692  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1767 E MAIN ST  
 EL CAJON, CA 92021  
 Phone: (619) 440-6516  
 Fax: (619) 440-6547  
 After Hours Phone: (619)  
 440-6516  
 Provider Gender: Female  
 NPI: 1063558856  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### HEARING AID DEALER / SUPPLIER

**DAVIS, KELLE**  
 Provider ID: 268650  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC




### INTERNAL MEDICINE

**AWDISHO, ALAN**  
 Provider ID: 291282  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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  
 Provider Language(s)  
 Spoken: Assyrian, Syriac  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## D. Directorio de proveedores especialistas

MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP






### INTERNAL MEDICINE

**MAY, LOUIS**  
 Provider ID: 294916  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 NPI: 1720497514  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 EISENHOWER MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):




N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

**MICHAEL, RAMI**  
 Provider ID: 294908  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: 1467871673  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Chaldean  
 Neo-Aramaic  
 Cultural Competency: N



Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP




### INTERVENTIONAL CARDIOLOGY

**MOHAMEDALI, BURHAN**  
 Provider ID: 309247

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 1625 E MAIN ST STE 201  
 EL CAJON, CA 92021  
 Phone: (619) 486-6512  
 Fax: (619) 486-6470  
 After Hours Phone: (619)  
 486-6512

Provider Gender: Male  
 NPI: 1831393289  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Swahili  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 Adventist Health and Rideout  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A

IPA: Community Care IPA LLC



### INTERVENTIONAL CARDIOLOGY

**SHEREV, DIMITRI**  
 Provider ID: 302988  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1380 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 867-0557  
 After Hours Phone: (619)

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## D. Directorio de proveedores especialistas




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,  
 SHARP MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, ALVARADO  
 HOSPITAL LLC, SHARP CHULA  
 VISTA MED CTR, TRI CITY  
 MEDICAL CTR, TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, Sharp Grossmont  
 Hospital, SHARP CORONADO  
 HOSP AND HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY



**SUDHAKAR, DEEPTHI**  
 Provider ID: 309095

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1625 E MAIN ST STE 201  
 EL CAJON, CA 92021  
 Phone: (619) 486-6512  
 Fax: (619) 616-2104  
 After Hours Phone: (619)  
 486-6512  
 Provider Gender: Female  
 NPI: 1811307051  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 15\99  
 American Sign Language (ASL):  
 N




 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

**SUDHAKAR, DEEPTHI**  
 Provider ID: 295843  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1625 E MAIN ST STE 201  
 EL CAJON, CA 92021  
 Phone: (619) 486-6512  
 Fax: (619) 616-2104  
 After Hours Phone: (619)

486-6512  
 Provider Gender: Female  
 NPI: 1811307051  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 15\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### OPTOMETRIST

**AOTO, KIM**  
 Provider ID: 268721  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 450 FLETCHER PKWY STE  
 112  
 EL CAJON, CA 92020  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800)  
 898-2020  
 Provider Gender: Female  
 NPI: 1780935650  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 265073

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### OPTOMETRIST

**KOO, ANITA**

Provider ID: 306904

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 231 W MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 425-7755

Fax: (619) 425-2138

 After Hours Phone: (619)  
425-7755

Provider Gender: Female

NPI: 1669825667

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

**INDA, PRISCILLA**


Provider ID: 265073

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC

### PHYSICIANS ASSISTANT


**LE, TAYLOR**

Provider ID: 304574

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT


**RAMOS, JACQUELYN**

Provider ID: 301106

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: 1003515131

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

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## D. Directorio de proveedores especialistas


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### ROSENBLATT, SHERILYN

Provider ID: 305449

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1114041621

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### ARAIZA, ERNESTINA

Provider ID: 290286

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD  
EL CAJON, CA 92020


 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1568608636

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### CASEY, SHANNON

Provider ID: 290309

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 215 W MADISON AVE  
EL CAJON, CA 92020

 Phone: (760) 737-6935


Fax: (760) 741-2782

 After Hours Phone: (760)  
737-6935

Provider Gender: Female

NPI: 1548873755

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Sign Language


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-7PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### CASEY, SHANNON

Provider ID: 306785

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 215 W MADISON AVE  
EL CAJON, CA 92020

 Phone: (760) 737-6935


Fax: (760) 741-2782

 After Hours Phone: (760)  
737-6935

Provider Gender: Female

NPI: 1548873755

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N




Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL):  
N

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-7PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


### PSYCHOLOGIST



#### **GUARDADO-SOTO, RAQUEL**

*Provider ID: 290342*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 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: 1194999276*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 13\None*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### PSYCHOLOGIST


#### **WHEELER, KIM**

*Provider ID: 302144*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*




 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: Yes*



*Min/Max Age: 11\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*



### REGISTERED PHYSICAL THERAPIST

#### **CAMPA, PATRICIA**

*Provider ID: 302398*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*


 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### REGISTERED PHYSICAL THERAPIST


#### **MORRIS, CHAD**


*Provider ID: 302403*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*


 860 JAMACHA RD STE 203  
 EL CAJON, CA 92019  
 *Phone: (619) 573-6373*  
*Fax: (619) 378-6578*

 *After Hours Phone: (619) 573-6373*

*Provider Gender: Male*  
*NPI: 1841307063*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### **EL CENTRO**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### ANESTHESIOLOGY

#### **HYLTON, DIANA**

Provider ID: 277248

Board Certified Specialty: No  
UCSD MEDICAL GROUP

1415 ROSS AVE  
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932527751

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY

#### **KRAUSE, MARTIN**

Provider ID: 287653

Board Certified Specialty: No  
UCSD MEDICAL GROUP

1415 ROSS AVE  
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417243239

Provider English Spoken: Y

Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY

#### **MINOKADEH, ANUSHIRVAN**

Provider ID: 277351

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

1415 ROSS AVE  
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1053339093

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, TEMECULA

VALLEY HOSPITAL INC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY CRITICAL

### CARE MEDICINE

#### **RODRIGUEZ-MINETTE,**

#### **JESSICA**

Provider ID: 277410

Board Certified Specialty: No

UCSD MEDICAL GROUP

1415 ROSS AVE  
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273




Provider Gender: Female

NPI: 1164809950






Provider English Spoken: Y




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## D. Directorio de proveedores especialistas

Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### ANESTHESIOLOGY PAIN MANAGEMENT

**BROWNLOW, ROY**  
 Provider ID: 308403  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1500 S IMPERIAL AVE  
 EL CENTRO, CA 92243  
 Phone: (760) 206-4105  
 Fax: (760) 610-0523  
 After Hours Phone: (760)  
 206-4105  
 Provider Gender: Male  
 NPI: 1205949914  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER





**PITTMAN, LILIANA**  
 Provider ID: 285963  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1415 ROSS AVE  
 EL CENTRO, CA 92243  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1326599002  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**TABAREZ, NORMA**

Provider ID: 272979  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1415 ROSS AVE  
 EL CENTRO, CA 92243  
 Phone: (866) 803-2262  
 After Hours Phone: (866)  
 803-2262  
 Provider Gender: Female  
 NPI: 1538535570  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### EMERGENCY MEDICINE

**BAGBY, JESSICA**  
 Provider ID: 271137  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1415 ROSS AVE  
 EL CENTRO, CA 92243  
 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

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## D. Directorio de proveedores especialistas


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE


**GUITTARD, JESSE**

Provider ID: 239878

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1415 ROSS AVE  
EL CENTRO, CA 92243

 Phone: (760) 339-7100

 After Hours Phone: (760)  
339-7100

Provider Gender: Male

NPI: 1770979890

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: EL  
CENTRO REGIONAL MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE


**HERNANDEZ, CRISTINA**

Provider ID: 242543

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 1415 ROSS AVE  
EL CENTRO, CA 92243


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE


**HORNBEAK, KIRSTEN**

Provider ID: 240024

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1415 ROSS AVE  
EL CENTRO, CA 92243

 Phone: (760) 339-7100

 After Hours Phone: (760)  
339-7100

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

**HUTCHISON, HEIDI**

Provider ID: 272661

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1415 ROSS AVE  
EL CENTRO, CA 92243

 Phone: (760) 339-7100

Fax: (760) 352-7612

 After Hours Phone: (760)

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## D. Directorio de proveedores especialistas

339-7100  
 Provider Gender: Female  
 NPI: 1417483587  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SIERRA  
 VISTA REGIONAL MED CTR,  
 TWIN CITIES COMMUNITY  
 HOSPITAL, EL CENTRO  
 REGIONAL MEDICAL CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

**ICHWAN, DANIEL**  
 Provider ID: 283222  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1415 ROSS AVE  
 EL CENTRO, CA 92243  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1740711589  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: EL  
 CENTRO REGIONAL MEDICAL  
 CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

**RUDOLF, FRANCES**  
 Provider ID: 240161  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1415 ROSS AVE  
 EL CENTRO, CA 92243  
 Phone: (760) 339-7000  
 After Hours Phone: (760)  
 339-7000  
 Provider Gender: Female  
 NPI: 1821487430  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

**TANAKA, HIDEAKI**  
 Provider ID: 239824  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 1415 ROSS AVE  
 EL CENTRO, CA 92243  
 Phone: (800) 826-8273  
 After Hours Phone: (800)  
 826-8273  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 8AM-8PM  
 M-F 8AM-5PM  
 SA 8AM-8PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **INFECTIOUS DISEASE**

**AKRAMI, KEVAN**  
 Provider ID: 277342  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP






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## D. Directorio de proveedores especialistas





 1415 ROSS AVE  
 EL CENTRO, CA 92243  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1225364052  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 TEMECULA VALLEY HOSPITAL  
 INC, UCSD MEDICAL CTR,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group




### INFECTIOUS DISEASE

**SWEENEY, DANIEL**  
 Provider ID: 277369  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1415 ROSS AVE  
 EL CENTRO, CA 92243  
 Phone: (800) 926-8273





Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1497892954  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

**AMANN, CHRISTOPHER**  
 Provider ID: 277245  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1415 ROSS AVE  
 EL CENTRO, CA 92243  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1134326895  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, USC KENNETH

NORRIS JR CANCER  
 HOSPITAL, KECK HOSPITAL  
 OF USC, USC VERDUGO HILLS  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

**BEGOVIC, ADNAN**  
 Provider ID: 277388  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1415 ROSS AVE  
 EL CENTRO, CA 92243  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1093791014  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SOUTHWEST  
 HEALTHCARE INLAND  
 VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,

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## D. Directorio de proveedores especialistas

SCRIPPS MEMORIAL  
HOSPITAL, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

**GOWDA, ASHWIN**

Provider ID: 277348

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1415 ROSS AVE  
EL CENTRO, CA 92243

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366736092

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE CRITICAL CARE MEDICINE


**PAGE, BRADY**

Provider ID: 307660

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1415 ROSS AVE  
EL CENTRO, CA 92243

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1528557550


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE CRITICAL CARE MEDICINE


**RAMNATH, VENKTESH**

Provider ID: 277358

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1415 ROSS AVE  
EL CENTRO, CA 92243

 Phone: (760) 339-7202

 After Hours Phone: (760)  
339-7202

Provider Gender: Male

NPI: 1215911730

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: French, Hindi,  
Kannada, Spanish

Cultural Competency: N

Hospital Affiliation: TEMECULA  
VALLEY HOSPITAL INC,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

EL CENTRO REGIONAL

MEDICAL CENTER, UCSD

MEDICAL CTR, HEALDSBURG

HOSPITAL, Providence

Redwood Memorial Hospital,

Providence Redwood Memorial

Hospital, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

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## D. Directorio de proveedores especialistas

### TRAN, LINH

Provider ID: 277391

Board Certified Specialty: No  
UCSD MEDICAL GROUP

1415 ROSS AVE  
EL CENTRO, CA 92243

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851682728

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

### WARDI, GABRIEL

Provider ID: 277341

Board Certified Specialty: No  
UCSD MEDICAL GROUP

1415 ROSS AVE

EL CENTRO, CA 92243

Phone: (760) 339-7202

After Hours Phone: (760)  
339-7202

Provider Gender: Male

NPI: 1720346083

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, EL CENTRO

REGIONAL MEDICAL CENTER,  
SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

TEMECULA VALLEY HOSPITAL

INC, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### SURGERY NEUROLOGICAL

### BARBA, DAVID

Provider ID: 244089

Board Certified Specialty: No  
UCSD MEDICAL GROUP

1671 W MAIN ST STE B  
EL CENTRO, CA 92243

Phone: (855) 543-0555

Fax: (888) 539-8781

After Hours Phone: (855)

543-0555

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

## ENCINITAS

### CARDIOVASCULAR DISEASE

### DURAN, EDWARD

Provider ID: 310052

Board Certified Specialty: No  
UCSD MEDICAL GROUP

477 N EL CAMINO REAL  
STE D300

ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

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## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 1578903936

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED ACUPUNCTURIST

#### **ARELLANO, JACQUELINE**

Provider ID: 304139

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED ACUPUNCTURIST

#### **GONZALEZ, ANDRES**

Provider ID: 298659

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Chinese, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED ACUPUNCTURIST

#### **JULIAN, FIDES**

Provider ID: 304133

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE

#### PRACTITIONER

#### **CARDINELL, ANNA**

Provider ID: 291412

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

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## D. Directorio de proveedores especialistas

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): Provider ID: 301447*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **CERTIFIED NURSE** **PRACTITIONER**


#### **CHAMBERS, KATRINA**

*Provider ID: 303521*


*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*

 *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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*


*IPA: Community Care IPA LLC*

### **CERTIFIED NURSE** **PRACTITIONER**

#### **DWYER, ERIN**

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 *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: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*

### **CERTIFIED NURSE** **PRACTITIONER**

#### **HEAD, KRISTIN**


*Provider ID: 268657*

*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH*

*NETWORK*

 *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: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health*  
*Network*

### **CERTIFIED NURSE** **PRACTITIONER**


#### **HOOPER, BONNIE**

*Provider ID: 275253*

*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*

 *477 N EL CAMINO REAL*  
*STE D308*

*ENCINITAS, CA 92024*

 *Phone: (760) 436-2300*

*Fax: (760) 436-5482*

 *After Hours Phone: (760)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

436-2300  
 Provider Gender: Female  
 NPI: 1821062878  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

**KORMANIK, PATRICIA**  
 Provider ID: 282071  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD  
 STE 200  
 ENCINITAS, CA 92024  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1093895047  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**LANE, KIMBERLY**  
 Provider ID: 301602  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Phone: (760) 436-4558  
 Fax: (858) 429-7926  
 After Hours Phone: (760)  
 436-4558  
 Provider Gender: Female  
 NPI: 1457670119  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**PAKENHAM, KATE**  
 Provider ID: 296268  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1130 2ND ST  
 ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744  
 After Hours Phone: (760)  
 736-6767  
 Provider Gender: Female  
 NPI: 1578299343  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 8AM-8PM  
 M-F 8AM-8PM  
 SA 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**SRILASAK, MICHELE**  
 Provider ID: 281856  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD  
 STE 200  
 ENCINITAS, CA 92024  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

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## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1265487326

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

**YEO, ALEXANDRIA**

Provider ID: 299940

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### ENDOCRINOLOGY METABOLISM DIABETES


**HUPFELD, CHRISTOPHER**

Provider ID: 277111

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Male

NPI: 1568429165

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### GASTROENTEROLOGY


**PATEL, JANKI**

Provider ID: 305301

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024



 Phone: (760) 354-9697

Fax: (760) 635-5972

 After Hours Phone: (760) 354-9697

Provider Gender: Female

NPI: 1548606668

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Gujarati, Hindi  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### GYNECOLOGIC ONCOLOGY

**ESKANDER, RAMEZ**

Provider ID: 282164







Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD








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## D. Directorio de proveedores especialistas








STE 200  
ENCINITAS, CA 92024  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1144486929  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR, EARL AND  
 LORRAINE MILLER  
 CHILDRENS HSP, LONG  
 BEACH MEMORIAL MED CTR,  
 Providence St Joseph Hospital,  
 Providence St Jude Medical  
 Center, ORANGE COAST MEM  
 MED CTR, FOUNTAIN VALLEY  
 REGIONAL HOSP AND MED  
 CTR, FOUNTAIN VALLEY  
 REGIONAL HOSP AND MED  
 CTR, CORONA REGIONAL  
 MED CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### HOSPICE AND PALLIATIVE MEDICINE




**RUBENZI, TAMARA**  
 Provider ID: 245575  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### HOSPICE AND PALLIATIVE MEDICINE

**RUBENZI, TAMARA**  
 Provider ID: 282127  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

**BALLAS, JERASIMOS**  
 Provider ID: 209562  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 781 GARDEN VIEW CT STE  
 200  
 ENCINITAS, CA 92024  
 Phone: (858) 657-7200  
 After Hours Phone: (858)

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## D. Directorio de proveedores especialistas

657-7200  
 Provider Gender: Male  
 NPI: 1871767384  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, EISENHOWER  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

**HULL, ANDREW**  
 Provider ID: 209483  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

**LAURENT, LOUISE**  
 Provider ID: 208641  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group




### MATERNAL AND FETAL MEDICINE

**MOORE, THOMAS**  
 Provider ID: 208645  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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

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## D. Directorio de proveedores especialistas


MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group






Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

THORNTON, UCSD MEDICAL  
CTR, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group





### MATERNAL AND FETAL MEDICINE

#### MATERNAL AND FETAL MEDICINE

**RICHARDSON, ALVIE**  
Provider ID: 277315  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 477 N EL CAMINO REAL  
BLDG D STE 302  
ENCINITAS, CA 92024  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
 Provider Gender: Male  
 NPI: 1154305977  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital  
 Medi-Cal Open Panel: Yes

**WOELKERS, DOUGLAS**  
Provider ID: 209384  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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




#### MATERNAL AND FETAL MEDICINE

**WOLF, RICHARD**  
Provider ID: 209254  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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

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## D. Directorio de proveedores especialistas




MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### NEONATAL / PERINATAL MEDICINE






**BAI-TONG, SHIYU**  
Provider ID: 283286  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK



 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: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):


N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

**NYMAN, KATHERINE**  
Provider ID: 301821  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 354 SANTA FE DR  
ENCINITAS, CA 92024  
 Phone: (760) 633-6120  
Fax: (760) 633-7385  
 After Hours Phone: (760)  
633-6120  
Provider Gender: Female  
NPI: 1003260951  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

**SAUER, CHARLES**  
Provider ID: 303905  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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

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## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEUROLOGY

#### BUI, JONATHAN

Provider ID: 269966

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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

 Provider Language(s) Spoken: Spanish, Vietnamese

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### NEUROLOGY

#### JINDAL, ANUJA

Provider ID: 206264

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### NEUROLOGY


#### SCHORR, EMILY

Provider ID: 305022

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD ENCINITAS, CA 92024

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1255862041

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


IPA: UCSD Medical Group


### NEUROLOGY CHILD

#### KIMMCMANUS, OLIVIA

Provider ID: 206258

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL BLDG D STE 302 ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health  
Network

### NEUROLOGY CHILD

**SAHAGIAN, MICHELLE**  
Provider ID: 206073  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
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: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health  
Network

### OBSTETRICS / GYNECOLOGY

**BINDER, PRATIBHA**  
Provider ID: 282167  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1174758031  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### OBSTETRICS / GYNECOLOGY

**DEL CORE, LAURA**  
Provider ID: 291325  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1790128759

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A  
IPA: UCSD Medical Group

### OBSTETRICS / GYNECOLOGY

**DRIEBE, AMY**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 293448

Board Certified Specialty: No  
UCSD MEDICAL GROUP

1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

Phone: (800) 926-8372  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1730507567

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 291336

Board Certified Specialty: No  
UCSD MEDICAL GROUP

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 293447

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **LAMALE-SMITH, LEAH**

Provider ID: 208682

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **MACKAY, GILLIAN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 303061  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### **BANSAL, PREETI**

Provider ID: 205617

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL, TRI CITY MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OPHTHALMOLOGY

#### **BHATIA, SHAGUN**

Provider ID: 267315

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**

Provider ID: 297012

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

Phone: (760) 944-5545  
Fax: (760) 944-3927

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

☎ After Hours Phone: (760) 944-5545

Provider Gender: Female

NPI: 1699216010

🗨 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### OPHTHALMOLOGY

#### MOLL, ANGELA

Provider ID: 205507

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

📍 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### OPHTHALMOLOGY

#### MOVAGHAR, MANSOOR

Provider ID: 216413

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

📍 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  
Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### OPHTHALMOLOGY

#### OHALLORAN, HENRY

Provider ID: 205886

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

📍 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

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## D. Directorio de proveedores especialistas

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### OPTOMETRIST

**AOTO, KIM**


Provider ID: 296797

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5PM

F 8:30AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OTOLARYNGOLOGY


**BLISS, MORGAN**

Provider ID: 206085

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY


**FRIESEN, TZYYNONG**


Provider ID: 244900

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

**LEUIN, SHELBY**

Provider ID: 206112



Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024


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## D. Directorio de proveedores especialistas

 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: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network



### OTOLARYNGOLOGY

#### **PATEL, VIJAY**

Provider ID: 297035


Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network



### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **GREINER, ALEXANDER**

Provider ID: 205696



Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024

 Phone: (858) 966-4900  
 Fax: (760) 944-3927

 After Hours Phone: (858) 966-4900

Provider Gender: Male  
 NPI: 1609801299

 Provider English Spoken: Y  
 Provider Language(s)


Spoken: French, German, Spanish

Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network



### PEDIATRIC CARDIOLOGY

#### **HALEY, JESSICA**

Provider ID: 205688


Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### PEDIATRIC CARDIOLOGY

#### **NARAYAN, HARI**

Provider ID: 239115

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL  
BLDG D STE 302  
ENCINITAS, CA 92024

 Phone: (760) 944-5545  
Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1376705707


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### PEDIATRIC CARDIOLOGY

#### **SILVASEPULVEDA, JOSE**

Provider ID: 206299

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL  
BLDG D STE 302  
ENCINITAS, CA 92024

 Phone: (760) 944-5545  
Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1417222472

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC


### GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301641

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024


 Phone: (760) 944-5545  
Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Male

NPI: 1912369273

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC GASTROENTEROLOGY

#### **YOUNG, JOCELYN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 294676

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC PULMONOLOGY

**CERNELC-KOHAN, MATEJKA**

Provider ID: 243043

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC PULMONOLOGY

**LENHART-PENDERGRASS,  
PATRICIA**

Provider ID: 294642

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC RHEUMATOLOGY

**CHANG, JOHANNA**

Provider ID: 246395

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PHYSICAL MEDICINE / REHABILITATION**


#### **LEE, HAEWON**

Provider ID: 256227

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **HIGGINS, JOSHUA**

Provider ID: 287134

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1861624181

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **PELIO, DARREN**

Provider ID: 293443

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386791028


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


#### **RODRIGUES, ANNETTE**

Provider ID: 302454

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK

 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-5545

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

📞 After Hours Phone: (760) 944-5545

Provider Gender: Female

NPI: 1205381845

🗨️ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL, SHARP MEMORIAL

HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): IPA: UCSD Medical Group

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### **PHYSICIANS ASSISTANT**

#### **SUTTON, BRIAN**

Provider ID: 272241

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **VANETSKY, GARY**

Provider ID: 269152

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 477 N EL CAMINO REAL  
STE D308

ENCINITAS, CA 92024

📞 Phone: (760) 436-2300

Fax: (760) 436-5482

📞 After Hours Phone: (760) 436-2300

Provider Gender: Male

NPI: 1417034489

🗨️ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### **PODIATRIST**

#### **DUSTIN, ADAM**

Provider ID: 275800

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 326 ENCINITAS BLVD STE  
100

ENCINITAS, CA 92024

📞 Phone: (760) 436-5533

Fax: (760) 436-0611

📞 After Hours Phone: (760) 436-5533

Provider Gender: Male

NPI: 1043389026

🗨️ Provider English Spoken: Y

🗨️ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **PSYCHOLOGIST**

#### **GOMEZ, JUANITA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 291423

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### SURGERY COLON SURGERY

#### **PARRY, LISA**

Provider ID: 278552

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

#### **ARMANI, AVA**

Provider ID: 282143

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: UCSF  
MEDICAL CENTER, UCSF  
Medical Center At Mission Bay,  
UCSF MEDICAL CENTER AT

MOUNT ZION, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

#### **JACOBSEN, GARTH**

Provider ID: 201730

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes




Min/Max Age: 0\None

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.










## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### SURGERY PEDIATRIC






#### **FAIRBANKS, TIMOTHY**



*Provider ID: 205497*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024  
 *Phone: (760) 944-5545*  
*Fax: (760) 944-3927*  
 *After Hours Phone: (760) 944-5545*  
*Provider Gender: Male*  
*NPI: 1407010556*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### SURGERY PEDIATRIC








#### **KLING, KAREN**

*Provider ID: 206128*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 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: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### SURGERY PLASTIC

#### **REID, CHRISTOPHER**

*Provider ID: 238130*  
*Board Certified Specialty: No*  
**UCSD MEDICAL GROUP**  
 1200 GARDEN VIEW RD  
 ENCINITAS, CA 92024  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1982964276*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, UCSD Medical Group*

**ESCONDIDO**

**ANESTHESIOLOGY PAIN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<b>MANAGEMENT</b>		
<p><b>BROWNLOW, ROY</b>  <i>Provider ID: 308112</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   637 E GRAND AVE            ESCONDIDO, CA 92025   <i>Phone: (760) 610-0522</i>  <i>Fax: (760) 610-0523</i>   <i>After Hours Phone: (760) 610-0522</i>  <i>Provider Gender: Male</i>  <i>NPI: 1205949914</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>	<p><i>Board Certified Specialty: No</i>  <b>COMMUNITY CARE IPA LLC</b>   637 E GRAND AVE            ESCONDIDO, CA 92025   <i>Phone: (760) 610-0522</i>  <i>Fax: (760) 610-0523</i>   <i>After Hours Phone: (760) 610-0522</i>  <i>Provider Gender: Male</i>  <i>NPI: 1205949914</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>	<p>STE 203            ESCONDIDO, CA 92029   <i>Phone: (760) 738-5533</i>  <i>Fax: (760) 738-3835</i>   <i>After Hours Phone: (760) 738-5533</i>  <i>Provider Gender: Male</i>  <i>NPI: 1689092470</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 18\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>
<b>ANESTHESIOLOGY PAIN MANAGEMENT</b>		
<p><b>BROWNLOW, ROY</b>  <i>Provider ID: 308401</i></p>	<p><b>ANESTHESIOLOGY PAIN MANAGEMENT</b></p> <p><b>DAIRO, BRANDON</b>  <i>Provider ID: 300090</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   1955 CITRACADO PKWY</p>	<p><b>ANESTHESIOLOGY PAIN MANAGEMENT</b></p> <p><b>DAIRO, BRANDON</b>  <i>Provider ID: 299881</i>  <i>Board Certified Specialty: No</i>  <b>COMMUNITY CARE IPA LLC</b>   1955 CITRACADO PKWY            STE 203            ESCONDIDO, CA 92029   <i>Phone: (760) 738-5533</i>  <i>Fax: (760) 738-3835</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ *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: Yes*

*Min/Max Age: 18\100*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **ROBINSON, COLE**

*Provider ID: 300171*

*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

📍 *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*

☑ *Provider Language(s) Spoken: German*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 21\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 7AM-4PM SA 7AM-4PM*

🌐 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### **CARDIOVASCULAR DISEASE**

#### **LERNER, JONATHAN**

*Provider ID: 309268*

*Board Certified Specialty: No*

*COMMUNITY CARE IPA LLC*

📍 *488 E VALLEY PKWY STE 107*

*ESCONDIDO, CA 92025*

☎ *Phone: (760) 294-0480*

*Fax: (760) 294-0481*

☎ *After Hours Phone: (760) 294-0480*

*Provider Gender: Male*

*NPI: 1962899823*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC*

### **CERTIFIED NURSE PRACTITIONER**

#### **HEAD, KRISTIN**

*Provider ID: 277866*

*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH NETWORK*

📍 *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: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Rady Childrens Health*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Network

### CERTIFIED NURSE PRACTITIONER

**JANNESARI, ROYA**

Provider ID: 302339

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1063585099

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi, Persian

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**KESHAVARZI, SARA**

Provider ID: 309748

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Female

NPI: 1457996126

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**KESHAVARZI, SARA**

Provider ID: 305938

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Female

NPI: 1457996126

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**WALDRUP, LARHONDA**

Provider ID: 299259

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): **PHAM, LILY**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**


---

**SEILNACHT-BERNARD, KAREN**

Provider ID: 269203

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### **EMERGENCY MEDICINE**


---

Provider ID: 304936

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**


**REDDY, NAVYA**

Provider ID: 302350

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 625 CITRACADO PKWY STE  
108

ESCONDIDO, CA 92025

 Phone: (760) 743-1431

Fax: (760) 743-6455

 After Hours Phone: (760) 743-1431

Provider Gender: Female

NPI: 1083069611

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **FAMILY PRACTICE**


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**MATSHE, ZENZIWE**

Provider ID: 306033

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1285256073

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas

 *Provider English Spoken:* Y N  
*Cultural Competency:* N  *Accessibility:* CONTACT PROVIDER  
*Medi-Cal Open Panel:* Yes  *Website:* N/A  
*Min/Max Age:* 0\None *IPA:* Community Care IPA LLC  
*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER  
 *Hours:* M-F 8AM-5PM  
 *Website:* N/A  
*IPA:* IHP of Southern Cal-PHP









### GASTROENTEROLOGY

#### **GARA, NAVEEN**

*Provider ID:* 305691  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 935 E PENNSYLVANIA AVE  
 ESCONDIDO, CA 92025  
 *Phone:* (760) 690-2800  
*Fax:* (949) 404-6908  
 *After Hours Phone:* (760)  
 690-2800  
*Provider Gender:* Male  
*NPI:* 1942406533  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
*Spoken:* Hindi, Telugu  
*Cultural Competency:* N  
*Hospital Affiliation:* UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, PALOMAR  
 MEDICAL CENTER, PALOMAR  
 HEALTH  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\None  
*American Sign Language (ASL):*








### GASTROENTEROLOGY

#### **GARA, NAVEEN**

*Provider ID:* 269145  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 661 E PENNSYLVANIA AVE  
 ESCONDIDO, CA 92025  
 *Phone:* (760) 690-2800  
*Fax:* (760) 690-2801  
 *After Hours Phone:* (760)  
 690-2800  
*Provider Gender:* Male  
*NPI:* 1942406533  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
*Spoken:* Hindi, Telugu  
*Cultural Competency:* N  
*Hospital Affiliation:* UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, PALOMAR  
 MEDICAL CENTER, PALOMAR  
 HEALTH  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\None  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
 *Hours:* M-F 8AM-5PM  
 *Website:* N/A  
*IPA:* Community Care IPA LLC



### HEARING AID DEALER / SUPPLIER

#### **ANDERSON, ELAINE**

*Provider ID:* 268690  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 330 W FELICITA AVE STE  
 A4  
 ESCONDIDO, CA 92025  
 *Phone:* (760) 489-1323  
*Fax:* (760) 489-0975  
 *After Hours Phone:* (760)  
 489-1323  
*Provider Gender:* Female  
*NPI:* 1063558856  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\None  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
 *Hours:* M-F 8AM-5PM  
 *Website:* N/A  
*IPA:* Community Care IPA LLC

### INTERNAL MEDICINE

#### **CHEN, ANDREW**

*Provider ID:* 296830  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2130 CITRACADO  
 PKWYSTE 220  
 ESCONDIDO, CA 92029  
 *Phone:* (760) 743-4789

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (760) 743-8005

 After Hours Phone: (760) 743-4789

Provider Gender: Male

NPI: 1134357007

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS GREEN HOSPITAL, PALOMAR HEALTH, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC


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### INTERNAL MEDICINE

#### **MALEK, MIKHAIL**

Provider ID: 296831

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC


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### INTERVENTIONAL CARDIOLOGY

#### **BAYAT, HAMED**

Provider ID: 296842

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC


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### INTERVENTIONAL CARDIOLOGY

#### **BAYAT, HAMED**

Provider ID: 296843

Board Certified Specialty: No  
BLUE SHIELD PROMISE HEALTH PLAN DIRECT


 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: Yes

Min/Max Age: 0\None


American Sign Language (ASL): N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.









## D. Directorio de proveedores especialistas

### PROVIDER

 Website: N/A  
IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT,  
Community Care IPA LLC







### INTERVENTIONAL CARDIOLOGY

#### MOHAMEDALI, BURHAN

Provider ID: 309248  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
 Phone: (760) 294-0480  
Fax: (760) 294-0481  
 After Hours Phone: (760)  
294-0480  
Provider Gender: Male  
NPI: 1831393289  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Swahili  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
Adventist Health and Rideout  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC








### INTERVENTIONAL CARDIOLOGY

#### SAWHNEY, NAVINDER

Provider ID: 304784  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Community Care IPA LLC


### INTERVENTIONAL CARDIOLOGY

#### SUDHAKAR, DEEPTHI

Provider ID: 309097  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
 Phone: (760) 294-0480  
Fax: (619) 616-2104  
 After Hours Phone: (760)  
294-0480  
Provider Gender: Female  
NPI: 1811307051  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY







#### SUDHAKAR, DEEPTHI

Provider ID: 295845  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 488 E VALLEY PKWY STE  
107




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas




ESCONDIDO, CA 92025  
 Phone: (760) 294-0480  
 Fax: (619) 616-2104  
 After Hours Phone: (760) 294-0480  
 Provider Gender: Female  
 NPI: 1811307051  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 15\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP





### MATERNAL AND FETAL MEDICINE

**MELBER, DORA**  
 Provider ID: 296996  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY  
 STE 200  
 ESCONDIDO, CA 92029  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710





Provider Gender: Female  
 NPI: 1124413026  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hungarian,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

**REIMERS, REBECCA**  
 Provider ID: 294655  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE

**LE, CRYSTAL**  
 Provider ID: 283707  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### **SAUER, CHARLES**

Provider ID: 206163

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 2185 CITRACADO PKWY ESCONDIDO, CA 92029

 Phone: (442) 281-2850

Fax: (442) 281-2999

 After Hours Phone: (442) 281-2850

Provider Gender: Male

NPI: 1538388988


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO

SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### **SUTTNER, DENISE**

Provider ID: 206137

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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 HOSPITAL,

SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### NEONATAL / PERINATAL MEDICINE

#### **SWEENEY, NATHALY**

Provider ID: 283801

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N  
IPA: IHP of Southern Cal-PHP

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEPHROLOGY

#### **AL-DAHMAN, ZAID**

Provider ID: 297898

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

631 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (760) 294-1660

Fax: (760) 745-5016

After Hours Phone: (760)  
294-1660

Provider Gender: Male

NPI: 1740716828

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

### NEUROLOGY

#### **GOLD, JEFFREY**

Provider ID: 277870

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### **JINDAL, ANUJA**

Provider ID: 277838

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female  
NPI: 1194046581


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### NEUROLOGY

#### KIMMCMANUS, OLIVIA


Provider ID: 277873

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### NEUROLOGY

#### ZIMBRIC, MICHAEL

Provider ID: 277891

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### NEUROLOGY CHILD

#### SAHAGIAN, MICHELLE

Provider ID: 206076

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 9AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p><i>Rady Childrens Health Network</i></p>	<p><i>Provider ID: 285628</i>  <i>Board Certified Specialty: No</i>  <i>COMMUNITY CARE IPA LLC</i></p>
<hr/>		
<p><b><u>OBSTETRICS / GYNECOLOGY</u></b>  <b>HINSHAW, PAUL</b>  <i>Provider ID: 277041</i>  <i>Board Certified Specialty: No</i>  <i>RADY CHILDRENS HEALTH NETWORK</i>   488 E VALLEY PKWY STE 400            ESCONDIDO, CA 92025   <i>Phone: (760) 658-6101</i>  <i>Fax: (760) 658-6106</i>   <i>After Hours Phone: (760) 658-6101</i>  <i>Provider Gender: Male</i>  <i>NPI: 1215170717</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: PALOMAR MEDICAL CENTER</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL):</i>            N</p>	<p><b><u>OBSTETRICS / GYNECOLOGY</u></b>  <b>HINSHAW, PAUL</b>  <i>Provider ID: 277040</i>  <i>Board Certified Specialty: No</i>  <i>RADY CHILDRENS HEALTH NETWORK</i>   1955 CITRACADO PKWY STE 302            ESCONDIDO, CA 92029   <i>Phone: (760) 233-1896</i>  <i>Fax: (760) 233-1899</i>   <i>After Hours Phone: (760) 233-1896</i>  <i>Provider Gender: Male</i>  <i>NPI: 1215170717</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: PALOMAR MEDICAL CENTER</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL):</i>            N</p>	<p> 1955 CITRACADO PKWY STE 302            ESCONDIDO, CA 92029   <i>Phone: (760) 233-1896</i>  <i>Fax: (760) 233-1899</i>   <i>After Hours Phone: (760) 233-1896</i>  <i>Provider Gender: Male</i>  <i>NPI: 1215170717</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: PALOMAR MEDICAL CENTER</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 16\None</i>  <i>American Sign Language (ASL):</i>            N</p>
<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-TH 9AM-4:30PM F 9AM-2PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC,</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-TH 9AM-4:30PM F 9AM-2PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC,</i>  <i>Rady Childrens Health Network</i></p>	<p><b><u>OBSTETRICS / GYNECOLOGY</u></b>  <b>HINSHAW, PAUL</b>  <i>Provider ID: 285629</i>  <i>Board Certified Specialty: No</i>  <i>COMMUNITY CARE IPA LLC</i>   488 E VALLEY PKWY STE 400            ESCONDIDO, CA 92025</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-4:30PM  
F 9AM-2PM

 Website: N/A


IPA: Community Care IPA LLC,  
Rady Childrens Health  
Network


### OBSTETRICS / GYNECOLOGY

#### LAMALE-SMITH, LEAH


Provider ID: 285518

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### OPHTHALMOLOGY

#### BANSAL, PREETI

Provider ID: 277883

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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  
 Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS

MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL

HOSPITAL, TRI CITY MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### OPHTHALMOLOGY

#### BHATIA, SHAGUN

Provider ID: 277877

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1104237353

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network


### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**

Provider ID: 297014  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### OPHTHALMOLOGY

#### **MOLL, ANGELA**

Provider ID: 277824


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### OPHTHALMOLOGY


#### **MOLL, ANGELA**

Provider ID: 205895


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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

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## D. Directorio de proveedores especialistas

OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### **OPHTHALMOLOGY**

#### **MOVAGHAR, MANSOOR**

Provider ID: 277833  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### **OPHTHALMOLOGY**

#### **OHALLORAN, HENRY**

Provider ID: 277869  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Male  
 NPI: 1235287947  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### **OPHTHALMOLOGY**

#### **SHEILS, CATHERINE**

Provider ID: 305307  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 700 W EL NORTE PKWY ESCONDIDO, CA 92026  
 Phone: (800) 765-2737  
 Fax: (619) 291-6577  
 After Hours Phone: (800) 765-2737  
 Provider Gender: Female  
 NPI: 1932605649  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:30AM-4PM W-F 8:30AM-1PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP, UCSD Medical Group

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### OPTOMETRIST

#### AOTO, KIM

Provider ID: 296796

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5PM

F 8:30AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

#### AOTO, KIM

Provider ID: 268719

Board Certified Specialty: No

#### COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

#### KOO, ANITA

Provider ID: 307410

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1118 W VALLEY PKWY

ESCONDIDO, CA 92025

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)  
425-7755

Provider Gender: Female

NPI: 1669825667

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

#### KOO, ANITA

Provider ID: 307411

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1118 W VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)  
425-7755

Provider Gender: Female

NPI: 1669825667

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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## D. Directorio de proveedores especialistas

### OTOLARYNGOLOGY

#### **BLISS, MORGAN**

Provider ID: 277537

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### **FRIESEN, TZYYNONG**

Provider ID: 277853

Board Certified Specialty: No

RADY CHILDRENS HEALTH

### NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### **JIANG, WEN**

Provider ID: 277860

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1659305753

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### **LEUIN, SHELBY**

Provider ID: 206110

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

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: 1124230909

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

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## D. Directorio de proveedores especialistas

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### OTOLARYNGOLOGY

#### **PATEL, VIJAY**

Provider ID: 297038

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY


#### **DAVIS, CHRISTOPHER**

Provider ID: 277811

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1760691950

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY


#### **HALEY, JESSICA**

Provider ID: 205689

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Rady Childrens Health Network

### PEDIATRIC CARDIOLOGY

#### **HALEY, JESSICA**

Provider ID: 277867

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 294-9260  
Fax: (760) 294-9274

After Hours Phone: (760) 294-9260

Provider Gender: Female

NPI: 1023329885

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC CARDIOLOGY

#### **NARAYAN, HARI**

Provider ID: 277846

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 294-9260  
Fax: (760) 294-9274

After Hours Phone: (760) 294-9260

Provider Gender: Male

NPI: 1376705707

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC CARDIOLOGY

#### **SILVASEPULVEDA, JOSE**

Provider ID: 206298

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **AGHILI, ROXANA**

Provider ID: 303783

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE


#### **GORHAM, LAURA**

Provider ID: 277851

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE


#### **GROSS, MATTHEW**

Provider ID: 297178

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE


#### **MENDES, CHANTAL**

Provider ID: 295670

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL): DIEGO, VALLEY CHILDRENS HOSPITAL

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY** **MEDICINE**


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#### **PARKER, SHERINE**

Provider ID: 277872

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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

 Provider Language(s)  
Spoken: Arabic, Spanish

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: Yes


Min/Max Age: 0\19

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY** **MEDICINE**


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#### **QUINONES-PEREZ, BIANCA**

Provider ID: 277810

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRIC EMERGENCY** **MEDICINE**


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#### **TODD, SARAH**

Provider ID: 302802

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **VAIDYA, KAMALA**


Provider ID: 205812

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **VAIDYA, KAMALA**

Provider ID: 289412

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301643

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **PEDIATRICS**


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#### **CAMERON, MELISSA**

*Provider ID: 205966*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 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: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRICS**


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#### **FIGUEROA RODRIGUEZ, BRENDA**

*Provider ID: 306823*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*


 425 N DATE ST  
ESCONDIDO, CA 92025

 *Phone: (833) 867-4642*  
*Fax: (858) 633-4693*

 *After Hours Phone: (833)  
867-4642*

*Provider Gender: Female*

*NPI: 1134205214*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: Sharp*


*Grossmont Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\18*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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### **PHYSICAL MEDICINE / REHABILITATION**

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#### **RICHARDSON, HENRY**

*Provider ID: 295277*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 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: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

### **PHYSICAL MEDICINE / REHABILITATION**


---

#### **RYAN, KYLE**

*Provider ID: 275660*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK*

 625 CITRACADO PKWY  
ESCONDIDO, CA 92025

 *Phone: (760) 294-9260*

*Fax: (760) 294-9274*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 After Hours Phone: (760) 294-9260

Provider Gender: Male


NPI: 1447645742


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PHYSICIANS ASSISTANT

#### **CHATFIELD, ALEXANDRA**

Provider ID: 276716

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 1955 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 743-4789  
Fax: (858) 673-5187

 After Hours Phone: (760)  
743-4789

Provider Gender: Female

NPI: 1215584628


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### PHYSICIANS ASSISTANT

#### **CORVINI, NICOLAS**

Provider ID: 296999

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300  
Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8300

Provider Gender: Male

NPI: 1194242461

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### **FUNARI, CHRISTOPHER**


Provider ID: 301993

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 625 CITRACADO PKWY STE

108

ESCONDIDO, CA 92025

 Phone: (760) 743-1431

Fax: (760) 743-6455

 After Hours Phone: (760)  
743-1431

Provider Gender: Male

NPI: 1982365490


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### **GANGJI, SHAZMIN**

Provider ID: 298110

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP



 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: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 14\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### NIAKAMAL, EVAN

Provider ID: 291250  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### RODRIGUES, ANNETTE

Provider ID: 302456

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
2125 CITRACADO PKWY STE 100  
ESCONDIDO, CA 92029  
Phone: (760) 294-9260  
Fax: (760) 294-9274  
After Hours Phone: (760) 294-9260

Provider Gender: Female  
NPI: 1205381845  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health Network

### PHYSICIANS ASSISTANT

#### WALSH, JOHN

Provider ID: 301971  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
625 CITRACADO PKWY STE 108

ESCONDIDO, CA 92025  
Phone: (760) 743-1431  
Fax: (760) 743-6455  
After Hours Phone: (760) 743-1431  
Provider Gender: Male  
NPI: 1386893089  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: IHP of Southern Cal-PHP




































### PHYSICIANS ASSISTANT

#### WRIGHT, DEREK

Provider ID: 302390  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
1955 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Phone: (760) 738-5533  
Fax: (909) 204-7863  
After Hours Phone: (760) 738-5533  
Provider Gender: Male  
NPI: 1629674858  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i>   215 S HICKORY ST STE 118            ESCONDIDO, CA 92025   <i>Phone: (760) 480-1189</i>   <i>Fax: (858) 485-1515</i>   <i>After Hours Phone: (760) 480-1189</i></p>	<p><i>Provider Gender: Male</i>  <i>NPI: 1952963431</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i></p>
<b>PODIATRIST</b>		
<p><b>ALGHURAIBI, OHOUD</b>  <i>Provider ID: 295998</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   460 N ELM ST            ESCONDIDO, CA 92025   <i>Phone: (760) 520-8100</i>   <i>Fax: (360) 462-2745</i>   <i>After Hours Phone: (760) 520-8100</i>  <i>Provider Gender: Female</i>  <i>NPI: 1669842357</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Arabic</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p><i>Provider Gender: Male</i>  <i>NPI: 1952963431</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network</i></p>
<b>PODIATRIST</b>		
<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><b>READ, TRENTON</b>  <i>Provider ID: 296654</i>  <i>Board Certified Specialty: No</i>  <i>RADY CHILDRENS HEALTH NETWORK</i>   215 S HICKORY ST STE 118            ESCONDIDO, CA 92025   <i>Phone: (760) 480-1189</i>   <i>Fax: (858) 485-1515</i>   <i>After Hours Phone: (760) 480-1189</i></p>	<p><b>PSYCHOLOGIST</b></p>
<p><b>READ, TRENTON</b>  <i>Provider ID: 300882</i>  <i>Board Certified Specialty: No</i></p>	<p><b>PODIATRIST</b></p>	<p><b>CARLTON-PENN, CORNELIA</b>  <i>Provider ID: 290406</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   425 N DATE ST            ESCONDIDO, CA 92025   <i>Phone: (760) 520-8340</i>   <i>Fax: (858) 633-4698</i>   <i>After Hours Phone: (760) 520-8340</i>  <i>Provider Gender: Female</i>  <i>NPI: 1891720611</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: German</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 18\None</i></p>


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

American Sign Language (ASL): Provider ID: 290758

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

**ESTRADA PATINO, ANGELA**

Provider ID: 296605

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 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: 1629339015

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

**SUOZZO, JOSEPH**


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 425 N DATE ST  
ESCONDIDO, CA 92025


 Phone: (760) 520-8340

Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8340

Provider Gender: Male

NPI: 1821013228

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

**TEETER-WITT, ALYSSA**

Provider ID: 290779

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 426 N DATE ST  
ESCONDIDO, CA 92025


 Phone: (760) 690-5900

Fax: (858) 633-4693

 After Hours Phone: (760)  
690-5900

Provider Gender: Female

NPI: 1932308442

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

**TEETER-WITT, ALYSSA**

Provider ID: 290891

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

**VALLEZ-BARLAM, ANDREA**








Provider ID: 290630

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## D. Directorio de proveedores especialistas

### IHP OF SOUTHERN CAL-PHP




 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### VALLEZ-BARLAM, ANDREA




Provider ID: 290631  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 488 E VALLEY PKWY STE  
 404  
 ESCONDIDO, CA 92025  
 Phone: (760) 466-9800  
 Fax: (858) 633-4693  
 After Hours Phone: (760)  
 466-9800  
 Provider Gender: Female  
 NPI: 1710902143  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: German, Spanish




Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### VAQUERO, JUANA




Provider ID: 290762  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### WOODWORTH, JENNIFER

Provider ID: 290634  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PULMONARY DISEASES

#### QUAN, MICHELE GRACE

Provider ID: 287097  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2125 CITRACADO PKWY  
 STE 230  
 ESCONDIDO, CA 92029  
 Phone: (760) 489-1458  
 Fax: (760) 489-1246  
 After Hours Phone: (760)  
 489-1458

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1629462882

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: REDLANDS  
COMMUNITY HOSP


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### RADIATION ONCOLOGY


#### **COLEMAN, LORI**

Provider ID: 221090

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes


Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### RADIATION ONCOLOGY


#### **VOLPP, PAUL**

Provider ID: 221103


Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4PM

 Website: N/A


IPA: Community Care IPA LLC


### RADIOLOGY DIAGNOSTIC

#### **VAKILIAN, SIAVOSH**

Provider ID: 283206

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025

 Phone: (619) 230-0400

Fax: (858) 429-7936

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### REGISTERED PHYSICAL

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### THERAPIST

#### **MC GEE, JACQUELINE**

Provider ID: 252473

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1815 E VALLEY PKWY STE 5  
ESCONDIDO, CA 92027

Phone: (760) 233-9655

Fax: (760) 233-9648

After Hours Phone: (760)  
233-9655

Provider Gender: Female

NPI: 1194217133

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 8\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-6PM

Website: N/A

IPA: Community Care IPA LLC

### SPEECH PATHOLOGIST

#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296931

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

500 LA TERRAZA BLVD  
STE 150

ESCONDIDO, CA 92025

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### SPEECH PATHOLOGIST

#### **CLARK, MELISSA**

Provider ID: 296924

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: SU 7AM-7PM  
M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### SPEECH PATHOLOGIST

#### **DURNAN, CASSANDRA**

Provider ID: 307881

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1073873501

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### SURGERY GENERAL

#### **CASILLAS BERUMEN, SERGIO**

Provider ID: 304606

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IHP OF SOUTHERN CAL-PHP

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: PALOMAR

HEALTH, PARADISE VALLEY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS MERCY HOSPITAL,

PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SURGERY GENERAL**

**GROVE, JAY**

Provider ID: 245226

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

2185 CITRACADO PKWY

ESCONDIDO, CA 92029

Phone: (760) 300-3647

Fax: (760) 482-1316

After Hours Phone: (760) 300-3647

Provider Gender: Male

NPI: 1912971334

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, PALOMAR MEDICAL

CENTER, TRI CITY MEDICAL

CTR, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **SURGERY NEUROLOGICAL**

**HATEFI, DUSTIN**

Provider ID: 310032

Board Certified Specialty: No

UCSD MEDICAL GROUP

2185 CITRACADO PKWY

ESCONDIDO, CA 92029

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1790072106

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

**EDMONDS, ERIC**

Provider ID: 277831

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### **SURGERY ORTHOPEDIC**

**KNUTSON, THOMAS**

Provider ID: 296851

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: Community Care IPA LLC


### **SURGERY ORTHOPEDIC**

**SHARP, LORRA**

Provider ID: 296808

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029


 Phone: (760) 743-4789

Fax: (858) 385-1690

 After Hours Phone: (760)  
743-4789

Provider Gender: Female

NPI: 1689689176

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: Community Care IPA LLC


### **SURGERY ORTHOPEDIC**

**SHARP, LORRA**

Provider ID: 304761

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 2130 CITRACADO  
PKWYSTE 220  
ESCONDIDO, CA 92029

 Phone: (760) 743-0546

Fax: (760) 317-9769

 After Hours Phone: (760)  
743-0546

Provider Gender: Female

NPI: 1689689176

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC

### **SURGERY PEDIATRIC**


**KLING, KAREN**

Provider ID: 206130

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 625 CITRACADO PKWY STE  
206

ESCONDIDO, CA 92025

 Phone: (760) 755-7600

Fax: (760) 755-7699

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### FALLBROOK


#### CERTIFIED ACUPUNCTURIST

##### **CRAFT, KEVIN**

Provider ID: 290943

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1309 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 690-5900



Fax: (760) 731-1063

 After Hours Phone: (760)

690-5900

Provider Gender: Male

NPI: 1659745610

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: TU-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE


#### PRACTITIONER

##### **GUIDI, CASEY**

Provider ID: 296010

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4730

Fax: (760) 457-4700

 After Hours Phone: (760) 451-4730

Provider Gender: Female

NPI: 1013349919

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

#### CERTIFIED NURSE


#### PRACTITIONER

##### **KELLEHER, BRIDGET**


Provider ID: 298086

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760) 723-6200

Provider Gender: Female

NPI: 1245695006

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Rady Childrens Health  
Network

### CERTIFIED NURSE PRACTITIONER

#### **KELLEHER, BRIDGET**

Provider ID: 299775

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

### CERTIFIED NURSE PRACTITIONER

#### **STOJANOVSKA, JOVANA**

Provider ID: 301367

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1215638499

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **TAYLOR, CHRISTOPHER**

Provider ID: 299407

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 5\100

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health

Network

### CERTIFIED NURSE PRACTITIONER

#### **TAYLOR, CHRISTOPHER**

Provider ID: 302118

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

Fax: (760) 414-3892

After Hours Phone: (760)  
723-6200

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: No


Min/Max Age: 0\19

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

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### CHIROPRACTOR

#### FARSHLER, ANTHONY

Provider ID: 290306

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1309 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 690-5900

Fax: (760) 731-1063

 After Hours Phone: (760) 690-5900

Provider Gender: Male

NPI: 1841627759


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### CHIROPRACTOR

#### HALVORSON, PAULA

Provider ID: 298338

IHP OF SOUTHERN CAL-PHP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: TU 8AM-5PM

TH-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---


### FAMILY PRACTICE

#### CHRISTIE, PATRICIA

Provider ID: 299526

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### OPTOMETRIST

#### BULLUM, ANTHONY


Provider ID: 290329

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 457-4700

 After Hours Phone: (760) 451-4720

Provider Gender: Male

NPI: 1992773956

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PEDIATRICS

#### ROBINSON, DAISY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 298311  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 723-6200  
 Provider Gender: Female  
 NPI: 1659389740  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-4PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PEDIATRICS

**SMITH, LINDA**  
 Provider ID: 308731  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1328 S MISSION RD  
 FALLBROOK, CA 92028  
 Phone: (760) 451-4720  
 Fax: (760) 451-4700

After Hours Phone: (760) 451-4720  
 Provider Gender: Female  
 NPI: 1881665800  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### HEMET

#### PHYSICIANS ASSISTANT

**SMITH, KELLI**  
 Provider ID: 272953  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### IMPERIAL BEACH




#### CERTIFIED NURSE PRACTITIONER

**BORRAJERO, OBEL**  
 Provider ID: 303242  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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**CERTIFIED NURSE**  
**PRACTITIONER**

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**CUNNINGHAM, STEPHANIE**

*Provider ID: 301310*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL):*

N



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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**CERTIFIED NURSE**  
**PRACTITIONER**



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**O'CONNELL, STEFANY**

*Provider ID: 296845*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*



*IPA: IHP of Southern Cal-PHP*

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**CERTIFIED NURSE**  
**PRACTITIONER**


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**THYGERSEN, ALAYSA**

*Provider ID: 297909*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932  
 *Phone: (619) 429-3733*  
*Fax: (619) 628-5550*


 *After Hours Phone: (619) 429-3733*

*Provider Gender: Female*  
*NPI: 1760107767*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*


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**FAMILY PRACTICE**

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**SUMMERS-DAY, COURTNEY**



*Provider ID: 290977*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


IPA: IHP of Southern Cal-PHP


### INTERNAL MEDICINE

**RYAN, DANA**

Provider ID: 298099

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 949 PALM AVE  
IMPERIAL BEACH, CA  
91932


 Phone: (619) 429-3733

Fax: (619) 628-5550

 After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1780609990

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-8PM

TU-W 8:30AM-5PM

TH 8:30AM-8PM

F 8:30AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


### REGISTERED PHYSICAL THERAPIST

**CHENG, BRANDON**

Provider ID: 304530

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932


 Phone: (619) 332-4200

Fax: (613) 332-4220

 After Hours Phone: (619)  
332-4200

Provider Gender: Male

NPI: 1336894724

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM

F 7AM-5PM

SA 8AM-1PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### REGISTERED PHYSICAL THERAPIST


**JIMENEZ, ANDREA**

Provider ID: 299890

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

 Phone: (619) 482-3000

Fax: (619) 332-4220

 After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1407440670

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,


IHP of Southern Cal-PHP


### REGISTERED PHYSICAL THERAPIST

**JIMENEZ, ANDREA**

Provider ID: 301973

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

 Phone: (619) 482-3000

Fax: (619) 332-4220

 After Hours Phone: (619)  
482-3000

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1407440670

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **KARANDE, PRACHI**

Provider ID: 287101

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1699357525

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-6PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **NGUYEN, TIA**

Provider ID: 305015

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **NGUYEN, TIA**

Provider ID: 305016

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **NOVENCIDO, ANDREW**

Provider ID: 301995







Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

600 PALM AVE STE 126  
IMPERIAL BEACH, CA

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## D. Directorio de proveedores especialistas







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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP


### **REGISTERED PHYSICAL THERAPIST**

**NOVENCIDO, ANDREW**  
 Provider ID: 286783  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### **REGISTERED PHYSICAL THERAPIST**

**SPARKS, TODD**  
 Provider ID: 301109  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 7AM-7PM

TU 7AM-0PM  
 W-TH 7AM-7PM  
 F 7AM-0PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### **REGISTERED PHYSICAL THERAPIST**

**SUGGS, SARAH**  
 Provider ID: 301429  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7AM-7PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### **REGISTERED PHYSICAL THERAPIST**

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## D. Directorio de proveedores especialistas

### SUGGS, SARAH

Provider ID: 298365

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

### VILLANUEVA, GIOVANNI

Provider ID: 301531

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Male

NPI: 1063046878

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### LA JOLLA

### ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY

### HONG, KIMBERLY

Provider ID: 246312

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346515442

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY

### ALEXANDER, BRENTON

Provider ID: 242302

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


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### **ANESTHESIOLOGY**

#### **BECERRA SONGOLO, TOSHA**

*Provider ID: 300067*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*



---

### **ANESTHESIOLOGY**

#### **BRUNO, KELLY**

*Provider ID: 238904*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*  
*NPI: 1891130993*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


---

### **ANESTHESIOLOGY**

#### **CHAN, CHI-BEW**

*Provider ID: 310045*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *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: 1205966264*

 *Provider English Spoken: Y*  
*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,  
DAMERON HOSPITAL ASSOC,  
DAMERON HOSPITAL ASSOC,  
SHARP CHULA VISTA MED  
CTR, SHARP CORONADO  
HOSP AND HEALTHCARE CTR,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*



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### **ANESTHESIOLOGY**

#### **CURRAN, BRIAN**

*Provider ID: 239003*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *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*

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## D. Directorio de proveedores especialistas

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**


#### **FEJLEH, ASHLEY**

Provider ID: 269503

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1609353465

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**


#### **FUNDINGSLAND, BRENT**

Provider ID: 280469

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**


#### **HOSALKAR, HETAL**

Provider ID: 243370

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **HYLTON, DIANA**

Provider ID: 241736



Board Certified Specialty: No

UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

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## D. Directorio de proveedores especialistas



 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1932527751

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER



 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **ANESTHESIOLOGY**


#### **MEYER, MEGAN**

Provider ID: 239608  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037



 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1720473044

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER



 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **ANESTHESIOLOGY**



#### **NGUYEN, QUOC SY**

Provider ID: 242189  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM



 Website: N/A  
 IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **OKAMOTO, VINCENT**

Provider ID: 245952  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT




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## D. Directorio de proveedores especialistas


**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

**OSWALD, JESSICA**  
 Provider ID: 239601  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273



Provider Gender: Female  
 NPI: 1427315118

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

**SHAW, SUSANNA**  
 Provider ID: 255317  
 Board Certified Specialty: No

**UCSD MEDICAL GROUP**  
 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

**SORIA, CLAIRE**  
 Provider ID: 243295  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group



### **ANESTHESIOLOGY**

**SUYDAM, STEVEN**  
 Provider ID: 286570  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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,

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## D. Directorio de proveedores especialistas


TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**


#### **TRIVEDI, SURAJ**

Provider ID: 246750

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699057885

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**

#### **TSUDA, PAIGE**

Provider ID: 271683

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**

#### **TULLY, JEFFREY**

Provider ID: 283690

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **TZENG, ERIC**

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## D. Directorio de proveedores especialistas

Provider ID: 284578

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801258264

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **WANG, MICHELLE**

Provider ID: 286139

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **YODER, ANDREA**

Provider ID: 272805

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **YOUNAN, LAWRENCE**

Provider ID: 240871

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### **ANESTHESIOLOGY CRITICAL CARE MEDICINE**

#### **KRAUSE, MARTIN**

Provider ID: 280540

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1417243239

Provider English Spoken: Y

Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **CASTELLANOS, JOEL**

Provider ID: 243554

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **KEEN, WILLIAM**

Provider ID: 291303

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **MIZZELL, ANNA**

Provider ID: 214021

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group

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### **CARDIOVASCULAR DISEASE**


#### **PHREANER, NICHOLAS**


Provider ID: 224864

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1023373040

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


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### **CARDIOVASCULAR DISEASE**

#### **SHAPIRO, HILARY**

Provider ID: 300000

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811382815

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED ACUPUNCTURIST**

#### **ARELLANO, JACQUELINE**

Provider ID: 304136

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED ACUPUNCTURIST**

#### **ARELLANO, JACQUELINE**

Provider ID: 304141

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED ACUPUNCTURIST**

#### **ARELLANO, JACQUELINE**

Provider ID: 304140

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

Provider ID: 304134

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

Provider ID: 304135

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

Provider ID: 304130

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

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## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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#### **AGYEMANG, ALBERTA**

Provider ID: 265131

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

---


#### **AGYEMANG, ALBERTA**

Provider ID: 265130


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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#### **BOUTELLE, AMY**

Provider ID: 243485

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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#### **BRADY, KATELYN**

Provider ID: 209017

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


#### **BUENROSTRO, CHRISTINA**


Provider ID: 243717

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE


### PRACTITIONER


#### **CAPOZZI, JENNIFER**

Provider ID: 241030

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


#### **CONNER, PAMELA**

Provider ID: 299932

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

#### **CONNER, PAMELA**

Provider ID: 299931

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

### GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


#### CONNOR, CAROLINE

Provider ID: 279834

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1609081710

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


#### CZYPULL, MONICA

Provider ID: 284662


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### DAVIES, SUMMER


Provider ID: 253691

Board Certified Specialty: No

### UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER


#### DAVIES, SUMMER

Provider ID: 238922

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-7600

 After Hours Phone: (858)  
657-7600

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1679850671

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


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#### **DE DIOS, SARAH JANE**

Provider ID: 300052

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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#### **DIMAIRA, FRANCESCA**


Provider ID: 245580

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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#### **DIMAIRA, FRANCESCA**

Provider ID: 245579

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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#### **DRISCOLL, KARRIE**

Provider ID: 286376


Board Certified Specialty: No


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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

#### GARTH, MELISSA

Provider ID: 268992

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689232977

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER


#### GARTH, MELISSA

Provider ID: 268991

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

#### GIOVANNETTI, ERIN

Provider ID: 276002

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1013317767

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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**GOMEZ, LESLIE**

Provider ID: 299465

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

---

**GOMEZ, LESLIE**

Provider ID: 299464

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

---

**GOMEZ, LESLIE**

Provider ID: 299469

Board Certified Specialty: No  
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528578713

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

---

**GOMEZ, LESLIE**

Provider ID: 299470

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group





























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### CERTIFIED NURSE

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## D. Directorio de proveedores especialistas

<b>PRACTITIONER</b>		
<b>HANNA, LINDSAY</b> Provider ID: 284967 Board Certified Specialty: No UCSD MEDICAL GROUP  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: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group	Provider Gender: Female NPI: 1487785093  Provider English Spoken: Y  Provider Language(s) Spoken: Japanese Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group	American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group
	<b>CERTIFIED NURSE PRACTITIONER</b>	
	<b>IYER, VICTORIA</b> Provider ID: 265624 Board Certified Specialty: No UCSD MEDICAL GROUP  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: Yes Min/Max Age: 0\None	<b>JONES, CHRISTA</b> Provider ID: 275564 Board Certified Specialty: No UCSD MEDICAL GROUP  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: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group
<b>CERTIFIED NURSE PRACTITIONER</b>		
<b>HARKNESS, RUMIKO</b> Provider ID: 208840 Board Certified Specialty: No UCSD MEDICAL GROUP  8910 VILLA LA JOLLA DR STE 200 LA JOLLA, CA 92037  Phone: (800) 926-8273  After Hours Phone: (800) 926-8273		

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### CERTIFIED NURSE PRACTITIONER

#### **KORMANIK, PATRICIA**

Provider ID: 282070

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **LANE, KIMBERLY**

Provider ID: 301604

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **MATTHESS, JANETTE**

Provider ID: 287644

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **MATTHESS, JANETTE**

Provider ID: 287645

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

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## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


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**MICK, SHARON**

Provider ID: 299650

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


---

**MICK, SHARON**

Provider ID: 299645

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


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**MICK, SHARON**

Provider ID: 299651

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


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**MICK, SHARON**

Provider ID: 299646

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1891061966


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

#### **MOHEBBI, ATHENA**


Provider ID: 282231

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


#### **MULVEY, CAOILFHIONN**

Provider ID: 291420

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE

### PRACTITIONER


#### **NACOSTE, LAKEISHA**


Provider ID: 272935

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER


#### **PAULSON, KERRY**

Provider ID: 201269

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (619) 543-3000


 After Hours Phone: (619)  
543-3000

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


NPI: 1518363407


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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#### **RALEIGH, DEBORAH**

Provider ID: 215016

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689006876

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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#### **ROCHE, CHELSEA**

Provider ID: 270706

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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#### **ROSSI, CATHERINE**

Provider ID: 291446

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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#### **SRILASAK, MICHELE**

Provider ID: 281855


Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

 3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1265487326

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **STEVENSON, REHEIA**


Provider ID: 210795

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **TOPPEN, LAURA**


Provider ID: 215476


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **TOPPEN, LAURA**


Provider ID: 215475


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **TREJO, ANA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 307671

Board Certified Specialty: No  
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1033717194

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **TREJO, ANA**

Provider ID: 307670

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1033717194

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **TREJO, ANA**

Provider ID: 307673

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1033717194

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **TRUJILLO, DALE**

Provider ID: 278428

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **TUCKER, LANIKA**

Provider ID: 307658



Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

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## D. Directorio de proveedores especialistas

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1477325181

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### CERTIFIED NURSE PRACTITIONER

#### **YEO, ALEXANDRIA**

Provider ID: 299942

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### CERTIFIED REGISTERED NURSE ANESTHETIST


#### **ALFONSO, ALVIN**

Provider ID: 256375

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1952653404

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### CERTIFIED REGISTERED NURSE ANESTHETIST

#### **BAYLIS, CHRISTOPHER**

Provider ID: 240764

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### CERTIFIED REGISTERED NURSE ANESTHETIST

#### **BURROWS, TERENCE**

Provider ID: 256695

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group


### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **DOLLAND, STEVEN**




Provider ID: 280553  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Male  
 NPI: 1982059044

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: KERN  
 MEDICAL CENTER, UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group


### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **FERRITER, STACY**

Provider ID: 265296  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP




 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group


### **CERTIFIED REGISTERED**

### **NURSE ANESTHETIST**

#### **GARCIA, CALVIN**


Provider ID: 217366  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A


IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **GONZALEZ, LISA**

Provider ID: 299906  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1083254205

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **POLIKOWSKI, SAMANTHA**

Provider ID: 291443

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED REGISTERED NURSE ANESTHETIST**

#### **RAMIREZ, NICOLE**

Provider ID: 291403

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487213500

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE ANESTHETIST**


#### **SACKS, BRENT**

Provider ID: 278004


Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982133591

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED REGISTERED NURSE MIDWIFE**

#### **CHOI, NATHALIE**

Provider ID: 301713

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

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## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1073241618

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER,


SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED** **NURSE MIDWIFE**


#### **GOODWIN, RACHEL**


Provider ID: 210017

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED** **NURSE MIDWIFE**


#### **GREAR MANN, MELISSA**


Provider ID: 210051

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE 200


LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1255384475

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED** **NURSE MIDWIFE**


#### **GUNTHER, HOPE**


Provider ID: 210040

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 8AM-5PM  
W 8AM-8PM

TH-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED** **NURSE MIDWIFE**

#### **HIRSCH, JENNIFER**


Provider ID: 210056


Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1891752069

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED REGISTERED

#### NURSE MIDWIFE


**HIRSCH, JENNIFER**


Provider ID: 210057

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1891752069

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU 8AM-5PM  
W 8AM-8PM

TH-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED REGISTERED


#### NURSE MIDWIFE

**NATHAN, CARLY**


Provider ID: 301046

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

**AMANN, CHRISTOPHER**

Provider ID: 270914

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE

**AUSTIN, ANDREA**

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## D. Directorio de proveedores especialistas

Provider ID: 269292

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811289093

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, GROSSMONT

HOSPITAL, Los Angeles

General Medical Center,

TEMECULA VALLEY HOSPITAL

INC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### BAGBY, JESSICA

Provider ID: 271135

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### BAGBY, JESSICA

Provider ID: 271138

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093161473

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### BARRY, JEFFREY

Provider ID: 271131

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

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## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### BELLINGHAUSEN, AMY

Provider ID: 270335

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801206354

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


#### BLACK, NICHOLAS

Provider ID: 284415

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


#### CASTELLANO, TIFFANY

Provider ID: 271611

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


#### CHEN, ALICE

Provider ID: 287427

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE 100


LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427476597

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### CHEN, ALICE

Provider ID: 287429

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### GALUST, HENRIK

Provider ID: 300053

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SAN

GORGONIO MEMORIAL HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


#### GOODRICH, ANDREW

Provider ID: 271625

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

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**EMERGENCY MEDICINE**

**GUITTARD, JESSE**  
 Provider ID: 239880  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

📍 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

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**EMERGENCY MEDICINE**

**HERNANDEZ, CRISTINA**  
 Provider ID: 242545  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

📍 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

---

**EMERGENCY MEDICINE**

**HERNANDEZ, CRISTINA**  
 Provider ID: 278988  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

📍 8910 VILLA LA JOLLA DR  
 STE 100  
 LA JOLLA, CA 92037

☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1164765046

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

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**EMERGENCY MEDICINE**

**HOGUE, BRENNIA**  
 Provider ID: 301710  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1043705296

🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PIONEERS  
 MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### EMERGENCY MEDICINE

#### HOGUE, BRENNIA

Provider ID: 300006

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043705296

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### EMERGENCY MEDICINE


#### HORNBEAK, KIRSTEN

Provider ID: 240023

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### EMERGENCY MEDICINE

#### KRESHAK, ALLYSON

Provider ID: 257564

Board Certified Specialty: No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

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### EMERGENCY MEDICINE

#### KUTZ, CRAIG

Provider ID: 283846

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

THORNTON, UCSD MEDICAL  
CTR, TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


#### KUTZ, CRAIG

Provider ID: 283844

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598295925

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, TRI CITY MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### LI, JINGHONG

Provider ID: 255937

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-7125

Fax: (858) 657-7107

 After Hours Phone: (858)  
657-7125

Provider Gender: Female

NPI: 1619014479

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


#### LI, JINGHONG

Provider ID: 255938

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


#### LIOTTA, BENJAMIN

Provider ID: 283150

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1396270278

 Provider English Spoken: Y

 Provider Language(s) Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**


#### **MCDANIEL, MICHELE**

Provider ID: 246900

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **NOSTE, ERIN**


Provider ID: 239796

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **PARK, JAY**

Provider ID: 285609

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): **QUENZER, FAITH**

N

 Accessibility: CONTACT PROVIDER


 Website: N/A


IPA: UCSD Medical Group

Provider ID: 243284

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

**PARK, JAY**

Provider ID: 285608

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366478372

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

### **EMERGENCY MEDICINE**

**RUDOLF, FRANCES**

Provider ID: 240160

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


### **EMERGENCY MEDICINE**


**SABHA, MAHMOUD**

Provider ID: 240450

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)  
Spoken: Arabic




Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

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## D. Directorio de proveedores especialistas


JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: SU 8AM-8PM  
M-F 8AM-5PM  
SA 8AM-8PM  
 Website: N/A  
IPA: UCSD Medical Group




### EMERGENCY MEDICINE

#### SELTZER, JUSTIN

Provider ID: 283135  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group



### EMERGENCY MEDICINE

#### SMITH, CASEY

Provider ID: 300008  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group



### EMERGENCY MEDICINE

#### SUPAT, BENJAMIN

Provider ID: 299907  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### WINKLER, GARRET




Provider ID: 271416  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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

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## D. Directorio de proveedores especialistas

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### YOU, ALAN


Provider ID: 269938  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### YOU, ALAN

Provider ID: 269937

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### YU, ELAINE

Provider ID: 301707

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


#### YU, ELAINE


Provider ID: 299985

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **ENDOCRINOLOGY METABOLISM DIABETES**

#### **JUANG, PATRICIA**

Provider ID: 255606

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265695795

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **ENDOCRINOLOGY METABOLISM DIABETES**

#### **KULASA, KRISTEN**

Provider ID: 255623

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 962-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
962-8273

Provider Gender: Female

NPI: 1932324175

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **ENDOCRINOLOGY METABOLISM DIABETES**

#### **NAGELBERG, JODI**

Provider ID: 287778

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **ENDOCRINOLOGY METABOLISM DIABETES**

#### **PETTUS, JEREMY**

Provider ID: 303286

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

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## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 1225234982

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### ENDOCRINOLOGY


#### METABOLISM DIABETES


**SANTOS CAVAIOLA, TRICIA**

Provider ID: 256092

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### FAMILY PRACTICE


**CHEN, ALICE**


Provider ID: 207166

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 MEDICAL CENTER  
DR


LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### FAMILY PRACTICE


**CHEN, ALICE**

Provider ID: 207165

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### FAMILY PRACTICE

**JOLICOEUR, MEGAN**

Provider ID: 300056

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

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## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Female


NPI: 1114366192

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**


#### **LUKACZ, EMILY**

Provider ID: 256953

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1750339446

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**


#### **LUKACZ, EMILY**

Provider ID: 256954

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750339446

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **GASTROENTEROLOGY**

#### **ANAND, GOBIND**

Provider ID: 272836

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **GASTROENTEROLOGY**

#### **DAVE, SHRAVAN**

Provider ID: 270448

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 925-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
925-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 1588081814

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### GASTROENTEROLOGY

#### **DAVE, SHRAVAN**

Provider ID: 270449

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
STE 2C  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588081814

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### GASTROENTEROLOGY

#### **FEJLEH, MOHAMMAD**


Provider ID: 271043

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### GASTROENTEROLOGY

#### **FEJLEH, MOHAMMAD**

Provider ID: 271042

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### GASTROENTEROLOGY

#### **HASAN, AWS**

Provider ID: 299952

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **GASTROENTEROLOGY**








#### **HASAN, AWS**

*Provider ID: 299953*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1780047597*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **GASTROENTEROLOGY**

#### **HOLMER, ARIELA**




*Provider ID: 273216*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1083032544*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **GASTROENTEROLOGY**


#### **SHAH, SHAILJA**

*Provider ID: 283898*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1073803243*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*





























### **GASTROENTEROLOGY**

#### **SHAH, SHAILJA**

*Provider ID: 283897*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1073803243*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p><b>GASTROENTEROLOGY</b></p> <p><b> TSAI, MATTHEW</b></p> <p><i>Provider ID: 252368</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 9350 CAMPUS POINT DR LA JOLLA, CA 92037</p> <p> <i>Phone: (800) 926-8273</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1285051177</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p><b>GASTROENTEROLOGY</b></p> <p><b> TSAI, MATTHEW</b></p>	<p><i>Provider ID: 252369</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 9300 CAMPUS POINT DR LA JOLLA, CA 92037</p> <p> <i>Phone: (800) 926-8273</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1285051177</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p><b>GASTROENTEROLOGY</b></p> <p><b> YOUSSEF, FADY</b></p> <p><i>Provider ID: 300023</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 9300 CAMPUS POINT DR LA JOLLA, CA 92037</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p>	<p><i>Provider Gender: Male</i></p> <p><i>NPI: 1265887723</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p><b>GASTROENTEROLOGY</b></p> <p><b> YOUSSEF, FADY</b></p> <p><i>Provider ID: 300025</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 9350 CAMPUS POINT DR LA JOLLA, CA 92037</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1265887723</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>
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## D. Directorio de proveedores especialistas

### GYNECOLOGIC ONCOLOGY

#### **ESKANDER, RAMEZ**

Provider ID: 282165

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1144486929

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, EARL AND  
LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
Providence St Joseph Hospital,  
Providence St Jude Medical  
Center, ORANGE COAST MEM  
MED CTR, FOUNTAIN VALLEY  
REGIONAL HOSP AND MED  
CTR, FOUNTAIN VALLEY  
REGIONAL HOSP AND MED  
CTR, CORONA REGIONAL  
MED CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY

#### **ASIMAKOPOULOS, FOTIOS**

Provider ID: 246594

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY

#### **CHEN, YU-WEI**

Provider ID: 303057

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1245694801

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY

#### **CHEN, YU-WEI**

Provider ID: 303058

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER

 Website: N/A  
IPA: UCSD Medical Group



### HEMATOLOGY / ONCOLOGY

#### **HAMDAN, AYAD**

Provider ID: 241429  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3960 HEALTH SCIENCES DRIVE  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273


Provider Gender: Male  
NPI: 1144431230



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, French

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### HEMATOLOGY / ONCOLOGY

#### **HEYMAN, BENJAMIN**

Provider ID: 202664  
Board Certified Specialty: No  
UCSD MEDICAL GROUP



 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1982995809

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### HEMATOLOGY / ONCOLOGY

#### **HEYMAN, BENJAMIN**


Provider ID: 202663  
Board Certified Specialty: No  
UCSD MEDICAL GROUP



 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY

#### **HEYMAN, BENJAMIN**

Provider ID: 202662  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas




Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU-SA 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY




#### **PARK, SOO**

Provider ID: 257202  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1821351198




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### HEMATOLOGY / ONCOLOGY

#### **RICHARDSON, ANGELIQUE**

Provider ID: 215010  
Board Certified Specialty: No  
UCSD MEDICAL GROUP




 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1700120102

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### HEMATOLOGY / ONCOLOGY

#### **STEWART, TYLER**

Provider ID: 243920  
Board Certified Specialty: No  
UCSD MEDICAL GROUP




 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY

#### **VU, PETER**

Provider ID: 272717  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

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







## D. Directorio de proveedores especialistas

 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### HEMATOLOGY / PATHOLOGY




#### **WANG, HUAN YOU**




Provider ID: 247584  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: 1689633729  
 Provider English Spoken: Y

Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### HEMATOLOGY / PATHOLOGY









#### **WANG, HUAN YOU**

Provider ID: 275792  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: 1689633729  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### HEPATOLOGY

#### **BARMAN, PRANAB**

Provider ID: 241954  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1023301991  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

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## D. Directorio de proveedores especialistas

### HEPATOLOGY

#### BARMAN, PRANAB

Provider ID: 241952

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
STE 2C

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1023301991

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### HOSPICE AND PALLIATIVE MEDICINE

#### RUBENSIK, TAMARA

Provider ID: 245574

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### HOSPITALIST MD/DO

#### CHILDERS, DIANA

Provider ID: 275070

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1033128376

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### HOSPITALIST MD/DO

#### CHILDERS, DIANA

Provider ID: 275069

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1033128376

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

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## D. Directorio de proveedores especialistas

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### HOSPITALIST MD/DO

**FIRESTEIN, CATHERINE**


Provider ID: 275388

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1427348382

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### HOSPITALIST MD/DO

**HAMMOND, CHARLES**

Provider ID: 278589

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1033641816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### HOSPITALIST MD/DO

**SHINDO, YURI**

Provider ID: 284744

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1700271939

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### HOSPITALIST MD/DO

**TONG, ALEXANDER**

Provider ID: 300046

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male


NPI: 1356804926

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **INFECTIOUS DISEASE**

#### **KUPPALLI, KRUTIKA**

Provider ID: 301059

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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, STANFORD HEALTH

CARE TRI-VALLEY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 299947

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **INFECTIOUS DISEASE**

#### **KUPPALLI, KRUTIKA**

Provider ID: 301057

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1538346317

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, Stanford Health  
Care, STANFORD HEALTH


CARE TRI-VALLEY

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### **INFECTIOUS DISEASE**

#### **RAMIREZSANCHEZ, CLAUDIA**

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group


### **INFECTIOUS DISEASE**

#### **TANG, MICHAEL**

Provider ID: 300063

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

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## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE


#### BORDIN-WOSK, TALYA

Provider ID: 273985

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

#### BORDIN-WOSK, TALYA

Provider ID: 273984

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE


#### CHENG, GEORGE

Provider ID: 247640

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

#### DJEKIC, KRISTINA

Provider ID: 286669

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

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## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1417343732

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE


#### HOGARTH, MICHAEL

Provider ID: 214385

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1225019193

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UC DAVIS

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

#### IVANOV, MARGARET


Provider ID: 272876

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1326427014

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE


#### JABBOUR, MOUSSA

Provider ID: 256658

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1255741633

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

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## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### KATZ, YISRAEL

Provider ID: 272937

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1730507872

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### KVIATKOVSKY, MILLA

Provider ID: 274002

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### KVIATKOVSKY, MILLA

Provider ID: 274004

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### LAGO HERNANDEZ, CARLOS

Provider ID: 238623

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 18\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE


**LAGO HERNANDEZ, CARLOS**

Provider ID: 238624

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

**LAM, MICHAEL**

Provider ID: 274409

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE


**MAJITHIA, AMIT**

Provider ID: 255881

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801091459

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

**MARTINEZ, ARMANDO**

Provider ID: 291422

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Male

NPI: 1598261091

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

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## D. Directorio de proveedores especialistas

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

#### NOKES, BRANDON

Provider ID: 287581

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

#### POTOK, OLIVIA

Provider ID: 272707

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073951323

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

#### SEBASKY, MEGHAN

Provider ID: 273964

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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


### INTERNAL MEDICINE

#### SEBASKY, MEGHAN

Provider ID: 273963

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (619) 471-9186

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## D. Directorio de proveedores especialistas

JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

**SMITH, CHELSEY**


Provider ID: 239921


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE


**TAYLOR, DAVID**

Provider ID: 274470

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE


**WANG, ANGELA**

Provider ID: 259536

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE


**YADLAPATI, RENA**


Provider ID: 238587

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273


 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1548597784

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## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **INTERNAL MEDICINE**


#### **YADLAPATI, RENA**

*Provider ID: 238586*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *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: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **INTERNAL MEDICINE**

#### **YANG, JENNY**

*Provider ID: 283025*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *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: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **INTERNAL MEDICINE**


#### **ZHANG, SHERRY**

*Provider ID: 272658*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*


 *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: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### **INTERNAL MEDICINE**

### **CRITICAL CARE MEDICINE**

#### **ALOTAIBI, MONA**

*Provider ID: 271480*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1174933915

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **BOROK, ZEA**

Provider ID: 284703

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-5273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-5273

Provider Gender: Female

NPI: 1750317251

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hebrew

Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR, Los

Angeles General Medical  
Center, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **ODISH, MAZEN**

Provider ID: 271468

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1992141428

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **TRAN, LINH**

Provider ID: 271938

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1851682728

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERVENTIONAL CARDIOLOGY


**AL KHIAMI, BELAL**


Provider ID: 275993

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERVENTIONAL CARDIOLOGY

**CRUZ RODRIGUEZ, JOSE**

Provider ID: 300062

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1457770240

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### INTERVENTIONAL CARDIOLOGY


**DAMANI, SAMIR**

Provider ID: 303097


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### INTERVENTIONAL CARDIOLOGY


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#### **GOVEA, ALAYN**

Provider ID: 300030

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Hospital Affiliation:

LAKEWOOD REGIONAL MED  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### INTERVENTIONAL CARDIOLOGY

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#### **TAUB, PAM**


Provider ID: 277682

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INTERVENTIONAL CARDIOLOGY


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#### **TAUB, PAM**

Provider ID: 277681

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INTERVENTIONAL CARDIOLOGY

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#### **WETTERSTEN, NICHOLAS**

Provider ID: 210604

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 Phone: (858) 657-8530  
Fax: (858) 657-8814

 After Hours Phone: (858)  
657-8530

Provider Gender: Male

NPI: 1063701068




 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

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## D. Directorio de proveedores especialistas

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **BALLAS, JERASIMOS**




Provider ID: 209561  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **EMERUWA, UKACHI**



Provider ID: 300009  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273  
Provider Gender: Female

NPI: 1245627421  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **HULL, ANDREW**

Provider ID: 209482  
Board Certified Specialty: No




UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (858) 657-8745  
 After Hours Phone: (858)  
657-8745

Provider Gender: Male  
NPI: 1902862121

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **LAURENT, LOUISE**

Provider ID: 208639

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### MELBER, DORA

Provider ID: 240599

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hungarian,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### MOORE, THOMAS

Provider ID: 208642

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### WOELKERS, DOUGLAS

Provider ID: 209383

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.










## D. Directorio de proveedores especialistas

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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **WOLF, RICHARD**




Provider ID: 209252  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1497713846  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, PALOMAR  
MEDICAL CENTER, UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### NEONATAL / PERINATAL MEDICINE


#### **BAI-TONG, SHIYU**

Provider ID: 283287  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 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: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **DELROSARIO, PAMELA**


Provider ID: 295001  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 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: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL): N  
 Website: N/A  
 IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### **HIETALATI, SAMANTHA**

Provider ID: 294252

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### **MARC-AURELE, KRISHELLE**

Provider ID: 206207

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (858) 249-5800

Fax: (858) 249-5839

 After Hours Phone: (858) 249-5800

Provider Gender: Female

NPI: 1952503435

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


### NEONATAL / PERINATAL MEDICINE

#### **MARC-AURELE, KRISHELLE**

Provider ID: 206209

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Network, UCSD Medical Group


### NEONATAL / PERINATAL MEDICINE

#### **MATOBA, NANA**

Provider ID: 297977

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE

#### **MATOBA, NANA**

Provider ID: 299893

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE


#### **MESTAN, KAREN**

Provider ID: 285931

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH

#### **NETWORK**

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE

#### **NYMAN, KATHERINE**

Provider ID: 301824

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 9888 GENESEE AVE  
LA JOLLA, CA 92037

 Phone: (858) 626-4123

Fax: (760) 633-7998

 After Hours Phone: (858)

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## D. Directorio de proveedores especialistas

626-4123  
 Provider Gender: Female  
 NPI: 1003260951  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEONATAL / PERINATAL MEDICINE

**RAMOS, CARLOS**  
 Provider ID: 206062  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEONATAL / PERINATAL MEDICINE

**SAJTI, ENIKO**  
 Provider ID: 206170  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### NEONATAL / PERINATAL MEDICINE


**SAUER, CHARLES**  
 Provider ID: 303908  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

*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: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **NEONATAL / PERINATAL MEDICINE**


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#### **SAUER, CHARLES**

*Provider ID: 303907*

*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 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: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **NEUROLOGY**

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#### **BEVINS, ELIZABETH**

*Provider ID: 277726*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **NEUROLOGY**


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#### **COUGHLIN, DAVID**

*Provider ID: 240950*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 *Phone: (800) 926-8273*





 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1740543784*





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## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### NEUROLOGY

#### IRAGUIMADOZ, VICENTE




*Provider ID: 246701*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (858) 657-8540*  
 *After Hours Phone: (858) 657-8540*  
*Provider Gender: Male*  
*NPI: 1053326710*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*




*IPA: UCSD Medical Group*

### NEUROLOGY

#### LEE, DAVID

*Provider ID: 246264*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### NEUROLOGY


#### QAYOUMI, WALI


*Provider ID: 284369*  
*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 9500 GILMAN DR STE  
 2069

LA JOLLA, CA 92093

 *Phone: (858) 822-5881*


 *Fax: (888) 539-8781*

 *After Hours Phone: (858) 822-5881*

*Provider Gender: Male*

*NPI: 1093178220*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: French*

*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*


*JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### NEUROLOGY


#### QAYOUMI, WALI

*Provider ID: 284371*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 9350 CAMPUS POINT DR  
 STE LLB

LA JOLLA, CA 92037

 *Phone: (619) 284-3746*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### SCHULTE, JESSICA

Provider ID: 284819

Board Certified Specialty: No UCSD MEDICAL GROUP

📍 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### NUCLEAR MEDICINE

#### SHARIF TABRIZI, AHMAD

Provider ID: 300029

Board Certified Specialty: No UCSD MEDICAL GROUP

📍 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: 1053727313

☐ Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: Providence

St Mary Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OBSTETRICS / GYNECOLOGY

#### BINDER, PRATIBHA

Provider ID: 273225

Board Certified Specialty: No UCSD MEDICAL GROUP

📍 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### **OBSTETRICS / GYNECOLOGY**

#### **DEL CORE, LAURA**

Provider ID: 291324

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DEL CORE, LAURA**

Provider ID: 291323

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 291335

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 291334

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **GUPTA, PRATIMA**

Provider ID: 257546

Board Certified Specialty: No  
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR

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## D. Directorio de proveedores especialistas

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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**HARVEY, SCOTT**  
Provider ID: 278916  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**HARVEY, SCOTT**  
Provider ID: 278918  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**HOANG, MAI**  
Provider ID: 208295  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group



### **OBSTETRICS / GYNECOLOGY**

#### **HOM-TEDLA, MARIANNE**

Provider ID: 242752  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A



IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**



#### **KLEIN, DAVID**

Provider ID: 271559  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1780073635

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **KLEIN, DAVID**

Provider ID: 271558  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780073635

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

#### **LAMALE-SMITH, LEAH**

Provider ID: 286230

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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




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## D. Directorio de proveedores especialistas







 *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: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OBSTETRICS / GYNECOLOGY**








**MACKAY, GILLIAN**  
*Provider ID: 200964*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1770702177*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


### **OBSTETRICS / GYNECOLOGY**

**MACKAY, GILLIAN**  
*Provider ID: 303062*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 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: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OBSTETRICS / GYNECOLOGY**

**MEADOWS, AUDRA**  
*Provider ID: 285740*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1467585521*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OBSTETRICS / GYNECOLOGY**

**MEADOWS, AUDRA**  
*Provider ID: 285739*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9300 CAMPUS POINT DR

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**MELENDEZ, ARIANA**  
Provider ID: 299920  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**PICKETT, CHARLOTTE**  
Provider ID: 299976  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**PICKETT, CHARLOTTE**  
Provider ID: 299977

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group




### **OBSTETRICS / GYNECOLOGY**

**RIVAS, RENEE**  
Provider ID: 284295  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas




JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**RIVAS, RENEE**  
 Provider ID: 284296  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP


 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: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group




### **OBSTETRICS / GYNECOLOGY**

**RIVAS, RENEE**  
 Provider ID: 284297  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP



 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: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**SUYAMA, JULIE**  
 Provider ID: 284289  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781



 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1306372800

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**THOMSON, SAMANTHA**  
 Provider ID: 285175  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR  
 STE 200

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1689013468  
☑ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: CEDARS SINAI MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**THOMSON, SAMANTHA**  
Provider ID: 285173  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

**AMARAL, MARGARET**  
Provider ID: 258303  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
☎ Phone: (858) 657-6879  
Fax: (858) 657-6873  
📞 After Hours Phone: (858) 657-6879  
Provider Gender: Female  
NPI: 1689874521

☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

**COLLINS, RESENIA**  
Provider ID: 258356  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

**MUNCADA, CAESAR**  
Provider ID: 288724  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

#### **SMITH, EMILY**

Provider ID: 258537

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL THERAPIST**

#### **SOROKIN, LISA**

Provider ID: 258362

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OPHTHALMOLOGY**

#### **BAXTER, SALLY**

Provider ID: 272787

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-5PM  
SA 7:45AM-2PM

Website: N/A

IPA: UCSD Medical Group

### **OPHTHALMOLOGY**

#### **BEAZER, ALEX**

Provider ID: 272802

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### MOVAGHAR, MANSOOR

Provider ID: 215055

Board Certified Specialty: No

UCSD MEDICAL GROUP

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### OPHTHALMOLOGY

#### PUIG LLANO, MANUEL

Provider ID: 299965

Board Certified Specialty: No

UCSD MEDICAL GROUP

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1427102979

Provider English Spoken: Y  
Provider Language(s)

Spoken: French, German,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### SATTERFIELD, KELLIE

Provider ID: 305303

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

9834 GENESEE AVE STE  
200

LA JOLLA, CA 92037

Phone: (858) 457-3050

Fax: (858) 457-0851

After Hours Phone: (858)  
457-3050

Provider Gender: Female

NPI: 1629509336

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p> <hr/> <p><b>OPHTHALMOLOGY</b></p> <hr/> <p><b>SCHONBACH, ETIENNE</b></p> <p><i>Provider ID: 284432</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 9415 CAMPUS POINT DR LA JOLLA, CA 92093</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1073040580</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: German</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p>	<p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 9834 GENESEE AVE STE 200 LA JOLLA, CA 92037</p> <p> <i>Phone: (858) 457-3050</i></p> <p><i>Fax: (858) 457-0851</i></p> <p> <i>After Hours Phone: (858) 457-3050</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1932605649</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 18\None</i></p> <p><i>American Sign Language (ASL): N</i></p>	<p>926-8273</p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1932605649</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, UCSD Medical Group</i></p> <hr/> <p><b>OPHTHALMOLOGY</b></p> <hr/> <p><b>SHEILS, CATHERINE</b></p> <p><i>Provider ID: 299935</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 9300 CAMPUS POINT DR LA JOLLA, CA 92037</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1932605649</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</i></p>
<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p><b>OPHTHALMOLOGY</b></p> <hr/> <p><b>SHEILS, CATHERINE</b></p> <p><i>Provider ID: 305309</i></p>	<p><b>OPHTHALMOLOGY</b></p> <hr/> <p><b>SHEILS, CATHERINE</b></p> <p><i>Provider ID: 299937</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 9415 CAMPUS POINT DR LA JOLLA, CA 92093</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800)</i></p>	

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group


### OPHTHALMOLOGY

#### **SONG, DELU**

Provider ID: 284425

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group


### OPHTHALMOLOGY

#### **TOPILOW, NICOLE**

Provider ID: 284348

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1215468376

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### OPTOMETRIST


#### **AOTO, KIM**

Provider ID: 296798

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP  
 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:15PM

TH 9:30AM-5PM

F 8:30AM-4PM

 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### OPTOMETRIST

#### **HOO, PAMELA**

Provider ID: 269621

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 534-6290  
Fax: (858) 822-4438


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## D. Directorio de proveedores especialistas

 After Hours Phone: (858) 534-6290

Provider Gender: Female

NPI: 1275566010

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### OPTOMETRIST


#### **JOMOC, CAITLIN**

Provider ID: 299914

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OPTOMETRIST


#### **JOMOC, CAITLIN**

Provider ID: 299915

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OPTOMETRIST

#### **KIM, PHILIP**


Provider ID: 287909

Board Certified Specialty: No


UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OPTOMETRIST


#### **MCCLEAN, ESMERALDA**

Provider ID: 269907

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 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

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## D. Directorio de proveedores especialistas


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### OPTOMETRIST

**VO, ANDREW**

Provider ID: 304148

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OPTOMETRIST


**VO, ANDREW**

Provider ID: 201311

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OPTOMETRIST

**YU, CAROL**

Provider ID: 258078

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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


 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OPTOMETRIST

**YU, CAROL**

Provider ID: 301681

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **OPTOMETRIST**

#### **YU, CAROL**

Provider ID: 301682

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **OTOLARYNGOLOGY**

#### **BRUMUND, KEVIN**


Provider ID: 299636

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **OTOLARYNGOLOGY**

#### **BRUMUND, KEVIN**

Provider ID: 299633

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **OTOLARYNGOLOGY**

#### **BRUMUND, KEVIN**

Provider ID: 299637

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### OTOLARYNGOLOGY


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**CALIFANO, JOSEPH**

Provider ID: 299463

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### OTOLARYNGOLOGY

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**CALIFANO, JOSEPH**

Provider ID: 299460


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### OTOLARYNGOLOGY


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**CALIFANO, JOSEPH**

Provider ID: 299458

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### OTOLARYNGOLOGY


---

**CALIFANO, JOSEPH**

Provider ID: 299459

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### OTOLARYNGOLOGY

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**COFFEY, CHARLES**

Provider ID: 299580

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### COFFEY, CHARLES

Provider ID: 299581

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### COFFEY, CHARLES

Provider ID: 299584

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### COFFEY, CHARLES

Provider ID: 299585

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### DECONDE, ADAM

Provider ID: 299570


Board Certified Specialty: No


UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY


**DECONDE, ADAM**

Provider ID: 299564

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
 Phone: (858) 657-8590

 After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group



### OTOLARYNGOLOGY

**DECONDE, ADAM**

Provider ID: 299565

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8590  
 After Hours Phone: (858)

657-8590

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

**DECONDE, ADAM**

Provider ID: 299566

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

**FRIEDMAN, RICK**

Provider ID: 299529

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


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## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 1982708558

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: PIH

HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **OTOLARYNGOLOGY**

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**FRIEDMAN, RICK**

Provider ID: 299534

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIH

HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **OTOLARYNGOLOGY**


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**FRIEDMAN, RICK**

Provider ID: 299528

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIH

HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N






 Accessibility: CONTACT



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## D. Directorio de proveedores especialistas







**PROVIDER**  
 Website: N/A  
 IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

**FRIEDMAN, RICK**  
 Provider ID: 299533  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PIH  
 HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL







**CTR**  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

**GILANI, SAPIDEH**  
 Provider ID: 299562  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

**GILANI, SAPIDEH**  
 Provider ID: 299557  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**





**GILANI, SAPIDEH**  
 Provider ID: 299558  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR



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## D. Directorio de proveedores especialistas

LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1003825571  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY







**GILANI, SAPIDEH**  
Provider ID: 299563  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group




### OTOLARYNGOLOGY

**GREENE, JACQUELINE**  
Provider ID: 298398  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1144583931  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**GREENE, JACQUELINE**  
Provider ID: 272958  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**GREENE, JACQUELINE**  
Provider ID: 298395  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)

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## D. Directorio de proveedores especialistas

926-8273

Provider Gender: Female

NPI: 1144583931

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **GREENE, JACQUELINE**

Provider ID: 298394

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**

Provider ID: 299573

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1417988783

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**

Provider ID: 299574

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1417988783

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**

Provider ID: 299577

Board Certified Specialty: No

UCSD MEDICAL GROUP

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

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**

Provider ID: 299578

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### OTOLARYNGOLOGY

#### **HOM, DAVID**

Provider ID: 299516

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1659305027

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### OTOLARYNGOLOGY

#### **HOM, DAVID**

Provider ID: 299517

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1659305027

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### OTOLARYNGOLOGY

#### **HOM, DAVID**

Provider ID: 299513

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

**HOM, DAVID**

Provider ID: 299512

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

**HUSSEMAN, JACOB**

Provider ID: 301051

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


**KARI, ELINA**


Provider ID: 299442

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group


### OTOLARYNGOLOGY

**KARI, ELINA**

Provider ID: 299444

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

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## D. Directorio de proveedores especialistas

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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  
IPA: Rady Childrens Health Network, UCSD Medical Group

### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 299448  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  
IPA: Rady Childrens Health Network, UCSD Medical Group

### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 299447  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  
IPA: Rady Childrens Health Network, UCSD Medical Group

### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 294828  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


### OTOLARYNGOLOGY

**MAGIT, ANTHONY**

Provider ID: 299479

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


### OTOLARYNGOLOGY

**MAGIT, ANTHONY**

Provider ID: 299484

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### OTOLARYNGOLOGY


American Sign Language (ASL): **MAGIT, ANTHONY**

Provider ID: 299483

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


### OTOLARYNGOLOGY

**MAGIT, ANTHONY**

Provider ID: 299478

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY


#### **MATSUOKA, AKIHIRO**

Provider ID: 299593

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **MATSUOKA, AKIHIRO**

Provider ID: 299588


Board Certified Specialty: No

UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **MATSUOKA, AKIHIRO**


Provider ID: 299589

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **MATSUOKA, AKIHIRO**

Provider ID: 299594

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **OTOLARYNGOLOGY**

#### **NGUYEN, QUYEN**

*Provider ID: 299605*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **OTOLARYNGOLOGY**


#### **NGUYEN, QUYEN**

*Provider ID: 299604*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*


 *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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **OTOLARYNGOLOGY**

#### **NGUYEN, QUYEN**

*Provider ID: 299609*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **OTOLARYNGOLOGY**


#### **NGUYEN, QUYEN**

*Provider ID: 299608*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group


### OTOLARYNGOLOGY

**VAHABZADEH-HAGH, ANDREW**



Provider ID: 299505  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group


### OTOLARYNGOLOGY

**VAHABZADEH-HAGH, ANDREW**



Provider ID: 299510  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**VAHABZADEH-HAGH, ANDREW**

Provider ID: 299506  
Board Certified Specialty: No  
UCSD MEDICAL GROUP



 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY




**VAHABZADEH-HAGH, ANDREW**

Provider ID: 299504  
Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093  
 Phone: (858) 822-6197  
 After Hours Phone: (858) 822-6197

Provider Gender: Male

NPI: 1346506920


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### WATSON, DEBORAH

Provider ID: 299640

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### WATSON, DEBORAH

Provider ID: 299638

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### WATSON, DEBORAH

Provider ID: 299643

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### WATSON, DEBORAH

Provider ID: 299644

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**WEISSBROD, PHILIP**

Provider ID: 299613

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**WEISSBROD, PHILIP**

Provider ID: 299612

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**WEISSBROD, PHILIP**

Provider ID: 299616

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**WEISSBROD, PHILIP**


Provider ID: 299611


Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas


 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **YAN, CAROL**

Provider ID: 298411

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **YAN, CAROL**

Provider ID: 298416

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1619237260

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,


UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **YAN, CAROL**

Provider ID: 298415

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY


#### **YAN, CAROL**

Provider ID: 242138

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
STELLA  
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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC


#### **FADARE, OLUWOLE**

Provider ID: 275706


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: 1619955804

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC


#### **HANSEN, LAWRENCE**

Provider ID: 275768

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: 1760407498

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC


#### **PARAST, MANA**

Provider ID: 275889

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1629163100

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PATHOLOGY ANATOMIC**

#### **PATEL, CHARMI**

Provider ID: 259112

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1730389362

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Gujarati, Hindi

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PATHOLOGY ANATOMIC**

#### **WONG, RICHARD**

Provider ID: 275815

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1275084295

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**


#### **CLINICAL**

#### **AISAGBONHI, OMONIGHO**

Provider ID: 275750

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043571045

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS GREEN

HOSPITAL, SCRIPPS GREEN

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.










## D. Directorio de proveedores especialistas

*PROVIDER*  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL






#### **AISAGBONHI, OMONIGHO**




Provider ID: 201304  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1043571045  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS GREEN  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL





#### **ALLEN, ELIZABETH**

Provider ID: 275757  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **BROOME, HELEN**

Provider ID: 275722  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1184674145  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **BUI, JACK**

Provider ID: 275746

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **DON, MICHELLE**

Provider ID: 275816

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **DON, MICHELLE**

Provider ID: 247149

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-4410

After Hours Phone: (858)  
249-4410

Provider Gender: Female

NPI: 1205288396

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **ELKIND, JAE**

Provider ID: 284903

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

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## D. Directorio de proveedores especialistas

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PATHOLOGY ANATOMIC CLINICAL


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**HU, JINGJING**

Provider ID: 243965

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PATHOLOGY ANATOMIC CLINICAL


---


**HU, JINGJING**

Provider ID: 243966

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538574744

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PATHOLOGY ANATOMIC CLINICAL


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**ROMA, ANDRES**

Provider ID: 275827

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PATHOLOGY ANATOMIC CLINICAL


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**SHABAIK, AHMED**

Provider ID: 275782

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **VAVINSKAYA, VERA**

Provider ID: 275840

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **ZARE, SOMAYE**

Provider ID: 275814

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1700334802

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **ZARE, SOMAYE**

Provider ID: 203172

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


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### PATHOLOGY ANATOMIC CLINICAL

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#### **ZHANG, HAIYAN**




*Provider ID: 203176*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1457617110*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese*

*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*  
*American Sign Language (ASL): HOSPITAL*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### PATHOLOGY ANATOMIC CLINICAL

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#### **ZHANG, HAIYAN**

*Provider ID: 275841*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### PATHOLOGY CLINICAL

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#### **KELNER, MICHAEL**

*Provider ID: 275735*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 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: 1174679849*

*Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, EL CENTRO REGIONAL MEDICAL CENTER*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*









Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PATHOLOGY CLINICAL**


#### **LE DZUNG, THE**




*Provider ID: 275733*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *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: 1770526931*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

#### **AINSWORTH, DELISSA**

*Provider ID: 243366*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *8910 VILLA LA JOLLA DR*  
*STE 100*  
*LA JOLLA, CA 92037*  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1750734893*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


### **PHYSICIANS ASSISTANT**

#### **ALBRIGHT, KELSEY**

*Provider ID: 284764*




*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *9300 CAMPUS POINT DR*  
*LA JOLLA, CA 92037*  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1235653148*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*




*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

#### **ALLERS, JENNA**

*Provider ID: 301037*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1730605486

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SALINAS  
VALLEY MEMORIAL HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT


#### ARMEEN, GARY

Provider ID: 247036

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1760774863

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT


#### BOYD, LISA

Provider ID: 217650

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871859421

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT


#### BRUECKNER, TAMMIE


Provider ID: 255557

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407212376

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT


#### CHERRY, REENA


Provider ID: 243349

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female




NPI: 1689729683

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




### **PHYSICIANS ASSISTANT**

#### **CHERRY, REENA**

*Provider ID: 269494*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *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: Yes*


*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




### **PHYSICIANS ASSISTANT**

#### **COOKISH, DAVID**

*Provider ID: 286591*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**


#### **CRIFE, TAYLOR**




*Provider ID: 210983*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PHYSICIANS ASSISTANT**

#### **DEMASCO, MICHAEL**

*Provider ID: 278969*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *9300 CAMPUS POINT DR LA JOLLA, CA 92037*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 1467926295

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT


#### DEMOOR, PATRICIA

Provider ID: 212879

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT


#### HASEGAWA, CHRIS

Provider ID: 247205

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT


#### HIGGINS, JOSHUA

Provider ID: 287135

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT

#### HIGGINS, JOSHUA

Provider ID: 287136

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

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## D. Directorio de proveedores especialistas

Provider Gender: Male  
NPI: 1861624181  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

**HUNTER, JACOB**  
Provider ID: 298431  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1114459765  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

**HUNTER, JACOB**  
Provider ID: 279334  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

**HUNTER, JACOB**  
Provider ID: 298432  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT


**HUNTER, JACOB**  
Provider ID: 287450  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1114459765  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):  9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT

#### HUNTER, JACOB

Provider ID: 298429

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group



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### PHYSICIANS ASSISTANT

#### LEE, JENNIFER

Provider ID: 309997

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265081871

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### PHYSICIANS ASSISTANT


#### LEE, JENNIFER

Provider ID: 309996

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265081871

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT


#### LIN, JOYCE


Provider ID: 265147

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PHYSICIANS ASSISTANT

#### LIN, JOYCE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 265146

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 888-9268

Fax: (888) 539-8781

After Hours Phone: (800)  
888-9268

Provider Gender: Female

NPI: 1427681022

Provider English Spoken: Y

Provider Language(s)  
Spoken: Taiwanese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### LUONG, TRAN

Provider ID: 279014

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1821532292

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### LUONG, TRAN

Provider ID: 279015

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### MARTIN, HALEY

Provider ID: 305025

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### MARTIN, HALEY

Provider ID: 305024

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093440836

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

**MARTIN, HALEY**

Provider ID: 305027

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093440836

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

**MCADAMS, JOSEPH**

Provider ID: 280612

Board Certified Specialty: No

UCSD MEDICAL GROUP

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

**MERRILL, COREY**

Provider ID: 258039

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386032308

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

**OKADA, MICHELLE**

Provider ID: 278017

Board Certified Specialty: No

UCSD MEDICAL GROUP

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1497129860

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

**OKADA, MICHELLE**


Provider ID: 278016

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497129860

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


**PELIO, DARREN**

Provider ID: 293440

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093


 Phone: (858) 822-7967

Fax: (858) 822-6395

 After Hours Phone: (858)  
822-7967

Provider Gender: Male

NPI: 1386791028

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

**PELIO, DARREN**

Provider ID: 293442

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8276

Fax: (888) 539-8784

 After Hours Phone: (800)  
926-8276

Provider Gender: Male

NPI: 1386791028

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**


**PERREAU, MARK**

Provider ID: 283583

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273





 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1356749451

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas





 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **PHYSICIANS ASSISTANT**

#### **PERREAULT, MARK**


*Provider ID: 283584*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1356749451*



 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




---

### **PHYSICIANS ASSISTANT**

#### **ROBERTS, AUDREY**

*Provider ID: 253254*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (619) 543-5540*  
 *After Hours Phone: (619) 543-5540*  
*Provider Gender: Female*  
*NPI: 1265960256*




 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*




*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **PHYSICIANS ASSISTANT**

#### **ROBERTS, AUDREY**


*Provider ID: 253255*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **PHYSICIANS ASSISTANT**

#### **ROMO, JORGE**

*Provider ID: 309983*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1275962383*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 Website: N/A  
IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **SAIKHON, TALIA**



Provider ID: 293439  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Website: N/A  
IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **SANCHEZ, MICHAEL**

Provider ID: 206907  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A


IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **SCHWARTZEL, KEVIN**


Provider ID: 214276  
Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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



 Website: N/A  
IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


#### **SHAUL, SHERA**

Provider ID: 247976  
Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**




#### **SHAUL, SHERA**

Provider ID: 247975  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1336659507

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**



#### **SPEH, BRIAN**

Provider ID: 305010  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1124593926

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

#### **TESFAI, HELEN**




Provider ID: 277072  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


#### **WAHLIN, TAMARA**



Provider ID: 299601  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1083823322

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **WAHLIN, TAMARA**

Provider ID: 299602  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR

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## D. Directorio de proveedores especialistas

LA JOLLA, CA 92037  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1083823322

🗉 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **WAHLIN, TAMARA**

Provider ID: 299596

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1083823322

🗉 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **WEIR, JACQUELINE**

Provider ID: 278202

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (800) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932494499

🗉 Provider English Spoken: Y

🗉 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### **BAILIS, JESSICA**

Provider ID: 300043

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### **BOOTH, CHRISTOPHER**

Provider ID: 209118

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### BOOTH, CHRISTOPHER


Provider ID: 209117

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### BOUTELLE, KERRI

Provider ID: 302876

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### BOUTELLE, KERRI


Provider ID: 240034

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### BOUTELLE, KERRI


Provider ID: 258988

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR  
STE C212

LA JOLLA, CA 92037

 Phone: (858) 246-1654

 After Hours Phone: (858)  
246-1654

Provider Gender: Male

NPI: 1780620906

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### PSYCHOLOGIST

#### CHESHER, NICHOLAS

Provider ID: 273812

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### CRANDAL, BRENT

Provider ID: 291463


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### DUARTE, KRISTEN

Provider ID: 255479

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### PSYCHOLOGIST


#### DUARTE, KRISTEN

Provider ID: 255480

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST

#### EICHEN, DAWN

Provider ID: 302888

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST


#### EICHEN, DAWN

Provider ID: 245715

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1861043366

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### EICHEN, DAWN


Provider ID: 259524

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST


#### LASSWELL, EVE


Provider ID: 208260

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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


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## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **PSYCHOLOGIST**

#### **LINKE, SARAH**

*Provider ID: 273640*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **PSYCHOLOGIST**

#### **MAGINOT-CHESHER, TAMARA**


*Provider ID: 273224*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### **PSYCHOLOGIST**

#### **MENDEZ, ANDRES**

*Provider ID: 279058*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### **PSYCHOLOGIST**


#### **PELHAM, WILLIAM**

*Provider ID: 307681*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 8950 VILLA LA JOLLA DR  
 STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Male


NPI: 1306629399

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### PSYCHOLOGIST

#### REED, KRISTIE

Provider ID: 302867

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### REED, KRISTIE

Provider ID: 291395


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR  
STE C212

LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8372

Provider Gender: Female

NPI: 1679869556

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### TARLE, STEPHANIE

Provider ID: 303116

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1659920403

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### THOMAS, KELSEY

Provider ID: 310060

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Provider Gender: Female

NPI: 1700264264

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group


### **PSYCHOLOGIST**

#### **ZLATAR, ZVINKA**

Provider ID: 272712

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497139059

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PULMONARY DISEASES**

#### **BAILEY, JACOB**

Provider ID: 299925

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598150039

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **PULMONARY DISEASES**


#### **JOSHUA, JISHA**

Provider ID: 238060

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023436417

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Malayalam

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **PULMONARY DISEASES**

#### **MCGUIRE, WILLIAM**

Provider ID: 299987

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

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## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **PULMONARY DISEASES**

#### **PEARCE, ALEX**

Provider ID: 300054

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **BERMAN, ZACHARY**

Provider ID: 269319

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **BRANCH, CODY**

Provider ID: 283676

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **CARSWELL, AIMEE**


Provider ID: 303056

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

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## D. Directorio de proveedores especialistas



### PROVIDER

 Website: N/A  
IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### CHENG, KAREN

Provider ID: 283227  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### FAZELI, SOUDABEH

Provider ID: 299993  
Board Certified Specialty: No

### UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### FORCIER, NANCY

Provider ID: 286955  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


Provider Gender: Female  
NPI: 1497721724

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS

### MEMORIAL HOSPITAL,

Providence Mission Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Website: N/A  
IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### FOWLER, KATHRYN

Provider ID: 201290  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **GRISSOM, MURRAY**

Provider ID: 271568

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1720465396

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, Stanford Health

Care, STANFORD HEALTH

CARE TRI-VALLEY


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **HANNSUN, GEMMY**

Provider ID: 282790

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1992120026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Khmer, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC


#### **HORKY, LAURA**

Provider ID: 241854

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598967812

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC


#### **HORKY, LAURA**

Provider ID: 241855

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

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## D. Directorio de proveedores especialistas


Provider Gender: Female  
NPI: 1598967812

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **JAFFRAY, PAUL**

Provider ID: 299959

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **JAZBEH, SAMMER**

Provider ID: 271128

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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, PROVIDENCE

LITTLE CO OF MARY MED CTR

TORRANCE, PROVIDENCE

LITTLE CO OF MARY MED CTR


SAN PEDRO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **KHURANA, AMAN**

Provider ID: 307767

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1427496710


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### **KONDILI, DHIMITER**

Provider ID: 283144

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699125450

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **MARKS, ROBERT**

Provider ID: 300066

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **RITCHIE, DAVID**

Provider ID: 300033

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SADAT, SAYED**

Provider ID: 299967

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SCHULTZ, HEATHER**

Provider ID: 240343

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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


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## D. Directorio de proveedores especialistas

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


**SEARLEMAN, ADAM**

Provider ID: 299950

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


**SLATER, JERRY**

Provider ID: 283311

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


**SPENGLER, NATHAN**

Provider ID: 303050

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


**STEPENOSKY, JAMES**

Provider ID: 309704

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: 1598738577

 Provider English Spoken: Y  
Cultural Competency: N

























Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): 

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## D. Directorio de proveedores especialistas

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p><i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i></p>	<p> <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1285165183</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<b><u>RADIOLOGY DIAGNOSTIC</u></b>		
<p><b>TADDONIO, MICHAEL</b>  <i>Provider ID: 240406</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1386987261</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY</i>  <b>THORNTON, UCSD MEDICAL CTR</b>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p> <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1306112057</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY</i>  <b>THORNTON, UCSD MEDICAL CTR</b>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p> <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1285165183</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>
<b><u>RADIOLOGY DIAGNOSTIC</u></b>		
<p><b>TADROS, ANTHONY</b>  <i>Provider ID: 268545</i></p>	<p><b><u>RADIOLOGY DIAGNOSTIC</u></b>  <b>UNSDORFER, KYLE</b>  <i>Provider ID: 300036</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i></p>	<p><b>VAHDAT, NOUSHIN</b>  <i>Provider ID: 300069</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1396700852</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>

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## D. Directorio de proveedores especialistas

<p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>YORK, VINCENT</b>            Provider ID: 283518            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>9300 CAMPUS POINT DR            LA JOLLA, CA 92037</p> <p>Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male            NPI: 1790146611</p> <p>Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8AM-5PM</p> <p>Website: N/A</p> <p>IPA: UCSD Medical Group</p>	<p>NPI: 1346482809</p> <p>Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSF            BENIOFF CHILDREN'S HOSPITAL OAKLAND, UCSF MEDICAL CENTER, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION</p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Website: N/A</p> <p>IPA: UCSD Medical Group</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8AM-5PM</p> <p>Website: N/A</p> <p>IPA: UCSD Medical Group</p>
<p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>ZAPALA, MATTHEW</b>            Provider ID: 307677            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>9300 CAMPUS POINT DR            LA JOLLA, CA 92037</p> <p>Phone: (800) 926-8273            After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male</p>	<p><b><u>REGISTERED DIETITIAN / NUTRITIONIST</u></b></p> <p><b>SIEVERING, DENISE</b>            Provider ID: 268249            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR            LA JOLLA, CA 92037</p> <p>Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female            NPI: 1356478929</p> <p>Provider English Spoken: Y            Provider Language(s) Spoken: Spanish            Cultural Competency: N</p>	<p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <p><b>BERGERON, PATRICK</b>            Provider ID: 206533            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR            LA JOLLA, CA 92037</p> <p>Phone: (800) 926-8273            After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male            NPI: 1285061390</p> <p>Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8AM-5PM</p> <p>Website: N/A</p> <p>IPA: UCSD Medical Group</p>
		<p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p>

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## D. Directorio de proveedores especialistas

### BERGERON, PATRICK

Provider ID: 258296

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### REGISTERED PHYSICAL THERAPIST

### BUNOSKY, ABIGAIL

Provider ID: 246021

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1780018416

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### REGISTERED PHYSICAL THERAPIST

### CHIEN, PEI

Provider ID: 214699

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### REGISTERED PHYSICAL THERAPIST

### CHIEN, PEI

Provider ID: 258324

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### REGISTERED PHYSICAL THERAPIST

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## D. Directorio de proveedores especialistas

### HOUSELY, ALEXIS

Provider ID: 299971

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

#### REGISTERED PHYSICAL THERAPIST

### MAROLLA, ALICE

Provider ID: 241145

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### REGISTERED PHYSICAL THERAPIST

### RUDD, CHRISTOPHER

Provider ID: 258372

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

Phone: (855) 543-0333

Fax: (858) 657-6873

After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1831539337

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### REGISTERED PHYSICAL THERAPIST

### RUDD, CHRISTOPHER

Provider ID: 207559

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas







 Website: N/A  
 IPA: UCSD Medical Group

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### REGISTERED PHYSICAL THERAPIST

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#### **SKINNER, NICOLE**

Provider ID: 206546  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group









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### REGISTERED PHYSICAL THERAPIST

---

#### **TRIMM, CASSIDY**

Provider ID: 258442  
 Board Certified Specialty: No





UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

---

#### **TRIMM, CASSIDY**

Provider ID: 258443  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

---

#### **VASQUEZ, BENJAMIN**

Provider ID: 258480  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### REGISTERED PHYSICAL THERAPIST


**VASQUEZ, BENJAMIN**

Provider ID: 200968

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST


**WILLIAMS, STACY**

Provider ID: 258496

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST


**YU, AUDRINE**

Provider ID: 258481


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

 Phone: (858) 657-6879

Fax: (858) 657-6873

 After Hours Phone: (858) 657-6879

Provider Gender: Female

NPI: 1639271208


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SPEECH PATHOLOGIST


**SCHIEDERMAYER, BENJAMIN**

Provider ID: 288939

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR


LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1164979837

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SPEECH PATHOLOGIST**


**SCHIEDERMAYER, BENJAMIN**

Provider ID: 288938

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1164979837

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SPEECH PATHOLOGIST**


**UNGER, LINDSEY**

Provider ID: 265338

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1972936813

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**


**LIU, SHANGLEI**

Provider ID: 273364

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

**LOPEZ, NICOLE**


Provider ID: 286388


Board Certified Specialty: No

UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (858) 822-6100

 After Hours Phone: (858) 822-6100

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1518163005

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

#### **PARRY, LISA**

Provider ID: 278551

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY COLON SURGERY**

#### **RAMAMOORTHY, SONIA**

Provider ID: 286371

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY CRITICAL CARE**

#### **ADAMS, LAURA**

Provider ID: 284408

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1144616541

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY CRITICAL CARE**

#### **POTENZA, BRUCE**

Provider ID: 277299

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037




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## D. Directorio de proveedores especialistas






 Phone: (619) 543-7200  
 After Hours Phone: (619) 543-7200  
 Provider Gender: Male  
 NPI: 1548281496  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group




### **SURGERY CRITICAL CARE**

**VENTRO, GEORGE**  
 Provider ID: 284419  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: 1548604648  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD









MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **SURGERY GENERAL**

**AL-NOURI, OMAR**  
 Provider ID: 211904  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR  
 FL 1  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1770742264  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):



























N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **SURGERY GENERAL**

**AL-NOURI, OMAR**  
 Provider ID: 211905  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><b>SURGERY GENERAL</b></p> <p><b>ARMANI, AVA</b>            Provider ID: 282142            Board Certified Specialty: No            UCSD MEDICAL GROUP   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: UCSF            MEDICAL CENTER, UCSF            Medical Center At Mission Bay,            UCSF MEDICAL CENTER AT            MOUNT ZION, UCSD LA            JOLLA JOHN SALLY            THORNTON, UCSD MEDICAL            CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p>Board Certified Specialty: No            UCSD MEDICAL GROUP   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: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p>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: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>
<p><b>SURGERY GENERAL</b></p> <p><b>CLARY, BRYAN</b>            Provider ID: 202568</p>	<p><b>SURGERY GENERAL</b></p> <p><b>HORGAN, SANTIAGO</b>            Provider ID: 286380            Board Certified Specialty: No            UCSD MEDICAL GROUP   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   Phone: (619) 471-0755   After Hours Phone: (619) 471-0755            Provider Gender: Male</p>	<p><b>SURGERY GENERAL</b></p> <p><b>JACOBSEN, GARTH</b>            Provider ID: 201728            Board Certified Specialty: No            UCSD MEDICAL GROUP   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</p>

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## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL


**SANTORELLI, JARRETT**

Provider ID: 272304

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033529201

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

#### VASCULAR


**BARLEBEN, ANDREW**


Provider ID: 275371

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

#### VASCULAR

**BARLEBEN, ANDREW**

Provider ID: 275373

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

#### VASCULAR


**GAFFEY, ANN**

Provider ID: 287012

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037





 Phone: (800) 926-8273

Fax: (888) 539-8781





 After Hours Phone: (800)




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## D. Directorio de proveedores especialistas








926-8273  
Provider Gender: Female  
NPI: 1316232010  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### SURGERY GENERAL VASCULAR

**HOWE, STEVEN**  
Provider ID: 206760  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### SURGERY HAND ORTHOPEDIC STEPHENSON, SAMUEL

Provider ID: 284935  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: 1578058665  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

### SURGERY HAND ORTHOPEDIC STEPHENSON, SAMUEL

Provider ID: 284936  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: 1578058665  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### SURGERY NEUROLOGICAL BARBA, DAVID

Provider ID: 275678  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **BEAUMONT, THOMAS**

Provider ID: 214126

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **BEN-HAIM, SHARONA**

Provider ID: 244070

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **BLASKIEWICZ, DONALD**

Provider ID: 270282

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **SURGERY NEUROLOGICAL**

#### **HATEFI, DUSTIN**

*Provider ID: 310034*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 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: 1790072106*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation:*

*UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **SURGERY NEUROLOGICAL**


#### **MARSHALL, LAWRENCE**


*Provider ID: 244149*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*


 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1750306171*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: German, Spanish*

*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **SURGERY NEUROLOGICAL**

#### **MURTHY, NIKHIL**

*Provider ID: 299995*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone: (619) 543-5540*

*Fax: (888) 539-8781*

 *After Hours Phone: (619)  
543-5540*

*Provider Gender: Male*

*NPI: 1710371273*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **SURGERY NEUROLOGICAL**

#### **MURTHY, NIKHIL**

*Provider ID: 299994*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1710371273*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **SURGERY NEUROLOGICAL**

#### **OSORIO, JOSEPH**

*Provider ID: 242006*

*Board Certified Specialty: No*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **OSORIO, JOSEPH**

Provider ID: 242005

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A



IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **PHAM, MARTIN**

Provider ID: 244159

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609130921

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A




IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **U, HOI**

Provider ID: 244133

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **ANDRY, JAMES**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 302085

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

9834 GENESEE AVE STE  
228

LA JOLLA, CA 92037

Phone: (858) 455-9942

Fax: (858) 455-6473

After Hours Phone: (858)  
455-9942

Provider Gender: Male

NPI: 1679726103

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS MERCY

HOSPITAL, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SURGERY ORTHOPEDIC**

#### **BUKATA, SUSAN**

Provider ID: 277947

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **CHIARAPPA, FRANK**

Provider ID: 244460

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **CHOI, JIHOON**

Provider ID: 284787

Board Certified Specialty: No

UCSD MEDICAL GROUP

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**

**CHOI, JIHOON**

Provider ID: 284786

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**


**FLINT, JAMES**

Provider ID: 203177

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**

**GOEB, YANNICK**

Provider ID: 284793

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**

**GOEB, YANNICK**

Provider ID: 284792

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

 *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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **SURGERY ORTHOPEDIC**





#### **KUSNEZOV, NICHOLAS**




*Provider ID: 303194*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 9834 GENESEE AVE STE 228  
 LA JOLLA, CA 92037  
 *Phone: (858) 455-9942*  
*Fax: (858) 455-6473*  
 *After Hours Phone: (858) 455-9942*  
*Provider Gender: Male*  
*NPI: 1396185161*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: TWIN CITIES COMMUNITY HOSPITAL, TRI CITY MEDICAL*

*CTR, PARADISE VALLEY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, Sharp Grossmont Hospital, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **SURGERY ORTHOPEDIC**


#### **PALLIA, CHRISTOPHER**

*Provider ID: 302103*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 9834 GENESEE AVE STE 228  
 LA JOLLA, CA 92037  
 *Phone: (858) 455-9942*  
*Fax: (858) 455-6473*  
 *After Hours Phone: (858) 455-9942*  
*Provider Gender: Male*  
*NPI: 1497751457*  
 *Provider English Spoken: Y*

*Cultural Competency: N*  
*Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP HOSPITAL ENCINITAS*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **SURGERY ORTHOPEDIC**

#### **SULLIVAN, THOMAS**

*Provider ID: 285245*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY ORTHOPEDIC


**SULLIVAN, THOMAS**

Provider ID: 285246

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY PLASTIC


**HINCHCLIFF, KATHARINE**

Provider ID: 277289

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### SURGERY PLASTIC


**REID, CHRISTOPHER**


Provider ID: 224796

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### SURGERY THORACIC


**BOYS, JOSHUA**


Provider ID: 243533

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-7777


 After Hours Phone: (858)  
657-7777




Provider Gender: Male

NPI: 1114368990

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




### **SURGERY THORACIC**

#### **KEARNS, MARK**

*Provider ID: 274296*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*  
 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*  
 *Provider Language(s) Spoken: French*  
*Cultural Competency: N*  
*Hospital Affiliation: CEDARS SINAI MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL*

*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*



### **SURGERY THORACIC**




#### **KEARNS, MARK**

*Provider ID: 274297*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*

 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*  
 *Provider Language(s) Spoken: French*  
*Cultural Competency: N*  
*Hospital Affiliation: CEDARS SINAI MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **SURGERY THORACIC**


#### **POLLEMA, TRAVIS**

*Provider ID: 210576*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*




 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### **SURGERY THORACIC**

#### **RAMIREZ, ALFREDO**

Provider ID: 256390

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**

Provider ID: 291383

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**

Provider ID: 291381

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**

Provider ID: 291382

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780940031

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **UROLOGY**

#### **CRAWFORD, ELWARD**

Provider ID: 244131

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 657-7876

Fax: (888) 539-8781

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ *After Hours Phone: (858) 657-7876*

*Provider Gender: Male*

*NPI: 1902814379*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### UROLOGY

#### HSIEH, TUNG CHIN

*Provider ID: 294878*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

📍 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### UROLOGY

#### KATZ, JONATHAN

*Provider ID: 299917*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1952756207*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### UROLOGY

#### WANG, LUKE

*Provider ID: 299934*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

📍 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### LA MESA

### CARDIOVASCULAR DISEASE

#### KOTHA, PURUSHOTHAM

*Provider ID: 32053*

*Board Certified Specialty: Yes*

*PURUSHOTHAM AND AKTHER KOTHA MD INC*

📍 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*



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Cultural Competency: N  
 Hospital Affiliation: ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC




### **CARDIOVASCULAR DISEASE**

**REDDY, REDDIWANDLA**  
 Provider ID: 265393  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 5565 GROSSMONT CENTER DR STE 202 LA MESA, CA 91942  
 Phone: (619) 461-6130  
 Fax: (619) 461-3108  
 After Hours Phone: (619) 461-6130  
 Provider Gender: Male  
 NPI: 1710996384  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Kannada, Spanish, Telugu  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT





### **CARDIOVASCULAR DISEASE**

**SHEREV, DIMITRI**  
 Provider ID: 290704  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CHULA VISTA MED CTR, TRI CITY

MEDICAL CTR, TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital, SHARP CORONADO HOSP AND HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP






























### **CERTIFIED NURSE**

#### **PRACTITIONER**

**LANE, KIMBERLY**  
 Provider ID: 295955  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: IHP of Southern Cal-PHP</p>	<p><b>RESELLI, LYNDSEY</b></p> <p>Provider ID: 217692</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p>	<p> After Hours Phone: (619) 713-5375</p> <p>Provider Gender: Female</p> <p>NPI: 1124360565</p>
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>	<p> 8881 FLETCHER PKWY STE 200</p> <p>LA MESA, CA 91942</p>	<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p>
<p><b>RESELLI, LYNDSEY</b></p> <p>Provider ID: 217693</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p> 8881 FLETCHER PKWY STE 205</p> <p>LA MESA, CA 91942</p> <p> Phone: (619) 464-6434</p> <p> After Hours Phone: (619) 464-6434</p> <p>Provider Gender: Female</p> <p>NPI: 1558854000</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p>	<p> Phone: (619) 464-6434</p> <p> After Hours Phone: (619) 464-6434</p> <p>Provider Gender: Female</p> <p>NPI: 1558854000</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>	<p> Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>	<p><b><u>EMERGENCY MEDICINE</u></b></p>	<p><b><u>HEARING AID DEALER / SUPPLIER</u></b></p>
<p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>	<p><b>QUINONES-PEREZ, BIANCA</b></p> <p>Provider ID: 206948</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p>	<p><b>ANDERSON, ELAINE</b></p> <p>Provider ID: 268693</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p>
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>	<p> 5565 GROSSMONT CENTER DR STE 2 STE 2</p> <p>LA MESA, CA 91942</p> <p> Phone: (619) 713-5375</p> <p>Fax: (619) 713-5379</p>	<p> 5565 GROSSMONT CENTER DR</p> <p>LA MESA, CA 91942</p> <p> Phone: (619) 589-5414</p> <p>Fax: (619) 589-7391</p> <p> After Hours Phone: (619) 589-5414</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1063558856

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **TAGHIZADEH, BEHZAD**

Provider ID: 269161

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **YELLEN, LAURENCE**

Provider ID: 269173

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### MATERNAL AND FETAL MEDICINE

#### **ADAMI, REBECCA**

Provider ID: 272676

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER























Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas








<u>MATERNAL AND FETAL MEDICINE</u>	<u>MATERNAL AND FETAL MEDICINE</u>	<u>MEDICINE</u>
<p><b>MCCULLOUGH, DEIRDRE</b>  <i>Provider ID: 244873</i>  <i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b>   5555 GROSSMONT CENTER DR            LA MESA, CA 91942   <i>Phone: (858) 966-6710</i>  <i>Fax: (858) 966-6711</i>   <i>After Hours Phone: (858) 966-6710</i>  <i>Provider Gender: Female</i>  <i>NPI: 1639153018</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p><b>MELBER, DORA</b>  <i>Provider ID: 296997</i>  <i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b>   8851 CENTER DR STE 201            LA MESA, CA 91942   <i>Phone: (858) 966-6710</i>  <i>Fax: (858) 966-6711</i>   <i>After Hours Phone: (858) 966-6710</i>  <i>Provider Gender: Female</i>  <i>NPI: 1124413026</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Hungarian, Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p>	<p><b>REIMERS, REBECCA</b>  <i>Provider ID: 294656</i>  <i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b>   8851 CENTER DR STE 201            LA MESA, CA 91942   <i>Phone: (858) 966-6710</i>  <i>Fax: (858) 966-6711</i>   <i>After Hours Phone: (858) 966-6710</i>  <i>Provider Gender: Female</i>  <i>NPI: 1801207634</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>
		<p><b>MATERNAL AND FETAL MEDICINE</b></p> <p><b>REIMERS, REBECCA</b>  <i>Provider ID: 294654</i>  <i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH</b></p>
	<b>MATERNAL AND FETAL</b>	

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### NETWORK

 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 NPI: 1801207634  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network



Provider Gender: Male  
 NPI: 1477563302  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, TRI CITY MEDICAL CTR, Sharp Grossmont Hospital, Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### MATERNAL AND FETAL MEDICINE

### MATERNAL AND FETAL MEDICINE

#### RICHARDSON, ALVIE

Provider ID: 277317  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942  
 Phone: (858) 966-6710

#### SCHWENDEMANN, WADE

Provider ID: 277305  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710

### MATERNAL AND FETAL MEDICINE


#### WILLIAMS, KRISTIN

Provider ID: 277384  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942

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## D. Directorio de proveedores especialistas

 Phone: (858) 966-6710  
Fax: (858) 966-6711

 After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1992847131

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP, SAN MATEO MEDICAL CTR,

SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, TRI CITY

MEDICAL CTR, CALIFORNIA

PACIFIC MED CTR,

CALIFORNIA PACIFIC MED

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### NEUROLOGY


**MOHAMMAD, AHMADSHAH**

Provider ID: 39868

Board Certified Specialty: No

EAST COUNTY NEUROLOGY ASSOCIATES INC

 8851 CENTER DR STE 307 LA MESA, CA 91942


 Phone: (619) 337-7900


Fax: (619) 337-7902

 After Hours Phone: (619) 337-7900

Provider Gender: Male

NPI: 1902973472

 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic, Farsi, French, German, Pashto, Persian, 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### OPHTHALMOLOGY

**HAIGHT, BRUCE**


Provider ID: 288660

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### OPHTHALMOLOGY

**HAIGHT, BRUCE**


Provider ID: 305885

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 5565 GROSSMONT CENTER DR BLDG 3 STE 551

LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1427029628

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-4PM

TU-W 8:30AM-4PM

TH 8AM-4PM

F 8AM-0PM

 Website: N/A

IPA: Community Care IPA LLC,


IHP of Southern Cal-PHP


### OPHTHALMOLOGY

#### **HAIGHT, BRUCE**

Provider ID: 295984

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 5565 GROSSMONT  
CENTER DR STE 2-3  
LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Provider Gender: Male

NPI: 1427029628

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8:30AM-4PM  
F 8AM-0PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPHTHALMOLOGY


#### **HAIGHT, BRUCE**

Provider ID: 269112

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551

LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Provider Gender: Male

NPI: 1427029628

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-4PM  
TU-W 8:30AM-4PM  
TH 8AM-4PM  
F 8AM-0PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPHTHALMOLOGY


#### **HUDSON, HENRY**

Provider ID: 297578

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7339 EL CAJON BLVD STE  
J AND K

LA MESA, CA 91942

 Phone: (626) 412-4040

Fax: (760) 267-9160

 After Hours Phone: (626)  
412-4040

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, Sharp

Grossmont Hospital










Medi-Cal Open Panel: Yes



















Min/Max Age: 0\None

American Sign Language (ASL):

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## D. Directorio de proveedores especialistas

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-4:30PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, UCSD Medical Group</i></p>	<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, UCSD Medical Group</i></p>	<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, UCSD Medical Group</i></p>
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<b>OPHTHALMOLOGY</b>	<b>OPHTHALMOLOGY</b>	<b>OPTOMETRIST</b>
<p><b>HUDSON, HENRY</b></p> <p><i>Provider ID: 297577</i></p> <p><i>Board Certified Specialty: Yes</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 5565 GROSSMONT CENTER DR STE 551 LA MESA, CA 91942</p> <p> <i>Phone: (626) 206-0633</i></p> <p><i>Fax: (760) 267-9160</i></p> <p> <i>After Hours Phone: (626) 206-0633</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1851349195</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Sharp Grossmont Hospital</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): American Sign Language (ASL):</i></p>	<p><b>HUDSON, HENRY</b></p> <p><i>Provider ID: 306768</i></p> <p><i>Board Certified Specialty: Yes</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 5565 GROSSMONT CENTER DR STE 551 LA MESA, CA 91942</p> <p> <i>Phone: (626) 206-0633</i></p> <p><i>Fax: (760) 267-9160</i></p> <p> <i>After Hours Phone: (626) 206-0633</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1851349195</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Sharp Grossmont Hospital</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 6\99</i></p>	<p><b>AOTO, KIM</b></p> <p><i>Provider ID: 288652</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>COMMUNITY CARE IPA LLC</i></p> <p> 7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942</p> <p> <i>Phone: (619) 722-8460</i></p> <p><i>Fax: (619) 722-8465</i></p> <p> <i>After Hours Phone: (619) 722-8460</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1780935650</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Vietnamese</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>
		<b>OTOLARYNGOLOGY</b>

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## D. Directorio de proveedores especialistas

### MOSHTAGHI, OMID

Provider ID: 302380

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### OTOLARYNGOLOGY

#### SAEZ, NEIL

Provider ID: 302431

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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,  
SHARP MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PEDIATRIC EMERGENCY

#### MEDICINE

#### GROSS, MATTHEW

Provider ID: 297177

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

5565 GROSSMONT  
CENTER DR STE 2 STE 2  
LA MESA, CA 91942

Phone: (619) 713-5375

Fax: (619) 713-5379

After Hours Phone: (619)  
713-5375

Provider Gender: Male

NPI: 1942223664

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY

#### MEDICINE

#### PARKER, SHERINE

Provider ID: 205786

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

Phone: (619) 713-5375

Fax: (619) 713-5379

After Hours Phone: (619)  
713-5375

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1477626513

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Arabic, Spanish

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **VARGAS, JACLYN**

Provider ID: 285936

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

📍 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRICS

#### **CLAY, CORRIE**

Provider ID: 278807

Board Certified Specialty: No  
BLUE SHIELD PROMISE HEALTH PLAN DIRECT

📍 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: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-6PM  
SA 11:30AM-3:30PM

🌐 Website: N/A

IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT

### PHYSICIANS ASSISTANT

#### **FERRARA, SAMANTHA**

Provider ID: 309977

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 5565 GROSSMONT CENTER DR STE 444  
LA MESA, CA 91942

☎ Phone: (619) 698-0606

Fax: (619) 698-0609

🕒 After Hours Phone: (619) 698-0606

Provider Gender: Female

NPI: 1437822434

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

EISENHOWER MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC


### PHYSICIANS ASSISTANT


**HINKLE, CORINNE**

Provider ID: 309954

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC


 5565 GROSSMONT  
CENTER DR STE 444  
LA MESA, CA 91942

 Phone: (619) 698-0606

 After Hours Phone: (619)  
698-0606

Provider Gender: Female

NPI: 1508451949

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: Valleywise  
Health Medical Center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### PHYSICIANS ASSISTANT

**RAYMOND, ALAIN**


Provider ID: 269057

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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, Haitian  
Creole

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC

### PHYSICIANS ASSISTANT

**WHITE, KYLE**


Provider ID: 302382

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


### PODIATRIST

**CAINE, SAMUEL**

Provider ID: 308213

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

 Phone: (619) 303-7130

Fax: (619) 303-7150

 After Hours Phone: (619)  
303-7130

Provider Gender: Male




NPI: 1396230298




 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

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## D. Directorio de proveedores especialistas

Grossmont Hospital, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP






Grossmont Hospital, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR, Sharp  
 Grossmont Hospital, SHARP  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### **RADIATION ONCOLOGY**

#### **COLEMAN, LORI**

Provider ID: 221089  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 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,

### **PODIATRIST**

#### **CAINE, SAMUEL**

Provider ID: 308638  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 5565 GROSSMONT  
 CENTER DR STE 510  
 LA MESA, CA 91942  
 Phone: (619) 303-7130  
 Fax: (619) 303-7150  
 After Hours Phone: (619)  
 303-7130  
 Provider Gender: Male  
 NPI: 1396230298  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp

### **RADIATION ONCOLOGY**

#### **CARMONA, RUBEN**

Provider ID: 303099  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

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## D. Directorio de proveedores especialistas

Sharp Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### RADIATION ONCOLOGY

#### **VOLPP, PAUL**

Provider ID: 221104

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### RHEUMATOLOGY

#### **KOTHA, ROSHAN**

Provider ID: 63454

Board Certified Specialty: No  
PURUSHOTHAM AND AKTHER  
KOTHA MD INC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC


### SURGERY ORTHOPEDIC

#### **BALLARD, BROOKE**

Provider ID: 262205

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Imperial Health Holdings

Medical Group-SD

### **LAKE ELSINORE**

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## D. Directorio de proveedores especialistas

### **OBSTETRICS / GYNECOLOGY**

#### **FRANCIS, LARRY**

Provider ID: 290293

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **GEE, JENNIFER**

Provider ID: 290211

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: 1336589332

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P APH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **MORA, WENDY**

Provider ID: 290239

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **TAM, EMILY**

Provider ID: 290319

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1497161236

Provider English Spoken: Y  
Provider Language(s)

Spoken: Chinese, Mandarin,  
Yue Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):

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## D. Directorio de proveedores especialistas






N

 **Accessibility:** CONTACT PROVIDER  
 **Website:** N/A  
**IPA:** Community Care IPA LLC, IHP of Southern Cal-PHP




### LAKESIDE

#### CHIROPRACTOR

##### HOURIHAN, KEITH




**Provider ID:** 257549  
**Board Certified Specialty:** No  
**BLUE SHIELD PROMISE HEALTH PLAN DIRECT**  
 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  
 **Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\None  
**American Sign Language (ASL):**

N




 **Accessibility:** CONTACT PROVIDER  
 **Hours:** M-F 8AM-5PM  
 **Website:** N/A  
**IPA:** BLUE SHIELD PROMISE HEALTH PLAN DIRECT

#### PSYCHOLOGIST

##### BRUNETTO, HEIDI

**Provider ID:** 290407  
**Board Certified Specialty:** No  
**IHP OF SOUTHERN CAL-PHP**  
 10039 VINE ST  
 LAKESIDE, CA 92040  
 **Phone:** (619) 390-9975  
**Fax:** (360) 462-2744  
 **After Hours Phone:** (619) 390-9975  
**Provider Gender:** Female  
**NPI:** 1023250453  
 **Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\None  
**American Sign Language (ASL):**

N


 **Accessibility:** CONTACT PROVIDER  
 **Hours:** M-TH 8AM-5PM  
 **Website:** N/A  
**IPA:** IHP of Southern Cal-PHP

### LOS ANGELES


#### PSYCHOLOGIST

##### CALANDRA, JOAN



**Provider ID:** 289989  
**Board Certified Specialty:** No  
**BLUE SHIELD PROMISE HEALTH PLAN DIRECT**  
 11911 SAN VICENTE BLVD  
 STE 280  
 LOS ANGELES, CA 90049  
 **Phone:** (310) 433-7723

 **After Hours Phone:** (310) 433-7723

**Provider Gender:** Female  
**NPI:** 1730173865

 **Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\None  
**American Sign Language (ASL):**


N

 **Accessibility:** CONTACT PROVIDER  
 **Website:** N/A  
**IPA:** BLUE SHIELD PROMISE HEALTH PLAN DIRECT

### MENIFEE

#### CERTIFIED NURSE PRACTITIONER


##### VAHDAT, VALERIE


**Provider ID:** 306581  
**Board Certified Specialty:** No  
**IHP OF SOUTHERN CAL-PHP**  
 26926 CHERRY HILLS  
 BLVD STE B  
 MENIFEE, CA 92586  
 **Phone:** (951) 216-2200  
**Fax:** (858) 633-4699  
 **After Hours Phone:** (951) 216-2200  
**Provider Gender:** Female  
**NPI:** 1093474090  
 **Provider English Spoken:** Y  
**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\None

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## D. Directorio de proveedores especialistas

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT


#### SMITH, KELLI

Provider ID: 272954

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### MORENO VALLEY


#### OPTOMETRIST

#### BULLUM, ANTHONY

Provider ID: 290330

Board Certified Specialty: No

 22675 ALESSANDRO BLVD  
MORENO VALLEY, CA  
92553

 Phone: (951) 571-2350

Fax: (951) 571-2370

 After Hours Phone: (951)  
571-2350

Provider Gender: Male

NPI: 1992773956


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### MURRIETA

#### ANESTHESIOLOGY


#### HYLTON, DIANA


Provider ID: 241738

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY


#### KRAUSE, MARTIN

Provider ID: 287655

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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





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## D. Directorio de proveedores especialistas




MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group








### CARDIAC ELECTROPHYSIOLOGY

**HAN, FREDERICK**  
Provider ID: 210100  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: 1427255967  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None








American Sign Language (ASL): Network  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**HEAD, KRISTIN**  
Provider ID: 268658  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 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: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health

### CERTIFIED NURSE PRACTITIONER

**MIRACLE, ANGELYN**  
Provider ID: 300259  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 25170 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
 Phone: (951) 461-9300  
Fax: (951) 461-9399  
 After Hours Phone: (951)  
461-9300  
Provider Gender: Female  
NPI: 1144539842  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 8:30AM-0PM  
M-F 8AM-5PM  
SA 8:30AM-0PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### CERTIFIED NURSE PRACTITIONER

**SNYDER, MICHELLE**  
Provider ID: 210676

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**STEVENSON, REHEIA**

Provider ID: 210794

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**SYED-UDDIN, SUMIYAH**

Provider ID: 297771

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6124

Fax: (951) 696-6293

After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1225606478

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network

### EMERGENCY MEDICINE

**LI, JINGHONG**

Provider ID: 255941

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

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## D. Directorio de proveedores especialistas

Min/Max Age: 18\None

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

Min/Max Age: 0\None

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **BEGOVIC, ADNAN**

Provider ID: 210826

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1093791014

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **CHEN, KENNETH**

Provider ID: 283132

Board Certified Specialty: No  
UCSD MEDICAL GROUP



 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: 1720472657

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **PATEL, SAGAR**

Provider ID: 283001

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1245672302

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **TRAN, LINH**

Provider ID: 202659

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

Phone: (951) 696-6000

After Hours Phone: (951)  
696-6000

Provider Gender: Female

NPI: 1851682728

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### TRAN, LINH

Provider ID: 210573

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1851682728

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERVENTIONAL

### CARDIOLOGY

#### AL KHIAMI, BELAL

Provider ID: 275994

Board Certified Specialty: No

UCSD MEDICAL GROUP

28062 BAXTER RD

MURRIETA, CA 92563

Phone: (951) 290-4000

Fax: (888) 539-8781

After Hours Phone: (951)  
290-4000

Provider Gender: Male

NPI: 1861623506

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PIONEERS MEMORIAL

HOSPITAL, EL CENTRO

REGIONAL MEDICAL CENTER,

LOMA LINDA UNIVERSITY

MED CTR MURRIETA,

TEMECULA VALLEY HOSPITAL

INC

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERVENTIONAL

### CARDIOLOGY

#### WETTERSTEN, NICHOLAS

Provider ID: 210605

Board Certified Specialty: No

UCSD MEDICAL GROUP

41011 CALIFORNIA OAKS

RD STE 104

MURRIETA, CA 92562

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)




926-8273




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## D. Directorio de proveedores especialistas

*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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*






*Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, UCSD Medical Group*

*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, UCSD Medical Group*





### MATERNAL AND FETAL MEDICINE

**MELBER, DORA**  
*Provider ID: 296992*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 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,*

### MATERNAL AND FETAL MEDICINE

**MELBER, DORA**  
*Provider ID: 296988*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 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*

### MATERNAL AND FETAL MEDICINE

**REIMERS, REBECCA**  
*Provider ID: 294649*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### MATERNAL AND FETAL MEDICINE

**REIMERS, REBECCA**

Provider ID: 294652

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

**NYMAN, KATHERINE**

Provider ID: 301820

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK



 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  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

**WEISS, KATHERINE**

Provider ID: 264676

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK



 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  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### NEONATAL / PERINATAL MEDICINE

#### **WEST, JULIE**

Provider ID: 297071

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

Phone: (951) 696-6000

Fax: (951) 696-6105

After Hours Phone: (951)  
696-6000

Provider Gender: Female

NPI: 1811151848

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### **GOLD, JEFFREY**

Provider ID: 283334

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1568773984

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### **JINDAL, ANUJA**

Provider ID: 215521

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### **SAHAGIAN, MICHELLE**

Provider ID: 283166

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760





After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1275604035

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*


### **NEUROLOGY CHILD**



#### **GOLD, JEFFREY**

*Provider ID: 215691*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 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: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*


### **NEUROLOGY CHILD**



#### **GUIDO-ESTRADA, NATALIE**

*Provider ID: 215442*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 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: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*





### **NEUROLOGY CHILD**

#### **KIMMCMANUS, OLIVIA**

*Provider ID: 215666*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 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: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### OBSTETRICS / GYNECOLOGY

#### **BINDER, PRATIBHA**

Provider ID: 273227

Board Certified Specialty: No  
UCSD MEDICAL GROUP

25405 HANCOCK AVE STE 217  
MURRIETA, CA 92562

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1174758031

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### **BANSAL, PREETI**

Provider ID: 215606

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL, TRI CITY MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

### OPHTHALMOLOGY

#### **BHATIA, SHAGUN**

Provider ID: 267317

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

### NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**

Provider ID: 297010

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### OPHTHALMOLOGY

#### **MOLL, ANGELA**


Provider ID: 215687


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK


 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### OPHTHALMOLOGY

#### **MOVAGHAR, MANSOOR**


Provider ID: 216415


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK


 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

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### OPHTHALMOLOGY

#### **OHALLORAN, HENRY**


Provider ID: 215685


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK


 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: Yes




Min/Max Age: 0\19

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### OTOLARYNGOLOGY

#### **BLISS, MORGAN**


*Provider ID: 215684*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 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: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*



*IPA: Rady Childrens Health Network*

### OTOLARYNGOLOGY



#### **CARVALHO, DANIELA**

*Provider ID: 215332*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 25170 HANCOCK AVE  
 MURRIETA, CA 92562

 *Phone: (951) 600-1640*  
 *After Hours Phone: (951) 600-1640*


*Provider Gender: Female*  
*NPI: 1154492916*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health Network*



### OTOLARYNGOLOGY

#### **FRIESEN, TZYYNONG**

*Provider ID: 244898*  
*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH NETWORK*

 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: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*



*IPA: Rady Childrens Health Network*

### OTOLARYNGOLOGY

#### **JIANG, WEN**

*Provider ID: 215564*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 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)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Spoken: Mandarin  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### **OTOLARYNGOLOGY**

#### **KARI, ELINA**

Provider ID: 254296  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951) 600-1640  
 Provider Gender: Female  
 NPI: 1780860536  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **KARI, ELINA**

Provider ID: 254089  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **PATEL, VIJAY**


Provider ID: 297034  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **PEDIATRIC ALLERGY / IMMUNOLOGY**


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#### **COLLINS, CATHLEEN**

*Provider ID: 215733*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 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: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC CARDIOLOGY**


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#### **BORQUEZ, ALEJANDRO**

*Provider ID: 284119*

*Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK*

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562


 *Phone: (951) 600-1640*

*Fax: (951) 600-1760*

 *After Hours Phone: (951)  
600-1640*

*Provider Gender: Female*

*NPI: 1114277787*

 *Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC CARDIOLOGY**


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#### **DAVIS, CHRISTOPHER**

*Provider ID: 215743*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK*


 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: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health  
Network*

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### **PEDIATRIC CARDIOLOGY**

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#### **DUMMER, KIRSTEN**




*Provider ID: 215645*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

### NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A




IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY

#### MCCANDLESS, RACHEL


Provider ID: 215601

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A




IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY

#### NARAYAN, HARI


Provider ID: 239114

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY

#### SILVASEPULVEDA, JOSE


Provider ID: 215679

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1417222472


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Rady Childrens Health Network

### PEDIATRIC CARDIOLOGY

#### **WILLIAMS, MATTHEW**

Provider ID: 215678

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **DEVERA, GEMMIE**

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **DO, STEPHANIE**

Provider ID: 216969

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **GROSS, MATTHEW**

Provider ID: 297173

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1942223664


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **INDRA, SEAN**

Provider ID: 302626

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: No  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **KINGDON, JOANNA**

Provider ID: 302318

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **MESIWALA, ADNAN**

Provider ID: 275655

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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

 Provider Language(s)  
Spoken: Gujarati

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL): N  
 Website: N/A  
 IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### MILLS, DAVID


Provider ID: 302147

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### OZCAN, ALI

Provider ID: 287924


Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 25500 MEDICAL CENTER DR

MURRIETA, CA 92562


 Phone: (951) 696-6124


Fax: (951) 696-6293

 After Hours Phone: (951) 696-6124

Provider Gender: Male

NPI: 1265867683

 Provider English Spoken: Y

 Provider Language(s) Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, LOMA LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### PARK, BRIAN

Provider ID: 302353


Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 25500 MEDICAL CENTER DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

Fax: (951) 696-6293

 After Hours Phone: (951) 696-6124

Provider Gender: Male

NPI: 1710418744

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### **RANASURIYA, DUNISHA**

Provider ID: 216972

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

Phone: (951) 696-6161

After Hours Phone: (951)  
696-6161

Provider Gender: Female

NPI: 1740468057

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

#### **PEDIATRIC EMERGENCY MEDICINE**

### **SCHROTER, STEPHANIE**

Provider ID: 243831

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

Phone: (951) 696-6124

After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1073951828

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

#### **PEDIATRIC EMERGENCY MEDICINE**

### **SHETH, SARIKA**

Provider ID: 248172

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network

#### **PEDIATRIC EMERGENCY MEDICINE**

### **SOUDER, CHRISTOPHER**

Provider ID: 301634

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1851540199

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S  
HOSPITAL OAKLAND

Medi-Cal Open Panel: No


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## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### TANG, ANDREW

Provider ID: 294678


Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25500 MEDICAL CENTER DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

Fax: (951) 696-6293

 After Hours Phone: (951) 696-6124

Provider Gender: Male

NPI: 1184071516


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### TRAN, THERESA

Provider ID: 301835


Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25500 MEDICAL CENTER DR

MURRIETA, CA 92562


 Phone: (951) 696-6124


Fax: (951) 696-6293

 After Hours Phone: (951) 696-6124

Provider Gender: Female

NPI: 1417496985

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Vietnamese

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST

HEALTHCARE RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### VEGA, CAROLINA

Provider ID: 309972

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25500 MEDICAL CENTER DR

MURRIETA, CA 92562

 Phone: (951) 696-6161

Fax: (951) 696-6293

 After Hours Phone: (951) 696-6161

Provider Gender: Female

NPI: 1427442086


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC ENDOCRINOLOGY

#### SINGH, PUJA

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 302819

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301640

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC PULMONOLOGY

#### **LENHART-PENDERGRASS, PATRICIA**

Provider ID: 294382

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC PULMONOLOGY

#### **RAO, APARNA**

Provider ID: 215528

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1649222340

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRICS

#### **LOPEZ, XIMENA**

Provider ID: 302857

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRICS

#### **NGO, MAI**

Provider ID: 302112

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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, UCSF  
MEDICAL CENTER, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRICS


#### **PATTERSON, MARY**

Provider ID: 215677

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRICS

#### **VARGASTRUJILLO, MARCELA**

Provider ID: 215602

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1952534091

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PHYSICAL MEDICINE / REHABILITATION

#### **ALGRA, JEFFREY**

Provider ID: 215644

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PHYSICAL MEDICINE / REHABILITATION

#### **BIFFL, SUSAN**

Provider ID: 283113

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1366589640

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PHYSICAL MEDICINE / REHABILITATION

#### **DALAL, PRITHA**

Provider ID: 215665

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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

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## D. Directorio de proveedores especialistas


OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PHYSICAL MEDICINE / REHABILITATION

**RYAN, KYLE**

Provider ID: 275662

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PHYSICAL MEDICINE / REHABILITATION

**SCOTT-WYARD, PHOEBE**

Provider ID: 283086

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1336356203

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PHYSICAL MEDICINE /


### REHABILITATION

**SKALSKY, ANDREW**

Provider ID: 215522

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Male

NPI: 1487635272

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PHYSICIANS ASSISTANT

**ANWAR, YASMIN**








Provider ID: 300845

Board Certified Specialty: Yes  
IHP OF SOUTHERN CAL-PHP

 25495 MEDICAL CENTER




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas





DR STE 200  
MURRIETA, CA 92562  
 Phone: (951) 304-7546  
 Fax: (951) 696-5872  
 After Hours Phone: (951) 304-7546  
 Provider Gender: Female  
 NPI: 1588602247  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Persian, Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP



### PHYSICIANS ASSISTANT

**RODRIGUES, ANNETTE**  
 Provider ID: 302453  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 Fax: (951) 600-1760  
 After Hours Phone: (951) 600-1640  
 Provider Gender: Female  
 NPI: 1205381845  
 Provider English Spoken: Y  
 Cultural Competency: N








Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PULMONARY DISEASES

**KUMAR, AVNEE**  
 Provider ID: 300014  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### PULMONARY DISEASES

**SURI, RAJAT**  
 Provider ID: 283350  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 25500 MEDICAL CENTER DR  
MURRIETA, CA 92562  
 Phone: (951) 677-1111  
 Fax: (951) 677-9757  
 After Hours Phone: (951) 677-1111  
 Provider Gender: Male  
 NPI: 1144615337  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### SURGERY GENERAL

**FAIRBANKS, TIMOTHY**


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 246979  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network




### SURGERY GENERAL

#### **KLING, KAREN**

Provider ID: 215583

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network




### SURGERY GENERAL

#### VASCULAR

#### **HOWE, STEVEN**

Provider ID: 206761

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY ORTHOPEDIC

#### **CHENG, YU-TSUN**

Provider ID: 301902

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE MURRIETA, CA 92562

 Phone: (951) 600-1640  
Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### SURGERY ORTHOPEDIC

#### **UPASANI, VIDYADHAR**


Provider ID: 283160

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### SURGERY PEDIATRIC


#### **THANGARAJAH, HARIHARAN**

Provider ID: 215420

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network

### SURGERY THORACIC

#### **HOWE, STEVEN**

Provider ID: 210169

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### **SURGERY THORACIC**

#### **POLLEMA, TRAVIS**

Provider ID: 210577

Board Certified Specialty: No  
UCSD MEDICAL GROUP

41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562

Phone: (858) 657-7777

Fax: (888) 539-8781

After Hours Phone: (858)  
657-7777

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **NATIONAL CITY**

#### **CERTIFIED NURSE PRACTITIONER**

#### **CUNNINGHAM, ISIS**

Provider ID: 302115

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

655 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Phone: (619) 470-1945

Fax: (619) 475-5048

After Hours Phone: (619)  
470-1945

Provider Gender: Female

NPI: 1770124927

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

#### **CERTIFIED NURSE PRACTITIONER**

#### **DE CASTRO, SHARLENE**

#### **JOYCE**

Provider ID: 299158

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 339-5657

After Hours Phone: (844)

200-2426

Provider Gender: Female

NPI: 1750019824

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-6PM  
F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

#### **CERTIFIED NURSE PRACTITIONER**

#### **DRISCOLL, SUSAN**

Provider ID: 301774

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 12\None

American Sign Language (ASL):

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## D. Directorio de proveedores especialistas

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: SU 10AM-4PM M-F 8:30AM-5:30PM SA 8AM-2:30PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p>	<hr/> <p><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/>	<p> <i>After Hours Phone: (844) 200-2426</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1093130395</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Tagalog</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>
<hr/> <p><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/>	<p><b>GULLY, MICHELLE</b></p> <p><i>Provider ID: 299422</i></p> <p><i>Board Certified Specialty: No</i></p> <p><b>COMMUNITY CARE IPA LLC</b></p> <p> 1428 HIGHLAND AVE NATIONAL CITY, CA 91950</p> <p> <i>Phone: (844) 200-2426</i></p> <p><i>Fax: (619) 434-1613</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1801557947</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>	<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC</i></p>
<p><b>DRISCOLL, SUSAN</b></p> <p><i>Provider ID: 301775</i></p> <p><i>Board Certified Specialty: No</i></p> <p><b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 330 E 8TH ST NATIONAL CITY, CA 91950</p> <p> <i>Phone: (619) 662-4100</i></p> <p><i>Fax: (619) 259-2807</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1477755684</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 12\None</i></p> <p><i>American Sign Language (ASL):</i></p>	<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC</i></p>	<hr/> <p><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/>
<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: SU 10AM-4PM M-F 8:30AM-5:30PM SA 8AM-2:30PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p>	<hr/> <p><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/>	<p><b>MIDORO, ABEGAILLE</b></p> <p><i>Provider ID: 303830</i></p> <p><i>Board Certified Specialty: No</i></p> <p><b>COMMUNITY CARE IPA LLC</b></p> <p> 2835 HIGHLAND AVE STE A NATIONAL CITY, CA 91950</p> <p> <i>Phone: (844) 200-2426</i></p> <p><i>Fax: (619) 477-1286</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1952925851</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Tagalog</i></p>
<p><b>LIM, IMELDA</b></p> <p><i>Provider ID: 294308</i></p> <p><i>Board Certified Specialty: No</i></p> <p><b>COMMUNITY CARE IPA LLC</b></p> <p> 2743 HIGHLAND AVE NATIONAL CITY, CA 91950</p> <p> <i>Phone: (844) 200-2426</i></p> <p><i>Fax: (619) 474-3919</i></p>		

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*



 *Hours: M-TU*  
*8:30AM-5:30PM*  
*W 10AM-7PM*  
*TH-F 8:30AM-5:30PM*

 *Website: N/A*  
*IPA: Community Care IPA LLC*

### **CERTIFIED NURSE** **PRACTITIONER**









#### **MIDORO, ABEGAILLE**

*Provider ID: 303827*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 *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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*

*PROVIDER*  
 *Hours: M-TU*  
*8:30AM-5:30PM*  
*W 10AM-7PM*  
*TH-F 8:30AM-5:30PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*









### **CERTIFIED NURSE** **PRACTITIONER**

#### **NOVENO, HILARIO JR**

*Provider ID: 297836*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 *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: Arabic, Spanish,*  
*Tagalog*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,*  
*UCSD Medical Group*




### **CHIROPRACTOR**

#### **GILIBERTO, JOSEPH**

*Provider ID: 291548*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 *2835 HIGHLAND AVE*  
*NATIONAL CITY, CA 91950*  
 *Phone: (844) 200-2426*  
*Fax: (619) 399-5959*  
 *After Hours Phone: (844)*  
*200-2426*  
*Provider Gender: Male*  
*NPI: 1821463159*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

### **DERMATOLOGY**

#### **LIN, SHINKO**

*Provider ID: 308216*  
*Board Certified Specialty: Yes*  
*COMMUNITY CARE IPA LLC*  
 *655 EUCLID AVE STE 304*  
*NATIONAL CITY, CA 91950*  
 *Phone: (619) 267-8303*  
*Fax: (619) 267-4835*  
 *After Hours Phone: (619)*

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## D. Directorio de proveedores especialistas

267-8303  
 Provider Gender: Female  
 NPI: 1205130036  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### DERMATOLOGY

#### LIN, SHINKO

Provider ID: 306319  
 Board Certified Specialty: Yes  
 IHP OF SOUTHERN CAL-PHP  
 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: 1205130036  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### NAVARRO, VANESSAMARIA

Provider ID: 301784  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### ROBERTS, POMAI









Provider ID: 301278  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: 1023278314  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas









SA 8AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY









**CAMACHO, BENJAMIN**  
 Provider ID: 35045  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 1615 SWEETWATER RD  
 NATIONAL CITY, CA 91950  
 Phone: (619) 474-2233  
 Fax: (619) 474-2211  
 After Hours Phone: (619)  
 474-2233  
 Provider Gender: Male  
 NPI: 1699759936  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 ALVARADO HOSPITAL LLC  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-6PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings

Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

**CAMACHO, BENJAMIN**  
 Provider ID: 290137  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1615 SWEETWATER RD STE  
 D  
 NATIONAL CITY, CA 91950  
 Phone: (619) 474-2233  
 Fax: (619) 474-2211  
 After Hours Phone: (619)  
 474-2233  
 Provider Gender: Male  
 NPI: 1699759936  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 ALVARADO HOSPITAL LLC  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

**CAMACHO, BENJAMIN**  
 Provider ID: 269129  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1615 SWEETWATER RD  
 NATIONAL CITY, CA 91950  
 Phone: (619) 474-2233  
 Fax: (619) 474-2211  
 After Hours Phone: (619)  
 474-2233  
 Provider Gender: Male  
 NPI: 1699759936  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 ALVARADO HOSPITAL LLC  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-6PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

**DAMANI, SAMIR**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 303098

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950

Phone: (858) 800-2480

Fax: (858) 216-1908

After Hours Phone: (858)  
800-2480

Provider Gender: Male

NPI: 1457379372

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

#### **PANDHI, JAY**

Provider ID: 269087

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 301320

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

### INTERVENTIONAL CARDIOLOGY

#### **ROUGH, STEVEN**

Provider ID: 302044

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

### INTERVENTIONAL CARDIOLOGY






#### **ROUGH, STEVEN**




Provider ID: 302043  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP,  
 Imperial Health Holdings  
 Medical Group-SD

### NEPHROLOGY






#### **COMUNALE, RODERICK**

Provider ID: 290784  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 502 EUCLID AVE STE 205  
 NATIONAL CITY, CA 91950  
 Phone: (858) 551-0276  
 Fax: (858) 454-8796  
 After Hours Phone: (858)  
 551-0276  
 Provider Gender: Male  
 NPI: 1568462109  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, PARADISE  
 VALLEY HOSPITAL,  
 ALVARADO HOSPITAL LLC,

SCRIPPS MERCY HOSPITAL,  
 KINDRED HOSPITAL SAN  
 DIEGO, SELECT SPECIALTY  
 HOSPITAL SAN DIEGO,  
 SELECT SPECIALTY HOSPITAL  
 SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 21\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP




### OBSTETRICS / GYNECOLOGY

#### **ASLIAN, AZITA**






Provider ID: 301797  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Faroese, Fataleka  
 Cultural Competency: N  
 Hospital Affiliation: Hemet  
 Global Medical Center, Menifee  
 Global Medical Center,  
 SCRIPPS MERCY HOSPITAL


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

CHULA VISTA, SCRIPPS  
MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP



### **OBSTETRICS / GYNECOLOGY**

**DELROSARIO, GELEN**  
Provider ID: 206092  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950  
 Phone: (619) 475-1261  
Fax: (619) 475-1267  
 After Hours Phone: (619)  
475-1261  
Provider Gender: Female  
NPI: 1255643474  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19








American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT,  
Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**

**DELROSARIO, GELEN**  
Provider ID: 257478  
Board Certified Specialty: No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950  
 Phone: (619) 475-1261  
Fax: (619) 475-1267  
 After Hours Phone: (619)  
475-1261  
Provider Gender: Female  
NPI: 1255643474  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT,  
Community Care IPA LLC,  
Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY** **DELROSARIO, GELEN**

Provider ID: 269247  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950  
 Phone: (619) 475-1261  
Fax: (619) 475-1267  
 After Hours Phone: (619)  
475-1261  
Provider Gender: Female  
NPI: 1255643474  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT,  
 Community Care IPA LLC,  
 Rady Childrens Health  
 Network

### **OBSTETRICS / GYNECOLOGY**





#### **WINESBURG, JENNIFER**




Provider ID: 302451  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

#### **HAIGHT, BRUCE**



Provider ID: 269113  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **AOTO, KIM**

Provider ID: 268722  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **KOO, ANITA**

Provider ID: 306903  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### OPTOMETRIST

#### KOO, ANITA


Provider ID: 304538

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### OPTOMETRIST

#### KOO, ANITA

Provider ID: 307113

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 474-2284

Fax: (619) 474-3919

 After Hours Phone: (619)  
474-2284

Provider Gender: Female

NPI: 1669825667


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### OPTOMETRIST

#### KOO, ANITA

Provider ID: 307171

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 474-2284

Fax: (619) 474-3919

 After Hours Phone: (619)

474-2284

Provider Gender: Female

NPI: 1669825667

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### PODIATRIST

#### ATMAR, AKMAL


Provider ID: 269784

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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, Persian, Urdu

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL





Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.








## D. Directorio de proveedores especialistas







American Sign Language (ASL):  Accessibility: CONTACT PROVIDER  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP










### PODIATRIST

**CAINE, SAMUEL**  
 Provider ID: 308212  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 610 EUCLID AVE STE 301  
 NATIONAL CITY, CA 91950  
 Phone: (619) 292-2493  
 Fax: (619) 618-0222  
 After Hours Phone: (619) 292-2493  
 Provider Gender: Male  
 NPI: 1396230298  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 N

### PODIATRIST



























**CAINE, SAMUEL**  
 Provider ID: 308637  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 610 EUCLID AVE STE 301  
 NATIONAL CITY, CA 91950  
 Phone: (619) 292-2493  
 Fax: (619) 618-0222  
 After Hours Phone: (619) 292-2493  
 Provider Gender: Male  
 NPI: 1396230298  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  Accessibility: CONTACT

### PODIATRIST

**DAVIDSONIII, JOHN**  
 Provider ID: 129542  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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, SHARP CHULA VISTA  
 MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-4:30PM  
 Website: N/A  
 IPA: Community Care IPA LLC

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><b><u>PULMONARY DISEASES</u></b></p>	<p>IPA: Imperial Health Holdings Medical Group-SD</p>	<p>COMMUNITY CARE IPA LLC</p>
<p><b>LIM, ROSEMARIE</b> Provider ID: 262224 Board Certified Specialty: No IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</p> <p> 610 EUCLID AVE STE 202 NATIONAL CITY, CA 91950</p> <p> Phone: (619) 472-4900 Fax: (619) 472-4910</p> <p> After Hours Phone: (619) 472-4900</p> <p>Provider Gender: Female NPI: 1841303419</p> <p> Provider English Spoken: Y  Provider Language(s) Spoken: Chinese, Mandarin, Spanish, Tagalog</p> <p>Cultural Competency: N Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL</p> <p>Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8:30AM-4:30PM</p> <p> Website: N/A</p>	<p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <p><b>CHENG, BRANDON</b> Provider ID: 304531 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 3400 E 8TH ST STE 108 NATIONAL CITY, CA 91950</p> <p> Phone: (619) 482-3000 Fax: (619) 695-0050</p> <p> After Hours Phone: (619) 482-3000</p> <p>Provider Gender: Male NPI: 1336894724</p> <p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-TH 7AM-7PM F 7AM-5PM SA 8AM-1PM</p> <p> Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <p><b>JIMENEZ, ANDREA</b> Provider ID: 299888 Board Certified Specialty: No</p>	<p> 3400 E 8TH ST STE 108 NATIONAL CITY, CA 91950</p> <p> Phone: (619) 482-3000 Fax: (619) 482-3001</p> <p> After Hours Phone: (619) 482-3000</p> <p>Provider Gender: Female NPI: 1407440670</p> <p> Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 7AM-7PM</p> <p> Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> <p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p> <p><b>KARANDE, PRACHI</b> Provider ID: 287102 Board Certified Specialty: No COMMUNITY CARE IPA LLC</p> <p> 3400 E 8TH ST STE 108 NATIONAL CITY, CA 91950</p> <p> Phone: (619) 482-3000 Fax: (619) 482-3001</p> <p> After Hours Phone: (619) 482-3000</p> <p>Provider Gender: Female</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1699357525

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7AM-6PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### REGISTERED PHYSICAL THERAPIST


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#### **NGUYEN, TIA**

Provider ID: 305012

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM

F 7AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### REGISTERED PHYSICAL THERAPIST


---

#### **NGUYEN, TIA**

Provider ID: 305011

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM  
F 7AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### REGISTERED PHYSICAL THERAPIST


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#### **NOVENCIDO, ANDREW**

Provider ID: 286784

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### REGISTERED PHYSICAL THERAPIST


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#### **NOVENCIDO, ANDREW**

Provider ID: 301996

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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


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## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

 *American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


### REGISTERED PHYSICAL THERAPIST

#### **SPARKS, TODD**

*Provider ID: 301110*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 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: Yes*

*Min/Max Age: 0\None*

 *American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 7AM-7PM  
 TU 7AM-0PM  
 W-TH 7AM-7PM  
 F 7AM-0PM*

 *Website: N/A*

*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


### REGISTERED PHYSICAL THERAPIST

#### **SUGGS, SARAH**

*Provider ID: 298366*

*Board Certified Specialty: No COMMUNITY CARE IPA LLC*

 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: 1083353650*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 7AM-7PM*

 *Website: N/A*

*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


### REGISTERED PHYSICAL THERAPIST

#### **SUGGS, SARAH**

*Provider ID: 301430*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 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: 1083353650*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

 *American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 7AM-7PM*

 *Website: N/A*

*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*


### REGISTERED PHYSICAL THERAPIST

#### **VILLANUEVA, GIOVANNI**

*Provider ID: 301533*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950

 *Phone: (619) 482-3000*

*Fax: (619) 695-0050*

 *After Hours Phone: (619) 482-3000*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Male  
 NPI: 1063046878  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 7AM-7PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

SHARP CORONADO HOSP  
 AND HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### OCEANSIDE

#### ANESTHESIOLOGY PAIN MANAGEMENT

**BROWNLOW, ROY**  
 Provider ID: 308400  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2125 S EL CAMINO REAL  
 STE 103  
 OCEANSIDE, CA 92054  
 Phone: (760) 610-0522  
 Fax: (760) 610-0523  
 After Hours Phone: (760)  
 610-0522  
 Provider Gender: Male  
 NPI: 1205949914  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:

#### ANESTHESIOLOGY PAIN MANAGEMENT

**BROWNLOW, ROY**  
 Provider ID: 308111  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 2125 S EL CAMINO REAL  
 STE 103  
 OCEANSIDE, CA 92054  
 Phone: (760) 610-0522  
 Fax: (760) 610-0523  
 After Hours Phone: (760)  
 610-0522  
 Provider Gender: Male  
 NPI: 1205949914  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,


#### ANESTHESIOLOGY PAIN MANAGEMENT


**DAIRO, BRANDON**  
 Provider ID: 299882  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 18\100  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **CERTIFIED ACUPUNCTURIST**

#### **GONZALEZ, ANDRES**

Provider ID: 308047

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3988 VISTA WAY STE G  
OCEANSIDE, CA 92056

 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: Chinese, Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**

#### **APRIL, MONIQUE**

Provider ID: 306978

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1093288730

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**

#### **APRIL, MONIQUE**

Provider ID: 306979

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1093288730

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**

#### **BALDWIN, ANDREA**

Provider ID: 294937

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1497202121

 Provider English Spoken: Y



Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 2\None

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## D. Directorio de proveedores especialistas

American Sign Language (ASL):  Website: N/A  
 N  
 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-5PM  
 W 8AM-7PM  
 TH-F 8AM-5PM  
 SA 9AM-6PM

 Website: N/A  
 IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

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#### **BINETTE, DONYA**



Provider ID: 303861  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054

 Phone: (760) 736-6767  
 Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767


Provider Gender: Female  
 NPI: 1427325166

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 SA 8AM-4:30PM

Website: N/A  
 IPA: Rady Childrens Health Network

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### CERTIFIED NURSE PRACTITIONER

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#### **CHILAKA, SAMUEL**


Provider ID: 301314  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A  
 IPA: IHP of Southern Cal-PHP


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### CERTIFIED NURSE PRACTITIONER

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#### **CHILAKA, SAMUEL**


Provider ID: 301313  
 Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
 Fax: (760) 414-3892


 After Hours Phone: (760) 631-5000

Provider Gender: Male  
 NPI: 1679140644

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A  
 IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

---

#### **CHILAKA, SAMUEL**

Provider ID: 301315  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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


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## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
**N**

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **CHRISTY, TYLER**

*Provider ID: 307299*

*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*

 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*  
*631-5000*

*Provider Gender: Male*

*NPI: 1689094971*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

**N**

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **CHRISTY, TYLER**

*Provider ID: 303930*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*  
*631-5000*

*Provider Gender: Male*

*NPI: 1689094971*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*

**N**

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **CHRISTY, TYLER**

*Provider ID: 303931*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 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: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL):*

**N**

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **CISZEK, ALEXANDRA**

*Provider ID: 306002*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 605 CROUCH ST  
 OCEANSIDE, CA 92054

 *Phone: (760) 736-6767*

*Fax: (760) 736-6744*

 *After Hours Phone: (760)*  
*736-6767*

*Provider Gender: Female*

*NPI: 1578220612*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL): Provider ID: 268660

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**GENOVESE, KELLY**

Provider ID: 301304

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1326052457


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE


### PRACTITIONER

**HEAD, KRISTIN**


Provider ID: 268660

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### CERTIFIED NURSE PRACTITIONER

**HERNANDEZ, JESSICA**

Provider ID: 304495

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**HERNANDEZ, JESSICA**

Provider ID: 304494

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**


---

**HERNANDEZ, JESSICA**

Provider ID: 302298

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**


---

**HERNANDEZ, JESSICA**

Provider ID: 302299

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**


---

**HERNANDEZ, JESSICA**

Provider ID: 302300

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**


---

**HUERTA, STEVEN**

Provider ID: 307932

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1558607440

 Provider English Spoken: Y  
Cultural Competency: N





































Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):



























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## D. Directorio de proveedores especialistas

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   818 PIER VIEW WAY            OCEANSIDE, CA 92054   <i>Phone: (760) 631-5000</i>  <i>Fax: (760) 414-3892</i>   <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Male</i>  <i>NPI: 1558607440</i></p>	<p><i>Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: TRI CITY MEDICAL CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N</p>
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>HUERTA, STEVEN</b>  <i>Provider ID: 307935</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   4700 N RIVER RD            OCEANSIDE, CA 92057   <i>Phone: (760) 631-5000</i>  <i>Fax: (760) 414-3892</i>   <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Male</i>  <i>NPI: 1558607440</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N</p>	<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network</i></p>
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>HUERTA, STEVEN</b>  <i>Provider ID: 307934</i></p>	<p><b>KELLEHER, BRIDGET</b>  <i>Provider ID: 298082</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   818 PIER VIEW WAY            OCEANSIDE, CA 92054   <i>Phone: (760) 631-5000</i>   <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1245695006</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s)</i></p>	<p><b>KELLEHER, BRIDGET</b>  <i>Provider ID: 298081</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   517 N HORNE ST            OCEANSIDE, CA 92054   <i>Phone: (760) 631-5000</i>   <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1245695006</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s)</i>  <i>Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: TRI CITY MEDICAL CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N</p>
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>HUERTA, STEVEN</b>  <i>Provider ID: 307934</i></p>	<p><b>KELLEHER, BRIDGET</b>  <i>Provider ID: 298082</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   818 PIER VIEW WAY            OCEANSIDE, CA 92054   <i>Phone: (760) 631-5000</i>   <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1245695006</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s)</i></p>	<p><b>KELLEHER, BRIDGET</b>  <i>Provider ID: 298081</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   517 N HORNE ST            OCEANSIDE, CA 92054   <i>Phone: (760) 631-5000</i>   <i>After Hours Phone: (760) 631-5000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1245695006</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s)</i>  <i>Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: TRI CITY MEDICAL CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N</p>

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## D. Directorio de proveedores especialistas

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network</i></p>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/> <p><b>LANG, LESLIE</b></p> <p><i>Provider ID: 308045</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p>	<p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1790978617</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 6\None</i></p> <p><i>American Sign Language (ASL):</i></p>
<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/> <p><b>KELLEHER, BRIDGET</b></p> <p><i>Provider ID: 298084</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> <i>4700 N RIVER RD OCEANSIDE, CA 92057</i></p> <p> <i>Phone: (760) 631-5000</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1245695006</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: TRI CITY MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>	<p> <i>818 PIER VIEW WAY OCEANSIDE, CA 92054</i></p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1457366130</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p>	<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TU 8AM-5PM W 10AM-7PM TH-F 8AM-5PM SA 9AM-4PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/> <p><b>MONTGOMERY JR, KEITH</b></p> <p><i>Provider ID: 295287</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> <i>4700 N RIVER RD OCEANSIDE, CA 92057</i></p> <p> <i>Phone: (760) 631-5000</i></p> <p><i>Fax: (760) 414-3892</i></p> <p> <i>After Hours Phone: (760) 631-5000</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1790978617</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p>
<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network</i></p>	<hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <hr/> <p><b>MONTGOMERY JR, KEITH</b></p> <p><i>Provider ID: 295285</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> <i>517 N HORNE ST OCEANSIDE, CA 92054</i></p>	

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-5PM  
W 10AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**


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**MONTGOMERY JR, KEITH**

Provider ID: 295286

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 6\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-5PM  
W 10AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**


---

**PRITZKER, JOELY**

Provider ID: 239772

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 12\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC

---

### **CERTIFIED NURSE PRACTITIONER**


---

**RAYTA, NICOLE**

Provider ID: 304682

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1689027542


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE PRACTITIONER**


---

**SANACORA, RACHEL**

Provider ID: 297730

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1548987985

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **CERTIFIED NURSE** **PRACTITIONER**


---

**SANTIAGO, AMANDA**

Provider ID: 242607

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 4700 N RIVER RD  
OCEANSIDE, CA 92057


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619488731

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

**TAYLOR, CHRISTOPHER**

Provider ID: 295505

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health  
Network

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### **CERTIFIED NURSE** **PRACTITIONER**


---

**TAYLOR, CHRISTOPHER**


Provider ID: 295503

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male


NPI: 1851747166


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health

Network

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**TAYLOR, CHRISTOPHER**

Provider ID: 295506

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 12\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-2PM  
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**KELLY, KATHERINE**

Provider ID: 290312

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

2210 MESA DR STE 5  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1801134275

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**PERLMAN, TAMARA**

Provider ID: 290733

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

2210 MESA DR STE 5  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **CHIROPRACTOR**

**ANDREWS, BRAD**

Provider ID: 290542

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

619 CROUCH ST  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1750791745

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### **CHIROPRACTOR**

**JU, NATHANIEL**

Provider ID: 290221

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### DERMATOLOGY

#### BROWN, REGINA

Provider ID: 309981

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

3629 VISTA WAY  
OCEANSIDE, CA 92056

Phone: (760) 757-7546

Fax: (760) 828-9138

After Hours Phone: (760)  
757-7546

Provider Gender: Female

NPI: 1801424692

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### EMERGENCY MEDICINE

#### PHAM, LILY

Provider ID: 304934

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### FAMILY PRACTICE

#### SALAMANCA, OMAR

Provider ID: 295469

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

605 CROUCH ST  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-6744

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: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### GASTROENTEROLOGY

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## D. Directorio de proveedores especialistas

### **NOVO, MEGAN**

Provider ID: 308044

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Phone: (760) 724-8782

Fax: (760) 842-7801

After Hours Phone: (760)  
724-8782

Provider Gender: Female

NPI: 1770961971

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, UNIVERSITY OF  
CALIFORNIA IRVINE MED CTR,  
UCSD MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-4:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **GYNECOLOGIC ONCOLOGY**

### **ESKANDER, RAMEZ**

Provider ID: 282166

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4002 VISTA WAY  
OCEANSIDE, CA 92056

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1144486929

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, EARL AND  
LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
Providence St Joseph Hospital,  
Providence St Jude Medical  
Center, ORANGE COAST MEM  
MED CTR, FOUNTAIN VALLEY  
REGIONAL HOSP AND MED  
CTR, FOUNTAIN VALLEY  
REGIONAL HOSP AND MED

CTR, CORONA REGIONAL  
MED CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,  
UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

### **SHABANIAN, LEILA**

Provider ID: 307537

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1013963073

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, French,  
Persian

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, TRI CITY MEDICAL CTR,  
PALOMAR HEALTH, SCRIPPS  
MERCY HOSPITAL, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None


American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


### INTERNAL MEDICINE

#### **SHABANIAN, LEILA**

Provider ID: 307215

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP


 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: 1013963073

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Farsi, French,  
 Persian

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, TRI CITY MEDICAL CTR,

PALOMAR HEALTH, SCRIPPS

MERCY HOSPITAL, PALOMAR

MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-TU 8AM-5PM  
 W 8AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


### MATERNAL AND FETAL MEDICINE

#### **MELBER, DORA**

Provider ID: 296991

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK


 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
 IPA: Rady Childrens Health  
 Network, UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **REIMERS, REBECCA**

Provider ID: 294651

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK


 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
 Network

### MATERNAL AND FETAL MEDICINE

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## D. Directorio de proveedores especialistas

### **RICHARDSON, ALVIE**

Provider ID: 264686

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **MATERNAL AND FETAL MEDICINE**

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### **SCHWENDEMANN, WADE**

Provider ID: 205437

Board Certified Specialty: No

### **RADY CHILDRENS HEALTH NETWORK**

 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, Sharp


Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **MATERNAL AND FETAL MEDICINE**


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### **WESTERMANN, MELISSA**

Provider ID: 255793

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Network


### MATERNAL AND FETAL MEDICINE

#### **WILLIAMS, KRISTIN**

Provider ID: 206230

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEPHROLOGY

#### **LIU, ANDREW**

Provider ID: 301573

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### NEPHROLOGY

#### **LIU, ANDREW**

Provider ID: 305443

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3300 VISTA WAY STE B  
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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### NEPHROLOGY


#### **LIU, ANDREW**

Provider ID: 308522




Board Certified Specialty: No  
COMMUNITY CARE IPA LLC



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## D. Directorio de proveedores especialistas





 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP




### **NEUROLOGY**

**JINDAL, ANUJA**  
 Provider ID: 206266  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### **NEUROLOGY CHILD**

**SAHAGIAN, MICHELLE**  
 Provider ID: 206075  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### **OBSTETRICS / GYNECOLOGY**

**BINDER, PRATIBHA**  
 Provider ID: 273226  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **OPHTHALMOLOGY**

#### **BANSAL, PREETI**

Provider ID: 205619  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK


 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

 Provider Language(s)  
 Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, GROSSMONT

HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL, TRI CITY MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

**N**  
 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
 Network


### **OPHTHALMOLOGY**

#### **BHATIA, SHAGUN**

Provider ID: 267318

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK


 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

**N**

**N**  
 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
 Network

### **OPHTHALMOLOGY**

#### **HENNEIN, LAUREN**


Provider ID: 297013

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

**N**

**N**  
 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### **OPHTHALMOLOGY**

#### **JACOBSEN, BRADLEY**

Provider ID: 302868

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: Yes  
IHP OF SOUTHERN CAL-PHP

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, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### OPHTHALMOLOGY

#### MOLL, ANGELA

Provider ID: 205509

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OPHTHALMOLOGY

#### MOVAGHAR, MANSOOR

Provider ID: 216416

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OPHTHALMOLOGY

#### OHALLORAN, HENRY

Provider ID: 205887

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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,

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## D. Directorio de proveedores especialistas

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):




N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network


### OPHTHALMOLOGY




#### SHEILS, CATHERINE

Provider ID: 305308  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3637 VISTA WAY  
OCEANSIDE, CA 92056  
 Phone: (760) 758-2008  
Fax: (760) 758-2004  
 After Hours Phone: (760) 758-2008

Provider Gender: Female  
NPI: 1932605649



 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP, UCSD Medical Group



### OPHTHALMOLOGY




#### SONG, DELU

Provider ID: 302871  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP, UCSD Medical Group

### OPTOMETRIST


#### GEE, JENNIFER

Provider ID: 290927  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A  
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### OPTOMETRIST

#### GEE, JENNIFER






Provider ID: 290210  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST


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## D. Directorio de proveedores especialistas




OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1336589332  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 COMMUNITY REGIONAL  
 MEDICAL CENTER-FRESNO,  
 CALIFORNIA PACIFIC  
 MEDICAL CENTER - D P APH  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


### OPTOMETRIST

**KIM, MICHAEL**  
 Provider ID: 290902  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 8AM-5PM  
 M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### OPTOMETRIST

**KIM, MICHAEL**  
 Provider ID: 290904  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 8AM-5PM  
 M-F 8AM-5PM



 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### OPTOMETRIST


**MORA, WENDY**  
 Provider ID: 290929  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER




 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP



### OPTOMETRIST

**MORA, WENDY**  
 Provider ID: 290237  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 517 N HORNE ST

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.






## D. Directorio de proveedores especialistas

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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### **OPTOMETRIST**






#### **RING, ROBERT**

Provider ID: 269380  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 10AM-7PM  
 TU-TH 9AM-5PM  
 F 9AM-0PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### **OPTOMETRIST**








#### **TAM, EMILY**

Provider ID: 290317  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Chinese, Mandarin, Yue Chinese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **TAM, EMILY**

Provider ID: 290318  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1497161236  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Chinese, Mandarin, Yue Chinese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **TRAN, JESSICA**

Provider ID: 303732  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **TRAN, JESSICA**

Provider ID: 304887

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **TRAN, JESSICA**

Provider ID: 304886

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **TRAN, JESSICA**

Provider ID: 303730

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1457922957


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### **OPTOMETRIST**

#### **TRAN, JESSICA**

Provider ID: 303731

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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

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## D. Directorio de proveedores especialistas

Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 5\21  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


### OTOLARYNGOLOGY

#### **BLISS, MORGAN**

Provider ID: 206086

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

#### PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
 Network


### OTOLARYNGOLOGY


#### **FRIESEN, TZYYNONG**

Provider ID: 244899

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056

 Phone: (760) 547-1020

 After Hours Phone: (760)  
 547-1020

Provider Gender: Female

NPI: 1952740177


 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
 Network

### OTOLARYNGOLOGY


#### **LEUIN, SHELBY**

Provider ID: 206111

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

#### NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
 Network


### OTOLARYNGOLOGY

#### **PATEL, VIJAY**

Provider ID: 297036

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### **AGHILI, ROXANA**

Provider ID: 303781

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056


 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760) 547-1000

Provider Gender: Female

NPI: 1851927883

 Provider English Spoken: Y

 Provider Language(s) Spoken: Farsi


Cultural Competency: N


Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### **CHOO, SUN**

Provider ID: 296537

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: No

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### **GORHAM, LAURA**

Provider ID: 275786

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056


 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760) 547-1000

Provider Gender: Female

NPI: 1316162324

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### **GROSS, MATTHEW**

Provider ID: 297175

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Male

NPI: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### **KINGDON, JOANNA**

Provider ID: 302319

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK



 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### **PARK, RONALD**

Provider ID: 295456

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK



 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1000  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Male

NPI: 1881695914

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19


American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE








#### **PARKER, SHERINE**


Provider ID: 205787  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Female  
 NPI: 1477626513  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE








#### **QUINONES-PEREZ, BIANCA**

Provider ID: 206951  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1000  
 Provider Gender: Female  
 NPI: 1124360565  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM

SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network






















### PEDIATRIC EMERGENCY MEDICINE

#### **RUSSELL, SAMUEL**

Provider ID: 301251  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


<u>PEDIATRIC EMERGENCY MEDICINE</u>	<u>PEDIATRIC EMERGENCY MEDICINE</u>	<u>PEDIATRIC GASTROENTEROLOGY</u>
<p><b>TODD, SARAH</b>  <i>Provider ID: 302801</i>  <i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b>   3605 VISTA WAY STE 172  OCEANSIDE, CA 92056   <i>Phone: (760) 547-1000</i>  <i>Fax: (760) 547-1021</i>   <i>After Hours Phone: (760) 547-1000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1407299787</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p><b>VAIDYA, KAMALA</b>  <i>Provider ID: 205813</i>  <i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b>   3605 VISTA WAY STE 172  OCEANSIDE, CA 92056   <i>Phone: (760) 547-1000</i>  <i>Fax: (760) 547-1021</i>   <i>After Hours Phone: (760) 547-1000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1083840920</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p><i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b>   3605 VISTA WAY STE 172  OCEANSIDE, CA 92056   <i>Phone: (760) 547-1000</i>  <i>Fax: (760) 547-1021</i>   <i>After Hours Phone: (760) 547-1000</i>  <i>Provider Gender: Female</i>  <i>NPI: 1619359718</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>
<p><b>VARGAS, JACLYN</b>  <i>Provider ID: 296485</i></p>	<p><b>CHU, CHRISTOPHER</b>  <i>Provider ID: 301642</i>  <i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b></p>	

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC PULMONOLOGY

**LENHART-PENDERGRASS,  
PATRICIA**


Provider ID: 294643

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PHYSICAL MEDICINE / REHABILITATION


**RICHARDSON, HENRY**

Provider ID: 295852

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICAL MEDICINE / REHABILITATION

**RYAN, KYLE**


Provider ID: 275661

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 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: Yes




Min/Max Age: 0\19

American Sign Language (ASL):

N

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## D. Directorio de proveedores especialistas






 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*




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### PHYSICIANS ASSISTANT

---

#### RAMOS, ELENA

*Provider ID: 301307*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 *605 CROUCH ST BLDG C OCEANSIDE, CA 92054*  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *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: Yes*  
*Min/Max Age: 2\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### PHYSICIANS ASSISTANT

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#### RODRIGUES, ANNETTE

*Provider ID: 302455*


*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 *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: No*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### PHYSICIANS ASSISTANT


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#### WRIGHT, DEREK

*Provider ID: 305530*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 *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: 1629674858*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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### PSYCHOLOGIST


---

#### COOK, SHERYL

*Provider ID: 304924*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 *619 CROUCH ST STE 100 OCEANSIDE, CA 92054*

 *Phone: (760) 736-6767*

*Fax: (760) 736-6744*

 *After Hours Phone: (760) 736-6767*

*Provider Gender: Female*

*NPI: 1750420816*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*



*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 Hours: M 9AM-6:15PM  
W 9AM-6PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **JENSEN, BRIAN**


Provider ID: 290775  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 619 CROUCH ST  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767  
Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Male  
NPI: 1518138049

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **KRAPES, MICHAEL**

Provider ID: 290097  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744


 After Hours Phone: (760)  
736-6767

Provider Gender: Male  
NPI: 1215233028

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **FARRAR, COURTNEY**

Provider ID: 295874  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 13\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### SURGERY ORTHOPEDIC

#### **CIDAMBI, EMILY**


Provider ID: 246469  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: Rady Childrens Health  
Network

### SURGERY ORTHOPEDIC

#### **PRUSS, ERIKA**

Provider ID: 303798  
Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY ORTHOPEDIC**

#### UPASANI, VIDYADHAR

Provider ID: 260954

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

### **SURGERY PEDIATRIC**

#### FAIRBANKS, TIMOTHY

Provider ID: 205498

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY PEDIATRIC**

#### KLING, KAREN

Provider ID: 206129

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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,



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## D. Directorio de proveedores especialistas

SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, NATIONAL  
NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network

### PERRIS



#### CERTIFIED NURSE PRACTITIONER




**BLAND, JACELIS**  
Provider ID: 296767  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 1675 N PERRIS BLVD STE  
G1  
PERRIS, CA 92571  
 Phone: (760) 736-7676  
 Fax: (760) 736-6744  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP



### POWAY

#### ANESTHESIOLOGY PAIN MANAGEMENT

**BROWNLOW, ROY**  
Provider ID: 308113  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 15725 POMERADO RD STE  
201  
POWAY, CA 92064  
 Phone: (760) 610-0522  
 Fax: (760) 610-0523  
 After Hours Phone: (760)  
610-0522  
 Provider Gender: Male  
 NPI: 1205949914  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


#### ANESTHESIOLOGY PAIN MANAGEMENT


**BROWNLOW, ROY**  
Provider ID: 308402  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 15725 POMERADO RD STE  
201  
POWAY, CA 92064  
 Phone: (760) 610-0522  
 Fax: (760) 610-0523  
 After Hours Phone: (760)  
610-0522  
 Provider Gender: Male  
 NPI: 1205949914  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**JOHNSON, CHRISTINE**

Provider ID: 295458

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (858) 218-3000  
Fax: (360) 462-2742

 After Hours Phone: (858)  
218-3000

Provider Gender: Female

NPI: 1295049229


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PARADISE  
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER


**WOLFE, AMANDA**

Provider ID: 243582

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK



 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  
 Provider Language(s)


Spoken: Russian, Spanish  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### CERTIFIED NURSE PRACTITIONER


**WRIGHT, KIMBERLY**

Provider ID: 256378

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### DERMATOLOGY


**LIN, SHINKO**


Provider ID: 306320

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1205130036




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## D. Directorio de proveedores especialistas

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### DERMATOLOGY




#### **LIN, SHINKO**




Provider ID: 308217  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: 1205130036  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:

GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### **FLINN, SCOTT**

Provider ID: 270054  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE  
 400  
 POWAY, CA 92064  
 Phone: (858) 675-3100  
 Fax: (858) 613-2938  
 After Hours Phone: (858)  
 675-3100  
 Provider Gender: Male  
 NPI: 1184694598  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 HEALTH  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC




### FAMILY PRACTICE

#### **NAJAND, SADAF**

Provider ID: 270055  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE  
 400  
 POWAY, CA 92064  
 Phone: (858) 675-3200  
 Fax: (858) 613-2938  
 After Hours Phone: (858)  
 675-3200

Provider Gender: Female  
 NPI: 1669769717

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### FAMILY PRACTICE

#### **WHITE, KERI**

Provider ID: 269491  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

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## D. Directorio de proveedores especialistas

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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 9AM-5PM  
Website: N/A  
IPA: Community Care IPA LLC

### INTERNAL MEDICINE

#### **CHEN, ANDREW**

Provider ID: 269315  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 9AM-5PM  
Website: N/A  
IPA: Community Care IPA LLC

### INTERNAL MEDICINE

#### **THAPER, MOHINDERPAL**

Provider ID: 270016  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

15611 POMERADO RD STE 575  
POWAY, CA 92064  
Phone: (760) 489-1458  
Fax: (760) 489-1246

After Hours Phone: (760) 489-1458

Provider Gender: Male  
NPI: 1295795037

Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Punjabi

Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes

Min/Max Age: 18\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **BAYAT, HAMED**

Provider ID: 269450  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

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## D. Directorio de proveedores especialistas


 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT,  
 Community Care IPA LLC

### NEONATAL / PERINATAL MEDICINE

#### **SAUER, CHARLES**

Provider ID: 206164  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 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 N  
 INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
 Network

### NEONATAL / PERINATAL MEDICINE

#### **WEST, JULIE**


Provider ID: 297072  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 15615 POMERADO RD  
 POWAY, CA 92064

 Phone: (858) 613-4143  
 Fax: (858) 613-4539


 After Hours Phone: (858)  
 613-4143

Provider Gender: Female  
 NPI: 1811151848

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A


IPA: Rady Childrens Health  
 Network

### OBSTETRICS / GYNECOLOGY

#### **COBB, DAMON**



Provider ID: 206030  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 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: Yes  
 Min/Max Age: 0\19

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-4:30PM  
F 9AM-1PM

 Website: N/A


IPA: Rady Childrens Health Network


### OPHTHALMOLOGY

#### **LOZIER, JEFFREY**

Provider ID: 270187

Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC

 15611 POMERADO RD STE 400  
POWAY, CA 92064

 Phone: (858) 675-3100

Fax: (858) 618-1523

 After Hours Phone: (858) 675-3100

Provider Gender: Male

NPI: 1225004450

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A


IPA: Community Care IPA LLC


### OPTOMETRIST

#### **KIM, MICHELLE**

Provider ID: 270014

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### PHYSICIANS ASSISTANT


#### **CHATFIELD, ALEXANDRA**

Provider ID: 276715

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 15611 POMERADO RD STE 525  
POWAY, CA 92064

POWAY, CA 92064

 Phone: (858) 485-0050

Fax: (858) 673-5187

 After Hours Phone: (858) 485-0050

Provider Gender: Female

NPI: 1215584628

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC


### PODIATRIST

#### **BRAZIER, SETH**

Provider ID: 306398

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 15706 POMERADO RD STE 102  
POWAY, CA 92064


 Phone: (858) 485-1494

Fax: (858) 485-1515

 After Hours Phone: (858) 485-1494

Provider Gender: Male

NPI: 1033554324

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

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## D. Directorio de proveedores especialistas


Hospital Affiliation: KAWEAH DELTA DISTRICT HOSP, SELMA COMMUNITY HOSPITAL, ADVENTIST MEDICAL CENTER, ADVENTIST MED CTR REEDLEY


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PODIATRIST


#### HAN, KYOUNG

Provider ID: 296326

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 15706 POMERADO RD STE 102

POWAY, CA 92064

 Phone: (858) 485-1494


Fax: (858) 485-1515

 After Hours Phone: (858) 485-1494

Provider Gender: Female

NPI: 1083954671

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Japanese, Korean

Cultural Competency: N

Hospital Affiliation:

SADDLEBACK MEMORIAL MED CTR, PALOMAR HEALTH, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PODIATRIST


#### READ, TRENTON

Provider ID: 296656

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 15706 POMERADO RD STE 102

POWAY, CA 92064


 Phone: (858) 485-1494


Fax: (858) 485-1515

 After Hours Phone: (858) 485-1494

Provider Gender: Male

NPI: 1952963431

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

### PSYCHOLOGIST


#### VALLEZ-BARLAM, ANDREA

Provider ID: 290629

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### RHEUMATOLOGY

#### RAO, SOUMYA

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 46060

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### RHEUMATOLOGY

**REDDY, SMITHA**

Provider ID: 269402

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

15725 POMERADO RD STE  
117

POWAY, CA 92064

Phone: (858) 312-1717

Fax: (858) 435-0207

After Hours Phone: (858)  
312-1717

Provider Gender: Female

NPI: 1750534715

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Kannada,  
Telugu

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, PALOMAR

HEALTH, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS GREEN HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-4PM

Website: N/A

IPA: Community Care IPA LLC

### SURGERY GENERAL

**GROVE, JAY**

Provider ID: 305851

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

15611 POMERADO RD

POWAY, CA 92064

Phone: (858) 675-3100

Fax: (858) 673-5187

After Hours Phone: (858)  
675-3100

Provider Gender: Male

NPI: 1912971334

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, PALOMAR MEDICAL

CENTER, TRI CITY MEDICAL

CTR, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC

### SURGERY ORTHOPEDIC

**BALIKIAN, PHILIP**

Provider ID: 257485

Board Certified Specialty: Yes

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

15611 POMERADO RD STE  
400

POWAY, CA 92064

Phone: (858) 613-8900

Fax: (858) 618-1523

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ *After Hours Phone: (858) 613-8900*

*Provider Gender: Male*

*NPI: 1407803687*

☐ *Provider English Spoken: Y*

☐ *Provider Language(s) Spoken: Armenian, Italian, Spanish, Vietnamese*

*Cultural Competency: N*

*Hospital Affiliation: PALOMAR HEALTH*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8:30AM-5PM*

🌐 *Website: N/A*

*IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC*

### SURGERY ORTHOPEDIC

#### **BALIKIAN, PHILIP**

*Provider ID: 119552*

*Board Certified Specialty: Yes COMMUNITY CARE IPA LLC*

📍 15611 POMERADO RD STE 400 POWAY, CA 92064

☎ *Phone: (858) 613-8900*

*Fax: (858) 618-1523*

☎ *After Hours Phone: (858) 613-8900*

*Provider Gender: Male*

*NPI: 1407803687*

☐ *Provider English Spoken: Y*

☐ *Provider Language(s) Spoken: Armenian, Italian, Spanish, Vietnamese*

*Cultural Competency: N*

*Hospital Affiliation: PALOMAR HEALTH*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8:30AM-5PM*

🌐 *Website: N/A*

*IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT, Community Care IPA LLC*

### SURGERY ORTHOPEDIC

#### **BRIED, JAMES**

*Provider ID: 269500*

*Board Certified Specialty: No COMMUNITY CARE IPA LLC*

📍 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC*

### **RAMONA**

#### CERTIFIED NURSE

#### PRACTITIONER

#### **SALAS, JESSICA**

*Provider ID: 269344*

*Board Certified Specialty: No COMMUNITY CARE IPA LLC*

📍 211 13TH ST RAMONA, CA 92065

☎ *Phone: (760) 789-5160*

*Fax: (760) 788-7962*

☎ *After Hours Phone: (760) 789-5160*

*Provider Gender: Female*

*NPI: 1356817431*

☐ *Provider English Spoken: Y Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🌐 *Website: N/A*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Community Care IPA LLC

### CHIROPRACTOR

#### JIMENEZ, CLARIBEL

Provider ID: 307942

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

220 ROTANZI ST  
RAMONA, CA 92065

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1801255484

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### WELLS, TODD

Provider ID: 299118

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

211 13TH ST  
RAMONA, CA 92065

Phone: (760) 789-5160

Fax: (760) 722-5292

After Hours Phone: (760)  
789-5160

Provider Gender: Male

NPI: 1952377806

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC

## RIVERSIDE

### PHYSICIANS ASSISTANT

#### DUARTE, ZULMA

Provider ID: 295431

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

8856 ARLINGTON AVE  
RIVERSIDE, CA 92503

Phone: (951) 710-3970

Fax: (360) 462-5824

After Hours Phone: (951)  
710-3970

Provider Gender: Female

NPI: 1245885912

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### NJIE, EMADE

Provider ID: 298710

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

8856 ARLINGTON AVE  
RIVERSIDE, CA 92503

Phone: (951) 710-3970

Fax: (360) 462-5824

After Hours Phone: (951)  
710-3970

Provider Gender: Female

NPI: 1881233229

Provider English Spoken: Y  
Provider Language(s)  
Spoken: French

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

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## D. Directorio de proveedores especialistas

### SAN DIEGO

#### ADOLESCENT MEDICINE

##### CHELVAKUMAR, GAYATHRI

Provider ID: 296674

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8110 BIRMINGHAM WAY FL  
2

SAN DIEGO, CA 92123

Phone: (858) 966-8493

Fax: (858) 966-8818

After Hours Phone: (858)  
966-8493

Provider Gender: Female

NPI: 1447473848

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

#### ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY

##### HONG, KIMBERLY

Provider ID: 246311

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (858) 657-8530

After Hours Phone: (858)  
657-8530

Provider Gender: Female

NPI: 1346515442

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### ALLERGY IMMUNOLOGY

##### JAMES, CHRISTINE

Provider ID: 284917

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### ALLERGY IMMUNOLOGY

##### RIEDL, MARC

Provider ID: 255768

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

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

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## D. Directorio de proveedores especialistas

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### ANESTHESIOLOGY


**ALEXANDER, BRENTON**

Provider ID: 242303

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### ANESTHESIOLOGY

**BECERRA SONGOLO, TOSHA**

Provider ID: 300068

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265938724

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### ANESTHESIOLOGY


**BRUNO, KELLY**

Provider ID: 238903

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891130993

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### ANESTHESIOLOGY


**CANO, SARAH**

Provider ID: 200959

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS GREEN  
HOSPITAL, SCRIPPS GREEN  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **ANESTHESIOLOGY**

#### **CHAN, CHI-BEW**

Provider ID: 310044

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1205966264

 Provider English Spoken: Y  
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,  
DAMERON HOSPITAL ASSOC,  
DAMERON HOSPITAL ASSOC,  
SHARP CHULA VISTA MED

CTR, SHARP CORONADO

HOSP AND HEALTHCARE CTR,

SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY**

#### **CHAN, CHI-BEW**

Provider ID: 310043

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1205966264

 Provider English Spoken: Y  
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,  
DAMERON HOSPITAL ASSOC,  
DAMERON HOSPITAL ASSOC,  
SHARP CHULA VISTA MED  
CTR, SHARP CORONADO

HOSP AND HEALTHCARE CTR,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY**


#### **CURRAN, BRIAN**

Provider ID: 239002

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1710373642


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## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **ANESTHESIOLOGY**

#### **FEJLEH, ASHLEY**

*Provider ID: 269502*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 200 W 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **ANESTHESIOLOGY**

#### **FUNDINGSLAND, BRENT**

*Provider ID: 280468*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 200 W 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### **ANESTHESIOLOGY**


#### **HYLTON, DIANA**

*Provider ID: 241735*

*Board Certified Specialty: Yes*  
*UCSD MEDICAL GROUP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### **ANESTHESIOLOGY**

#### **MEYER, MEGAN**

*Provider ID: 239607*


*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

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## D. Directorio de proveedores especialistas

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY

#### **MILLAR, MELISSA**

Provider ID: 201308

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (619) 543-5754  
 After Hours Phone: (619)  
543-5754

Provider Gender: Female  
NPI: 1417361981

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS GREEN

HOSPITAL, SCRIPPS GREEN


HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY



#### **NGUYEN, QUOC SY**

Provider ID: 242188

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY


#### **OSWALD, JESSICA**

Provider ID: 239600

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): **SORIA, CLAIRE**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **ANESTHESIOLOGY**


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**SHAW, SUSANNA**

Provider ID: 255316

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **ANESTHESIOLOGY**


---

Provider ID: 243294

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY**

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**SREJIC, UNA**

Provider ID: 206383

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

 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, UCSF MEDICAL

CENTER, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY**


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**SUYDAM, STEVEN**

Provider ID: 286569

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386856821

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**


#### **TRIVEDI, SURAJ**

Provider ID: 246749

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY**

#### **TSUDA, PAIGE**

Provider ID: 271682

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **TULLY, JEFFREY**

Provider ID: 283689

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **TZENG, ERIC**

Provider ID: 284577  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1801258264

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **YODER, ANDREA**

Provider ID: 272804  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### **ANESTHESIOLOGY**

#### **YOUNAN, LAWRENCE**

Provider ID: 240870  
Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1922432475

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **ANESTHESIOLOGY CRITICAL**

#### **CARE MEDICINE**

#### **KRAUSE, MARTIN**

Provider ID: 280539  
Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### ANESTHESIOLOGY PAIN MANAGEMENT


#### **CASTELLANOS, JOEL**

Provider ID: 243553

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1700296514

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### ANESTHESIOLOGY PAIN MANAGEMENT

#### **DAIRO, BRANDON**

Provider ID: 300089

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619) 325-1161

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### ANESTHESIOLOGY PAIN MANAGEMENT

#### **DAIRO, BRANDON**

Provider ID: 299880

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619) 325-1161

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 18\100

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### CARDIAC ELECTROPHYSIOLOGY

#### **HAN, FREDERICK**

Provider ID: 210012

Board Certified Specialty: No  
UCSD MEDICAL GROUP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1427255967

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### CARDIAC ELECTROPHYSIOLOGY

#### **HAN, FREDERICK**

Provider ID: 210099  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

4168 FRONT ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1427255967

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CARDIOVASCULAR DISEASE

#### **ALANI, ANAS**

Provider ID: 201252  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CARDIOVASCULAR DISEASE

#### **CASTELLANOS, LUIS**

Provider ID: 211764  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

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  
Provider Language(s)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Spoken: Spanish  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

**CASTELLANOS, LUIS**  
 Provider ID: 211765  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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  
 Provider Language(s) Spoken: Spanish  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

**LERNER, JONATHAN**  
 Provider ID: 309267  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 412 WASHINGTON ST  
 SAN DIEGO, CA 92103  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### **CARDIOVASCULAR DISEASE**

**LERNER, JONATHAN**  
 Provider ID: 303447  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### **CARDIOVASCULAR DISEASE**

**MIZZELL, ANNA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 214020  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **PHREANER, NICHOLAS**

Provider ID: 239946

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **PROHASKA, THOMAS**

Provider ID: 299912

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1861889644

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **SHEREV, DIMITRI**

Provider ID: 301306

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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,

SHARP MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, ALVARADO

HOSPITAL LLC, SHARP CHULA

VISTA MED CTR, TRI CITY

MEDICAL CTR, TRI CITY

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, Sharp Grossmont

Hospital, SHARP CORONADO

HOSP AND HEALTHCARE CTR

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 18\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### CARDIOVASCULAR DISEASE


#### **YEANG, CALVIN**

Provider ID: 238822

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED ACUPUNCTURIST

#### **ARELLANO, JACQUELINE**

Provider ID: 304138

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED ACUPUNCTURIST

#### **ARELLANO, JACQUELINE**

Provider ID: 277966

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED ACUPUNCTURIST


#### **ARELLANO, JACQUELINE**

Provider ID: 277967

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


---

### **CERTIFIED ACUPUNCTURIST**

**ARELLANO, JACQUELINE**

Provider ID: 277968

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED ACUPUNCTURIST**

**ARELLANO, JACQUELINE**

Provider ID: 304137

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **CERTIFIED ACUPUNCTURIST**

**CRAFT, KEVIN**


Provider ID: 290942

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1659745610

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED ACUPUNCTURIST**

**JULIAN, FIDES**

Provider ID: 277699

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED ACUPUNCTURIST

**JULIAN, FIDES**

Provider ID: 304132


Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED ACUPUNCTURIST

**JULIAN, FIDES**

Provider ID: 277701

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED ACUPUNCTURIST


**JULIAN, FIDES**

Provider ID: 304131

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED ACUPUNCTURIST

**JULIAN, FIDES**

Provider ID: 277700

Board Certified Specialty: No


UCSD MEDICAL GROUP

 9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

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## D. Directorio de proveedores especialistas


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**


#### **LAM, KHANH**

Provider ID: 295380


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 Phone: (619) 325-1161


Fax: (619) 325-1717

 After Hours Phone: (619) 325-1161

Provider Gender: Male

NPI: 1649594979

 Provider English Spoken: Y

 Provider Language(s) Spoken: Chinese, French, Vietnamese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED ACUPUNCTURIST**

#### **SEITZ, GRETCHEN**

Provider ID: 246474


Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 9995 CARMEL MOUNTAIN  
RD STE B10-B11  
SAN DIEGO, CA 92129


 Phone: (844) 200-2426


Fax: (858) 240-6470

 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1396876959

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

 Website: N/A

IPA: Community Care IPA LLC

### **CERTIFIED NURSE**

#### **PRACTITIONER**


#### **AGUILA, YESENIA**

Provider ID: 304624

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
























 Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE**

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## D. Directorio de proveedores especialistas


<p><b><u>PRACTITIONER</u></b></p> <p><b>ALSTEEN, STEPHANIE</b>            Provider ID: 291389            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W 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: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p>NPI: 1235891953   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p>IPA: Community Care IPA LLC</p> <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>BAKER, TANYA</b>            Provider ID: 255625            Board Certified Specialty: No            UCSD MEDICAL GROUP   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: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p>
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>AMOS, MARIA</b>            Provider ID: 291439            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W ARBOR DR            SAN DIEGO, CA 92103   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800) 926-8273            Provider Gender: Female</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>ARVIZU, MARGARITA</b>            Provider ID: 307976            Board Certified Specialty: No            COMMUNITY CARE IPA LLC   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: 1558058636   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-6PM   Website: N/A</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>BENARD, ROBERT</b>            Provider ID: 268229            Board Certified Specialty: No</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

 200 W 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, Highland  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

#### BILOTTA, NATALIE

Provider ID: 291418

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144809393

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER


#### BROWN, VICTORIA

Provider ID: 307668

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 Phone: (800) 922-6827

 After Hours Phone: (800)  
922-6827

Provider Gender: Female

NPI: 1750033890


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER


#### BROWN, VICTORIA

Provider ID: 307669

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750033890


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


#### BUENROSTRO, CHRISTINA

Provider ID: 243718

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1851749253

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

#### **BUI, ANH**

Provider ID: 304272

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 14\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

#### **BUI, ANH**

Provider ID: 304273

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 14\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

#### **CAMARGO-LOWTHERS, ANGELICA**

Provider ID: 295914

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 8010 FROST ST STE 220  
SAN DIEGO, CA 92123

 Phone: (858) 650-5000

Fax: (858) 636-2903

 After Hours Phone: (858)  
650-5000

Provider Gender: Female

NPI: 1912982539

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### CERTIFIED NURSE PRACTITIONER

#### **CAMARGO-LOWTHERS, ANGELICA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 307993  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

8010 FROST ST STE 100  
SAN DIEGO, CA 92123

Phone: (858) 640-5000  
Fax: (858) 636-2903

After Hours Phone: (858)  
640-5000

Provider Gender: Female

NPI: 1912982539

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### CERTIFIED NURSE PRACTITIONER

**CAMARGO-LOWTHERS,  
ANGELICA**

Provider ID: 54944

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### CERTIFIED NURSE PRACTITIONER

**CAPOZZI, JENNIFER**

Provider ID: 241031

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**CHANTALA, ELIZABETH**

Provider ID: 291305

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942430442

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **CERTIFIED NURSE** **PRACTITIONER**


#### **CHAVEZ, ALEXANDRIA**

*Provider ID: 243357*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *4510 EXECUTIVE DR STE 7*  
*SAN DIEGO, CA 92121*

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1811543622*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**


#### **CHEATHAM, BRITTANY**

*Provider ID: 291461*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *200 W 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**

#### **CHOATE, BERNADETTE**

*Provider ID: 286369*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *200 W ARBOR DR*  
*SAN DIEGO, CA 92103*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*

*NPI: 1104173558*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*


*CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**


#### **CHOATE, BERNADETTE**

*Provider ID: 286368*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas





 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




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### **CERTIFIED NURSE PRACTITIONER**

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#### **COLEMAN, PAGE**

*Provider ID: 304288*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 *4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105*  
 *Phone: (619) 280-2058*  
*Fax: (858) 633-4682*  
 *After Hours Phone: (619) 280-2058*  
*Provider Gender: Female*  
*NPI: 1871365312*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM  
SA 8AM-2PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### **CERTIFIED NURSE PRACTITIONER**



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#### **CONNER, PAMELA**

*Provider ID: 299930*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *200 W ARBOR DR  
SAN DIEGO, CA 92103*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1770558967*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


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### **CERTIFIED NURSE PRACTITIONER**

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#### **CONNOR, CAROLINE**

*Provider ID: 279836*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *6030 VILLAGE WAY  
SAN DIEGO, CA 92130*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*




 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1609081710*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE PRACTITIONER**


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#### **CONNOR, CAROLINE**

*Provider ID: 279835*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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**COSINO, ANJELICA**


Provider ID: 201309

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295238749

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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**DAVIES, SUMMER**

Provider ID: 253692

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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**DAVIS, JANET**

Provider ID: 255796

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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**DE DIOS, SARAH JANE**

Provider ID: 300051

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 *Provider English Spoken: Y* *IPA: UCSD Medical Group*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP, UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **DEL VECCHIO, MEGAN**

*Provider ID: 301725*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *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: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **DEL VECCHIO, MEGAN**

*Provider ID: 301726*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *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: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **DEUTSCH, KAREN**

*Provider ID: 247980*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *4168 FRONT ST FL 3*  
*SAN DIEGO, CA 92103*

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*NPI: 1740517127*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL*  
*CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **DEUTSCH, KAREN**

*Provider ID: 247981*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

**DOAN, ANGELA**


Provider ID: 291425

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1639638968


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE

### PRACTITIONER

**DOAN, ANGELA**


Provider ID: 291426

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1639638968


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**DRISCOLL, KARRIE**


Provider ID: 286345

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396085098


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

**DRISCOLL, SUSAN**

Provider ID: 298968

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 758-3384

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1477755684

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\None



American Sign Language (ASL):  
N

N








 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: SU 10AM-4PM  
 M-F 8:30AM-5:30PM  
 SA 8AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER





**DWYER, ERIN**  
 Provider ID: 269863  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### CERTIFIED NURSE

**PRACTITIONER**  
**ECLARINO, GALELEO**  
 Provider ID: 296764  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

**EDNACOT, KARYNNE**  
 Provider ID: 309725  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8010 FROST ST STE 100  
 SAN DIEGO, CA 92123  
 Phone: (858) 650-5000  
 Fax: (858) 636-2903  
 After Hours Phone: (858)

650-5000  
 Provider Gender: Female  
 NPI: 1548027964  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER



**EDNACOT, KARYNNE**  
 Provider ID: 309540  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 8010 FROST ST STE 100  
 SAN DIEGO, CA 92123  
 Phone: (858) 650-5000  
 Fax: (858) 636-2903  
 After Hours Phone: (858)  
 650-5000  
 Provider Gender: Female  
 NPI: 1548027964  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.










## D. Directorio de proveedores especialistas

### PROVIDER

 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER







#### ERICKSON, LISA

Provider ID: 287444  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1669442182  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### CERTIFIED NURSE


### PRACTITIONER

#### ERICKSON, LISA







Provider ID: 278982  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### FELD, KEREN





Provider ID: 297672  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER



#### FISHER, SLOANE

Provider ID: 301585  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 NPI: 1538807003  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network




### CERTIFIED NURSE PRACTITIONER

**GARTH, MELISSA**  
 Provider ID: 274053  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1689232977  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group






### CERTIFIED NURSE PRACTITIONER



**GIORGI, ASHLEY**  
 Provider ID: 304877  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 8AM-2PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP




### CERTIFIED NURSE PRACTITIONER

**GOMEZ, LESLIE**

Provider ID: 299466  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1528578713  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

**GOMEZ, LESLIE**  
 Provider ID: 299468  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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#### **GOMEZ, LESLIE**


Provider ID: 299467

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER


---

#### **HA, THU**

Provider ID: 293260

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1346443983

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

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#### **HA, THU**

Provider ID: 293261

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **HARKNESS, RUMIKO**

Provider ID: 208841

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487785093

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 305337

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

#### **HAROSH, GAL**

Provider ID: 302475

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1992461230

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 268656

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **HART, BECKY**

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

Fax: (619) 687-1067

 After Hours Phone: (619)  
233-8500

Provider Gender: Female

NPI: 1316626344

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

#### **HEAD, KRISTIN**

Provider ID: 268656

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-7484

Fax: (858) 966-4064

 After Hours Phone: (858)  
966-7484

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### CERTIFIED NURSE PRACTITIONER


#### **HEFNER, ANNA**

Provider ID: 308420

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (619) 434-1613

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1588913537

 Provider English Spoken: Y  
Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER


**HILL, GENIELYN**

Provider ID: 299144


Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426


Fax: (619) 434-1613

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1710632435

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER


**HILLIARD, THESALONICA**

Provider ID: 284022

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1861956724

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

 Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE

### PRACTITIONER


**HOOPER, BONNIE**

Provider ID: 275254

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

 Phone: (858) 454-4300

Fax: (858) 454-5088

 After Hours Phone: (858)  
454-4300

Provider Gender: Female

NPI: 1821062878

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER


**HOOPER, BONNIE**

Provider ID: 307208

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 9095 RIO SAN DIEGO DR  
STE 300












SAN DIEGO, CA 92108

 Phone: (619) 298-9809






Fax: (619) 298-9823

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## D. Directorio de proveedores especialistas

<p> After Hours Phone: (619) 298-9809          Provider Gender: Female          NPI: 1821062878   Provider English Spoken: Y          Cultural Competency: N          Medi-Cal Open Panel: Yes          Min/Max Age: 0\None          American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A          IPA: Community Care IPA LLC</p>	<p>CHULA VISTA          Medi-Cal Open Panel: Yes          Min/Max Age: 14\None          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 9AM-4PM   Website: N/A          IPA: IHP of Southern Cal-PHP</p>	<p>CHULA VISTA          Medi-Cal Open Panel: Yes          Min/Max Age: 14\None          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 9AM-4PM   Website: N/A          IPA: IHP of Southern Cal-PHP</p>
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### CERTIFIED NURSE PRACTITIONER

**IBARRA, MARTHA**  
 Provider ID: 295392  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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

### CERTIFIED NURSE PRACTITIONER

**IBARRA, MARTHA**  
 Provider ID: 295393  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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

### CERTIFIED NURSE PRACTITIONER

**JONES, CHRISTA**  
 Provider ID: 275563  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W 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: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

#### **KEMP, KATHRINE**

Provider ID: 301276

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101


 Phone: (619) 645-6405

Fax: (619) 687-1067

 After Hours Phone: (619)  
645-6405

Provider Gender: Female

NPI: 1316615313

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

#### **KI, TRISH**

Provider ID: 293293

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1376840199

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

#### **KI, TRISH**

Provider ID: 293294

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

#### **KIDANE, ZINNIA**

Provider ID: 302426

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1780334110

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

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**KIDANE, ZINNIA**


*Provider ID: 302427*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*


 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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**CERTIFIED NURSE**  
**PRACTITIONER**

---

**LAFORTEZA, JOZELLE**


*Provider ID: 202666*  
*Board Certified Specialty: No*

**UCSD MEDICAL GROUP**

 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*

 *Provider Language(s) Spoken: Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*


*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

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**CERTIFIED NURSE**  
**PRACTITIONER**

---


**LANE, KIMBERLY**

*Provider ID: 301597*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 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: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**LANE, KIMBERLY**

*Provider ID: 301600*


*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 3444 KEARNY VILLA RD STE 201

SAN DIEGO, CA 92123

 *Phone: (858) 430-1101*

*Fax: (858) 221-5049*

 *After Hours Phone: (858) 430-1101*

*Provider Gender: Female*

*NPI: 1457670119*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\None*




*American Sign Language (ASL):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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**CERTIFIED NURSE**  
**PRACTITIONER**

---

**LANE, KIMBERLY**




*Provider ID: 301601*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 3444 KEARNY VILLA RD  
 STE 202  
 SAN DIEGO, CA 92123  
 *Phone: (858) 430-1101*  
*Fax: (858) 429-7929*  
 *After Hours Phone: (858) 430-1101*

*Provider Gender: Female*  
*NPI: 1457670119*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

**CERTIFIED NURSE**  
**PRACTITIONER**


---

**LANE, KIMBERLY**



*Provider ID: 301603*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 16\None*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*



 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


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**CERTIFIED NURSE**  
**PRACTITIONER**



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**MANRIQUEZ, LISETTE**




*Provider ID: 307103*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 286 EUCLID AVE STE 302  
 SAN DIEGO, CA 92114  
 *Phone: (619) 662-4100*  
*Fax: (619) 428-7952*

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

*Provider Gender: Female*  
*NPI: 1760058911*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---


**CERTIFIED NURSE**  
**PRACTITIONER**

---

**MANZO, CORINA**



*Provider ID: 304481*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 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: Yes*  
*Min/Max Age: 0\None*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**MARTINEZ, CAROLYN**

Provider ID: 293345

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE

### PRACTITIONER


**MEDINA, RUBELETA**

Provider ID: 296673

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 9995 CARMEL MOUNTAIN  
RD STE B1011

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 240-6470

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1881153963

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER


**MENDOZA, GRETTEL MARIE**

Provider ID: 303202

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1245652387

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-6PM  
F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER


**MICK, SHARON**

Provider ID: 299648

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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**MICK, SHARON**

Provider ID: 299649

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER


---

**MICK, SHARON**

Provider ID: 299647

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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**MIDORO, ABEGAILLE**

Provider ID: 303828

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

 Website: N/A

IPA: Community Care IPA LLC

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### CERTIFIED NURSE PRACTITIONER

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**MIDORO, ABEGAILLE**

Provider ID: 303829

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1952925851

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TU 8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

#### **MILLER, EVA**

Provider ID: 255833

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

☎ Phone: (619) 471-9210

☎ After Hours Phone: (619) 471-9210

Provider Gender: Female

NPI: 1043492523

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **MOHEBBI, ATHENA**

Provider ID: 201325

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 4520 EXECUTIVE DR STE P2

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1952627176

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **MORAN, TIFFANY**

Provider ID: 304275

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 2630 1ST AVE

SAN DIEGO, CA 92103

☎ Phone: (619) 234-2158

Fax: (619) 234-0206

☎ After Hours Phone: (619) 234-2158

Provider Gender: Female

NPI: 1730730649

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **MULVEY, CAOILFHIONN**

Provider ID: 291419

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR


SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1184386864

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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**NEJATI, FRESHTA**

Provider ID: 214112

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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**NETZEL, JENNIFER**

Provider ID: 291347

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

---

**NETZEL, JENNIFER**

Provider ID: 291346

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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**NETZEL, JENNIFER**

Provider ID: 291348

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336896232

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **CERTIFIED NURSE PRACTITIONER**

**NOVENO, HILARIO JR**

Provider ID: 286912

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Arabic, Spanish,  
Tagalog


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
UCSD Medical Group

### **CERTIFIED NURSE PRACTITIONER**

**NOVENO, HILARIO JR**

Provider ID: 286911

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Arabic, Spanish,  
Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
UCSD Medical Group


### **CERTIFIED NURSE PRACTITIONER**

**O'CONNELL, STEFANY**

Provider ID: 296846

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **CERTIFIED NURSE PRACTITIONER**

**OREJEL, EDITH**

Provider ID: 296715

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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





 Provider Language(s)




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## D. Directorio de proveedores especialistas

Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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 9AM-4PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER







**OREJEL, EDITH**  
 Provider ID: 296716  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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 9AM-4PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**PACE, RACHELLE**  
 Provider ID: 309961  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1588334973  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**PAI, SARAH**  
 Provider ID: 276870  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**PATIAG, DANIEL**  
 Provider ID: 293249  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **PATIAG, DANIEL**

Provider ID: 293248

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **PEREZ, ALLYSSA**

Provider ID: 286223


Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497358915

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**


---


#### **PEREZ, ALLYSSA**

Provider ID: 286222


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **PEREZ, ALLYSSA**

Provider ID: 304162

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497358915

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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**PETTIS, BETH**

Provider ID: 286878

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326638958

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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**RAJAEI, NILOUFAR**

Provider ID: 291437

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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  
Provider Language(s)

Spoken: Persian

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---

**RANDLE, CARRIE**

Provider ID: 299296

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1558557348

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: NAVAL  
MEDICAL CTR SD RBE, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Network

### CERTIFIED NURSE PRACTITIONER


#### **RIEGO, SUZANNE**


Provider ID: 214477

Board Certified Specialty: No

UCSD MEDICAL GROUP


 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

 Phone: (858) 292-7200

 After Hours Phone: (858)  
292-7200

Provider Gender: Female

NPI: 1144453754

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


#### **ROBERTSON, RACHAEL**

Provider ID: 286940

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **RODENMEYER, EVE**


Provider ID: 295956

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **ROSCOE, SYDNEY**


Provider ID: 305039

Board Certified Specialty: No

UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

UCSD Medical Group

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**CERTIFIED NURSE**  
**PRACTITIONER**

---


**ROSCOE, SYDNEY**


Provider ID: 305038

Board Certified Specialty: No

UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**ROSCOE, SYDNEY**


Provider ID: 305037

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

---

**CERTIFIED NURSE**  
**PRACTITIONER**


---

**ROSS, CRYSTAL**

Provider ID: 302559

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**ROSS, CRYSTAL**

Provider ID: 287763

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP, UCSD Medical Group</i></p>	<p><i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   200 W ARBOR DR            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1528787132</i></p>	<p><i>Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>
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<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>ROSSI, CATHERINE</b>  <i>Provider ID: 291445</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   200 W ARBOR DR            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1649934126</i></p>	<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p style="text-align: center;"><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>SABIN, NANCY</b>  <i>Provider ID: 293287</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   6973 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 279-0925</i>  <i>Fax: (858) 633-4680</i>   <i>After Hours Phone: (858) 279-0925</i>  <i>Provider Gender: Female</i>  <i>NPI: 1285732586</i></p>
<hr/>		
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p style="text-align: center;"><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>SABIN, NANCY</b>  <i>Provider ID: 293288</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   7011 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 810-8700</i>  <i>Fax: (858) 633-4680</i>   <i>After Hours Phone: (858) 810-8700</i>  <i>Provider Gender: Female</i>  <i>NPI: 1285732586</i></p>	<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>
<hr/>		
<p style="text-align: center;"><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>ROZO, JOSE</b>  <i>Provider ID: 300037</i></p>	<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s)</i></p>	<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s)</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### CERTIFIED NURSE PRACTITIONER

#### **SANACORA, RACHEL**

Provider ID: 297729

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1548987985

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

### CERTIFIED NURSE PRACTITIONER

#### **SANACORA, RACHEL**

Provider ID: 297728

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network

### CERTIFIED NURSE PRACTITIONER

#### **SANTANGELO, JOANNE**

Provider ID: 293286

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **SANTANGELO, JOANNE**

Provider ID: 293285

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: IHP of Southern Cal-PHP



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**CERTIFIED NURSE**  
**PRACTITIONER**

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**SATTERWHITE, MAURINE**

Provider ID: 293258  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A  
 IPA: IHP of Southern Cal-PHP

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**CERTIFIED NURSE**  
**PRACTITIONER**

---

**SATTERWHITE, MAURINE**



Provider ID: 293259  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A  
 IPA: IHP of Southern Cal-PHP

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**CERTIFIED NURSE**  
**PRACTITIONER**

---


**SEARS-WILEY, ELIZABETH**

Provider ID: 276851  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
 IPA: UCSD Medical Group

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**CERTIFIED NURSE**  
**PRACTITIONER**

---

**SELBY, BLAKE**

Provider ID: 246423  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes  
 Min/Max Age: 0\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


#### **SELBY, BLAKE**

Provider ID: 256646

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

### CERTIFIED NURSE PRACTITIONER

#### **SENA, TIFFANY**


Provider ID: 300229

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK

 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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Rady Childrens Health  
Network

### CERTIFIED NURSE

### PRACTITIONER


#### **SWARTZ, ERIN**


Provider ID: 255787

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (858) 657-8530

 After Hours Phone: (858)  
657-8530

Provider Gender: Female

NPI: 1639571292


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


#### **TAING, JENNIFER**


Provider ID: 201573

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273


 After Hours Phone: (800)  
926-8273




Provider Gender: Female

NPI: 1649528357

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **TALBOT, ADRIANNE**

*Provider ID: 278183*  
*Board Certified Specialty: No*  
 UCSD MEDICAL GROUP  
 4168 FRONT ST STE 1A  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1992048557*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
*Medi-Cal Open Panel: Yes*




*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **TOPPEN, LAURA**

*Provider ID: 215477*  
*Board Certified Specialty: No*  
 UCSD MEDICAL GROUP  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **TREJO, ANA**

*Provider ID: 307672*  
*Board Certified Specialty: No*  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1033717194*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **TUCKER, LANIKA**

*Provider ID: 307657*  
*Board Certified Specialty: No*  
 UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1477325181*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

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#### **TUCKER, LANIKA**


Provider ID: 307659

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1477325181

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **VIBAL-POASTER, MARIA**


Provider ID: 205651

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **WALDRUP, LARHONDA**

Provider ID: 299260

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **WHITEHURST, UNIQUE**

Provider ID: 306075


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 428-7952

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1124800214

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

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## D. Directorio de proveedores especialistas

**PROVIDER**  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE PRACTITIONER**

**WOO, ANDY**  
Provider ID: 299916  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
📞 Phone: (800) 926-8273  
📠 Fax: (888) 539-8781  
🕒 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1609450550  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**ALFONSO, ALVIN**  
Provider ID: 256374  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**APPLEGET, JOSEPH**  
Provider ID: 239602  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **CERTIFIED REGISTERED NURSE ANESTHETIST**

**BARBA, ARNEL**  
Provider ID: 262186  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
📍 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🌐 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Imperial Health Holdings  
Medical Group-SD

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**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**


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**BAYLIS, CHRISTOPHER**

Provider ID: 240763

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**


---


**BILLINGTON, KATHERINE**

Provider ID: 262246

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Imperial Health Holdings  
Medical Group-SD

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**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**


---

**BOEING, KRISTINA**

Provider ID: 274397

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**


---

**BURROWS, TERENCE**

Provider ID: 256694

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


























 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group




















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## D. Directorio de proveedores especialistas

<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p> <p><b>DOLLAND, STEVEN</b>            Provider ID: 280552            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W 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: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p>Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W 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: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p>926-8273            Provider Gender: Male            NPI: 1427419944   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>
<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p> <p><b>FERRITER, STACY</b>            Provider ID: 265295</p>	<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p> <p><b>GARCIA, CALVIN</b>            Provider ID: 217365            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W ARBOR DR            SAN DIEGO, CA 92103   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800)</p>	<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p> <p><b>GONZALEZ, LISA</b>            Provider ID: 299905            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W ARBOR DR            SAN DIEGO, CA 92103   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1083254205   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>

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## D. Directorio de proveedores especialistas

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>	<p><b><u>NURSE ANESTHETIST</u></b></p> <p><b>RAMIREZ, NICOLE</b></p> <p><i>Provider ID: 291404</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p>	<p><i>NPI: 1982133591</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>
<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p> <p><b>POLIKOWSKI, SAMANTHA</b></p> <p><i>Provider ID: 291444</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1194134114</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>	<p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1487213500</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p> <p><b>SACKS, BRENT</b></p> <p><i>Provider ID: 278003</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p>	<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p> <p><b>VINCENT, BERLIN</b></p> <p><i>Provider ID: 291454</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1144987801</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>
<p><b><u>CERTIFIED REGISTERED</u></b></p>	<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p>	<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p>

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## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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**CERTIFIED REGISTERED  
NURSE MIDWIFE**

---

**CHOI, NATHALIE**

*Provider ID: 301715*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1073241618*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: PALOMAR  
MEDICAL CENTER,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

**CERTIFIED REGISTERED  
NURSE MIDWIFE**


---

**CHOI, NATHALIE**

*Provider ID: 301714*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 4168 FRONT ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1073241618*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: PALOMAR  
MEDICAL CENTER,  
SOUTHWEST HEALTHCARE*


*RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None  
American Sign Language (ASL):*

N

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

**CERTIFIED REGISTERED  
NURSE MIDWIFE**


---

**EKHOLM, JANNA**

*Provider ID: 290584*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 4290 POLK AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 563-0250*

*Fax: (858) 633-4681*

 *After Hours Phone: (619)  
563-0250*

*Provider Gender: Female*

*NPI: 1588977151*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

---


**GOODWIN, RACHEL**

*Provider ID: 210019*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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**CERTIFIED REGISTERED  
NURSE MIDWIFE**

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**GOODWIN, RACHEL**

Provider ID: 210018


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

---

**GREAR MANN, MELISSA**

Provider ID: 210052


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

---

**GREAR MANN, MELISSA**

Provider ID: 210053


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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**CERTIFIED REGISTERED  
NURSE MIDWIFE**

---

**GUNTHER, HOPE**


Provider ID: 210041


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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#### **HIRSCH, JENNIFER**

*Provider ID: 210058*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1891752069*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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#### **HIRSCH, JENNIFER**

*Provider ID: 210054*



*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




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### **CERTIFIED REGISTERED NURSE MIDWIFE**



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#### **HIRSCH, JENNIFER**




*Provider ID: 210055*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 4168 FRONT ST  
SAN DIEGO, CA 92103  
 *Phone: (619) 543-7878*  
 *After Hours Phone: (619) 543-7878*

*Provider Gender: Female*  
*NPI: 1891752069*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*



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### **CERTIFIED REGISTERED NURSE MIDWIFE**


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#### **NATHAN, CARLY**

*Provider ID: 301048*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1235670977*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **CERTIFIED REGISTERED**

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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

<p><b>NURSE MIDWIFE</b></p> <p><b>NATHAN, CARLY</b>            Provider ID: 301047            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W ARBOR DR            SAN DIEGO, CA 92103   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1235670977   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p>NPI: 1780901264   Provider English Spoken: Y   Provider Language(s) Spoken: Vietnamese            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M 9AM-6PM            W 9AM-6PM            F 9AM-2PM   Website: N/A            IPA: IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD</p>	<p>Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 9AM-5PM   Website: N/A            IPA: IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD</p>
<p><b>CHIROPRACTOR</b></p> <p><b>BUI, MAI</b>            Provider ID: 289496            Board Certified Specialty: No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD   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</p>	<p><b>CHIROPRACTOR</b></p> <p><b>BUI, MAI</b>            Provider ID: 295791            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP   5354 UNIVERSITY AVE STE 3            SAN DIEGO, CA 92105   Phone: (619) 692-3211            Fax: (619) 640-3211   After Hours Phone: (619) 692-3211            Provider Gender: Female            NPI: 1780901264   Provider English Spoken: Y   Provider Language(s) Spoken: Vietnamese            Cultural Competency: N            Medi-Cal Open Panel: Yes</p>	<p><b>CHIROPRACTOR</b></p> <p><b>BUI, MAI</b>            Provider ID: 125052            Board Certified Specialty: No            IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD   5354 UNIVERSITY AVE STE 3            SAN DIEGO, CA 92105   Phone: (619) 692-3211            Fax: (619) 640-3211   After Hours Phone: (619) 692-3211            Provider Gender: Female            NPI: 1780901264   Provider English Spoken: Y   Provider Language(s) Spoken: Vietnamese            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 9AM-5PM</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



 Website: N/A  
IPA: IHP of Southern Cal-PHP,  
Imperial Health Holdings  
Medical Group-SD

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### CHIROPRACTOR

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#### GILIBERTO, JOSEPH

Provider ID: 291547  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
Fax: (619) 399-5959

 After Hours Phone: (844)  
200-2426

Provider Gender: Male

NPI: 1821463159


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


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### CHIROPRACTOR

---

#### GILIBERTO, JOSEPH

Provider ID: 291546  
Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 9995 CARMEL MOUNTAIN  
RD STE D  
SAN DIEGO, CA 92129


 Phone: (844) 200-2426

Fax: (619) 399-5959

 After Hours Phone: (844)  
200-2426

Provider Gender: Male

NPI: 1821463159

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### CHIROPRACTOR


---

#### LUU, DANIEL

Provider ID: 269883

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115


 Phone: (619) 287-1235


Fax: (619) 255-6406

 After Hours Phone: (619)  
287-1235


Provider Gender: Male

NPI: 1225108269

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 10AM-6PM  
TU 10AM-2PM  
W 10AM-6PM  
TH 10AM-2PM  
F 10AM-6PM

 Website: N/A

IPA: Community Care IPA LLC

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### CHIROPRACTOR


---

#### MONTANE, RUBEN

Provider ID: 309694

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1346725769

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.








## D. Directorio de proveedores especialistas

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP


### CHIROPRACTOR

#### ROBINSON, DEAN

Provider ID: 300848  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 4290 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
Fax: (858) 633-4681  
 After Hours Phone: (619)  
563-0250  
Provider Gender: Male  
NPI: 1851320337  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### CHIROPRACTOR

#### ROBINSON, DEAN


Provider ID: 300847  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 6973 LINDA VISTA RD

SAN DIEGO, CA 92111


 Phone: (858) 279-0925  
Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1851320337

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP



### DERMATOLOGY




#### CALAME, ANTOANELLA

Provider ID: 290301  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
 Phone: (858) 750-2983  
Fax: (858) 750-2984  
 After Hours Phone: (858)  
750-2983

Provider Gender: Female





NPI: 1285817569

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Romanian  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, YUMA  
REGIONAL MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

### DERMATOLOGY

#### DANG, TIMOTHY

Provider ID: 309721  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: 1518427913  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: UCSD Medical Group


### DERMATOLOGY

#### **KANNAN, SWATI**

Provider ID: 286287  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### DERMATOLOGY

#### **KAUNITZ, GENEVIEVE**


Provider ID: 285011

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### DERMATOLOGY

#### **KOZMA, BONITA**


Provider ID: 269301

Board Certified Specialty: No

UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
 LN STE 350

SAN DIEGO, CA 92122

 Phone: (858) 657-8322

Fax: (888) 539-8781

 After Hours Phone: (858)  
 657-8322

Provider Gender: Female

NPI: 1659654598

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation:

PROVIDENCE SAINT JOHNS  
 HEALTH CENTER, SANTA

MONICA UCLA MED CTR,

RONALD REAGAN UCLA MED

CTR, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### DERMATOLOGY


#### **LIN, SHINKO**

Provider ID: 308915

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 5222 BALBOA AVE FL 5  
 SAN DIEGO, CA 92117

 Phone: (619) 267-8303

Fax: (619) 267-4835

 After Hours Phone: (619)  
 267-8303

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1205130036

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### DERMATOLOGY

#### **LIN, SHINKO**

Provider ID: 308736

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

5222 BALBOA AVE FL 5  
SAN DIEGO, CA 92117

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619)  
267-8303

Provider Gender: Female

NPI: 1205130036

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### DERMATOLOGY

#### **LIU, YUJIE**

Provider ID: 308315

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1750944450

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### DERMATOLOGY

#### **SHI, VERONICA**

Provider ID: 271713

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### DERMATOLOGY

#### **SHI, VERONICA**

Provider ID: 286335

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON

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## D. Directorio de proveedores especialistas

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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### DERMATOLOGY

**SINGH, GAURAV**  
Provider ID: 272612  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### DERMATOLOGY

**STERN, MARLEIGH**  
Provider ID: 306888  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: 1710447883  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT

PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### DERMATOLOGY


**ZUBAIR, RAHEEL**  
Provider ID: 306520  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
📍 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: Male  
NPI: 1326493024  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC

### EMERGENCY MEDICINE

**AMANN, CHRISTOPHER**  
Provider ID: 270913  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1134326895

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, USC KENNETH

NORRIS JR CANCER

HOSPITAL, KECK HOSPITAL

OF USC, USC VERDUGO HILLS


HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **AUSTIN, ANDREA**

Provider ID: 269291

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **BAGBY, JESSICA**

Provider ID: 271136

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **BARRY, JEFFREY**

Provider ID: 271132

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1801207006

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


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## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


**BARRY, JEFFREY**

Provider ID: 271130

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


**BARRY, JEFFREY**

Provider ID: 271129

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


**BELLINGHAUSEN, AMY**

Provider ID: 270333

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE


**BELLINGHAUSEN, AMY**

Provider ID: 270336

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273

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## D. Directorio de proveedores especialistas


Provider Gender: Female  
NPI: 1801206354


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **BELLINGHAUSEN, AMY**

Provider ID: 270334

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **CASTELLANO, TIFFANY**

Provider ID: 301706

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **CASTELLANO, TIFFANY**

Provider ID: 279314

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **CHEN, ALICE**


Provider ID: 287430

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

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## D. Directorio de proveedores especialistas


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427476597

 Provider English Spoken: Y

 Provider Language(s) Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **CHEN, ALICE**

Provider ID: 287428

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427476597

 Provider English Spoken: Y

 Provider Language(s) Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **COYNE, CHRISTOPHER**

Provider ID: 303036

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group



### **EMERGENCY MEDICINE**

#### **GUITTARD, JESSE**

Provider ID: 239879

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6400  
 After Hours Phone: (619) 543-6400

543-6400

Provider Gender: Male

NPI: 1770979890

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):

N

 Accessibility: CONTACT

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## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

---



### EMERGENCY MEDICINE

#### **HERNANDEZ, CRISTINA**

Provider ID: 242544  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group


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### EMERGENCY MEDICINE

#### **HOGUE, BRENNIA**


Provider ID: 301711  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 200 W 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A  
 IPA: UCSD Medical Group


---


### EMERGENCY MEDICINE

#### **HORNBEAK, KIRSTEN**


Provider ID: 240022  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273



 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1205214442

 Provider English Spoken: Y

Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group


---

### EMERGENCY MEDICINE

#### **KUTZ, CRAIG**

Provider ID: 283845  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1598295925

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, TRI CITY MEDICAL CTR


Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):  Website: N/A

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### LIOTTA, BENJAMIN

Provider ID: 285630

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 16950 VIA TAZON  
SAN DIEGO, CA 92127


 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1396270278

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM

IPA: UCSD Medical Group


### EMERGENCY MEDICINE


#### MCDANIEL, MICHELE

Provider ID: 246901

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1366761959

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group


### EMERGENCY MEDICINE


#### NOSTE, ERIN

Provider ID: 239797

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6400

 After Hours Phone: (619)  
543-6400

Provider Gender: Female

NPI: 1871732214

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### NOSTE, ERIN

Provider ID: 239798

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (858) 605-4441

 After Hours Phone: (858)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

605-4441  
 Provider Gender: Female  
 NPI: 1871732214  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 8AM-10PM  
 M-F 8AM-5PM  
 SA 8AM-10PM  
 Website: N/A  
 IPA: UCSD Medical Group

### EMERGENCY MEDICINE

**PARK, JAY**  
 Provider ID: 285607  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1366478372  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### EMERGENCY MEDICINE

**PHAM, LILY**  
 Provider ID: 304933  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619)  
 280-2905  
 Provider Gender: Female  
 NPI: 1811423072  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes


Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### EMERGENCY MEDICINE

**PHAM, LILY**  
 Provider ID: 304937  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

**PROVIDER**  
 Website: N/A  
 IPA: Rady Childrens Health Network



### **EMERGENCY MEDICINE**

#### **RUDOLF, FRANCES**

Provider ID: 240159  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **SABHA, MAHMOUD**

Provider ID: 243441  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP


 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

 Provider Language(s) Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **SLOANE, CHRISTIAN**

Provider ID: 209518  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP


 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **TANAKA, HIDEAKI**

Provider ID: 240124  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8AM-8PM

M-F 8AM-5PM

SA 8AM-8PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **YOU, ALAN**

Provider ID: 269936

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **YU, ELAINE**

Provider ID: 301708


Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

#### **EKANAYAKE, PREETHIKA**

Provider ID: 284812

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083922462

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Sinhala, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**


#### **EKANAYAKE, PREETHIKA**

Provider ID: 284813

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

Provider English Spoken: Y  
 Provider Language(s) Spoken: Sinhala, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### ENDOCRINOLOGY METABOLISM DIABETES

**JUANG, PATRICIA**  
 Provider ID: 255605  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### ENDOCRINOLOGY METABOLISM DIABETES

**KULASA, KRISTEN**  
 Provider ID: 255622  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (619) 543-6500  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1932324175  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### ENDOCRINOLOGY METABOLISM DIABETES

**NAGELBERG, JODI**  
 Provider ID: 287780  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### ENDOCRINOLOGY METABOLISM DIABETES

**NAGELBERG, JODI**  
 Provider ID: 287782  
 Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY** **METABOLISM DIABETES**

#### **NAGELBERG, JODI**

Provider ID: 287779

Board Certified Specialty: No

UCSD MEDICAL GROUP

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY** **METABOLISM DIABETES**

#### **NAGELBERG, JODI**

Provider ID: 287781

Board Certified Specialty: No

UCSD MEDICAL GROUP

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

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY** **METABOLISM DIABETES**

#### **SANTOS CAVAIOLA, TRICIA**

Provider ID: 256091

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **ENDOCRINOLOGY** **METABOLISM DIABETES**

#### **TANTISIRA, LALITA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 286323  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1508874298

Provider English Spoken: Y

Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **VALDEZ, KRISTAL ANGELI**

Provider ID: 299743

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: 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: Yes

Min/Max Age: 18\100

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **VALDEZ, KRISTAL ANGELI**

Provider ID: 299363

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 301761

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, PARADISE VALLEY  
 HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: SU 10AM-4PM  
 M-F 8:30AM-5:30PM  
 SA 8AM-2:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **BELL, TRACY**

Provider ID: 304813

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
 279-0925

Provider Gender: Female

NPI: 1497821318

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP


### FAMILY PRACTICE

#### **BELL, TRACY**

Provider ID: 304814

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE


#### **BERNADETT, ALEX**

Provider ID: 296740

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 10505 SORRENTO VALLEY  
 RD STE 200

SAN DIEGO, CA 92121

 Phone: (858) 793-7860

Fax: (858) 436-1289

 After Hours Phone: (858)  
 793-7860

Provider Gender: Male

NPI: 1215382841

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### FAMILY PRACTICE


#### **BERNADETT, ALEX**

Provider ID: 296739

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 6699 ALVARADO RD STE  
 2100

SAN DIEGO, CA 92120

 Phone: (619) 229-3909

Fax: (619) 229-3902

 After Hours Phone: (619)  
 229-3909

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## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 1215382841

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **FAMILY PRACTICE**

#### **CAMPBELL, BRIANNA**


Provider ID: 298950

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: CHULA  
VISTA COMM HOSP


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  Website: N/A

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**


#### **CHEN, ALICE**

Provider ID: 207167

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group


### **FAMILY PRACTICE**


#### **CHEN, ALICE**

Provider ID: 207164

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 330 LEWIS ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **FAMILY PRACTICE**

#### **CHEN, ALICE**

Provider ID: 207163

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

9333 GENESEE AVE STE 200

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1265810337

Provider English Spoken: Y

Provider Language(s) Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **FAMILY PRACTICE**

#### **DANG, LAUREL**

Provider ID: 309605

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: 1396366050

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **FAMILY PRACTICE**

#### **HILL, LINDA**

Provider ID: 293210

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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

Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**

#### **HILL, LINDA**

Provider ID: 293211

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N





























Accessibility: CONTACT PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>JOHN, TANNER</b>            Provider ID: 303515            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP   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: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p style="text-align: center;">926-8273</p> <p>Provider Gender: Female            NPI: 1114366192   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>JOLICOEUR, MEGAN</b>            Provider ID: 300058            Board Certified Specialty: No            UCSD MEDICAL GROUP   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: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>
<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>JOLICOEUR, MEGAN</b>            Provider ID: 300060            Board Certified Specialty: No            UCSD MEDICAL GROUP   330 LEWIS ST            SAN DIEGO, CA 92103   Phone: (800) 926-8273   After Hours Phone: (800)</p>	<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>JOLICOEUR, MEGAN</b>            Provider ID: 300057            Board Certified Specialty: No            UCSD MEDICAL GROUP   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: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>JOLICOEUR, MEGAN</b>            Provider ID: 300059            Board Certified Specialty: No            UCSD MEDICAL GROUP   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</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **FAMILY PRACTICE**


**KUROSAKA, MOMO**  
*Provider ID: 291447*  
*Board Certified Specialty: No*  
**UCSD MEDICAL GROUP**  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1205848363*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


*IPA: UCSD Medical Group*

### **FAMILY PRACTICE**


**KUROSAKA, MOMO**  
*Provider ID: 291448*  
*Board Certified Specialty: No*  
**UCSD MEDICAL GROUP**  
 200 W 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


*IPA: UCSD Medical Group*

### **FAMILY PRACTICE**

**MCLAUGHLIN, ERIK**  
*Provider ID: 303847*  
*Board Certified Specialty: No*  
**IHP OF SOUTHERN CAL-PHP**  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*



*IPA: IHP of Southern Cal-PHP*

### **FAMILY PRACTICE**

**PERESS, LILIA**  
*Provider ID: 304276*  
*Board Certified Specialty: No*  
**IHP OF SOUTHERN CAL-PHP**  
 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: Yes*

*Min/Max Age: 16\None*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

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## D. Directorio de proveedores especialistas


 Website: N/A  
IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE



#### **PERESS, LILIA**

Provider ID: 304277  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE


#### **RISSER, JOSEPH**

Provider ID: 293217  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE


#### **RISSER, JOSEPH**

Provider ID: 293216  
Board Certified Specialty: Yes  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Male  
NPI: 1952386765

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE


#### **ROSADO, IVAN**

Provider ID: 299244  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 0\None

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  
IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### **SCOTT, LAGINA**

Provider ID: 302648  
Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

**SUMMERS-DAY, COURTNEY**

Provider ID: 290976

Board Certified Specialty: Yes

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

**VAN PRATT LEVIN, BENJAMIN**

Provider ID: 302531

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: 1619438330

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

**VO, PHULUONG**

Provider ID: 303332

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1043849177

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE GERIATRIC MEDICINE

**MILLER, SCOTT**

Provider ID: 271539

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

9878 CARMEL MOUNTAIN  
RD STE B

SAN DIEGO, CA 92129

Phone: (858) 312-1440

Fax: (760) 788-7983

After Hours Phone: (858)  
312-1440

Provider Gender: Male

NPI: 1104845536

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**

**LUKACZ, EMILY**

Provider ID: 256956

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE  
360

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750339446

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**

**LUKACZ, EMILY**

Provider ID: 256955

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750339446

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

**ANAND, GOBIND**

Provider ID: 272837

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-2347

Fax: (858) 657-7259

After Hours Phone: (619)  
543-2347

Provider Gender: Male

NPI: 1861626814

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

**ANAND, GOBIND**

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## D. Directorio de proveedores especialistas

Provider ID: 304187  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1861626814

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### GASTROENTEROLOGY

#### **BAUMAN, LAURA**

Provider ID: 260041

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1255697850

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### GASTROENTEROLOGY

#### **DAVE, SHRAVAN**

Provider ID: 270450

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### GASTROENTEROLOGY

#### **DAVE, SHRAVAN**

Provider ID: 304204

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1588081814

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### GASTROENTEROLOGY

#### **HASAN, AWS**






Provider ID: 299951

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR

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## D. Directorio de proveedores especialistas

SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1780047597  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### GASTROENTEROLOGY

#### **HILDRETH, AMBER**

Provider ID: 280464  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK





 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### GASTROENTEROLOGY

#### **KUMAR, SOMA**

Provider ID: 205377  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 2 SOUTH  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female  
 NPI: 1356502520  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### GASTROENTEROLOGY






















#### **NOVO, MEGAN**

Provider ID: 296066  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: 1770961971  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL CHULA VISTA, UNIVERSITY OF CALIFORNIA IRVINE MED CTR, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>Network</i></p> <hr/> <p><b><u>GASTROENTEROLOGY</u></b></p> <p><b>REDDY, JOSEPH</b></p> <p><i>Provider ID: 290034</i></p> <p><i>Board Certified Specialty: Yes</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p>	<p><b>REDDY, JOSEPH</b></p> <p><i>Provider ID: 27748</i></p> <p><i>Board Certified Specialty: Yes</i></p> <p><i>ADVANCED ENDOSCOPY CONSULTANTS INC</i></p>
<hr/> <p><b><u>GASTROENTEROLOGY</u></b></p> <p><b>POLK, DAVID</b></p> <p><i>Provider ID: 275449</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3030 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123</p> <p> <i>Phone: (760) 294-9260</i></p> <p><i>Fax: (760) 294-9274</i></p> <p> <i>After Hours Phone: (760) 294-9260</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1427140839</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\19</i></p> <p><i>American Sign Language (ASL): N</i></p>	<p> 6699 ALVARADO RD STE 2301 SAN DIEGO, CA 92120</p> <p> <i>Phone: (619) 599-4074</i></p> <p><i>Fax: (619) 588-4004</i></p> <p> <i>After Hours Phone: (619) 599-4074</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1245215391</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Hindi, Spanish, Telugu</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: GROSSMONT HOSPITAL, UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 18\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, Imperial Health Holdings</i></p> <p><i>Medical Group-SD</i></p>	<p> 6699 ALVARADO RD STE 2301 SAN DIEGO, CA 92120</p> <p> <i>Phone: (619) 599-4074</i></p> <p><i>Fax: (619) 588-4004</i></p> <p> <i>After Hours Phone: (619) 599-4074</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1245215391</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Hindi, Spanish, Telugu</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: GROSSMONT HOSPITAL, UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 18\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP, Imperial Health Holdings</i></p> <p><i>Medical Group-SD</i></p>
<p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health</i></p>	<hr/> <p><b><u>GASTROENTEROLOGY</u></b></p>	<hr/> <p><b><u>GASTROENTEROLOGY</u></b></p> <p><b>SHAFFER, KATHERINE</b></p> <p><i>Provider ID: 295712</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1336405695

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **GASTROENTEROLOGY**

#### **SHAH, SHAILJA**

Provider ID: 304178

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

#### **SHAH, SHAILJA**

Provider ID: 283896

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**

#### **TSAI, MATTHEW**

Provider ID: 304196

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><b><u>GASTROENTEROLOGY</u></b></p> <p><b>YOUSSEF, FADY</b>            Provider ID: 304186            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>6655 ALVARADO RD            SAN DIEGO, CA 92120            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male            NPI: 1265887723</p> <p>Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER            Website: N/A            IPA: UCSD Medical Group</p>	<p>NPI: 1265887723</p> <p>Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER            Website: N/A            IPA: UCSD Medical Group</p>	<p>PROVIDER            Hours: M-F 8AM-5PM            Website: N/A            IPA: Rady Childrens Health Network</p>
<p><b><u>GASTROENTEROLOGY</u></b></p> <p><b>YOUSSEF, FADY</b>            Provider ID: 300024            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR            SAN DIEGO, CA 92103            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male</p>	<p><b><u>GENETICS CLINICAL</u></b></p> <p><b>REIMERS, REBECCA</b>            Provider ID: 294650            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK</p> <p>3020 CHILDRENS WAY            SAN DIEGO, CA 92123            Phone: (858) 966-6710            Fax: (858) 966-6711            After Hours Phone: (858) 966-6710</p> <p>Provider Gender: Female            NPI: 1801207634</p> <p>Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL): N</p> <p>Accessibility: CONTACT</p>	<p><b><u>GENETICS CLINICAL</u></b></p> <p><b>REIMERS, REBECCA</b>            Provider ID: 302348            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK</p> <p>7920 FROST ST STE 200            SAN DIEGO, CA 92123            Phone: (858) 966-5840            Fax: (858) 966-8550            After Hours Phone: (858) 966-5840</p> <p>Provider Gender: Female            NPI: 1801207634</p> <p>Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO            Medi-Cal Open Panel: No            Min/Max Age: 0\19            American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER            Hours: M-F 8AM-5PM            Website: N/A            IPA: Rady Childrens Health Network</p> <p><b><u>GENETICS MEDICAL</u></b></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

### **DELCAMPOCASANELLES, MIGUEL**

Provider ID: 206013

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 7920 FROST ST STE 200  
SAN DIEGO, CA 92123


 Phone: (858) 966-5840  
Fax: (858) 966-4064

 After Hours Phone: (858)  
966-5840

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **GENETICS MEDICAL**

### **NIEMI, ANNA-KAISA**

Provider ID: 307094

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 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: 1497941397

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Finnish, French,  
German, Spanish, Swedish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **HEARING AID DEALER / SUPPLIER**


### **ANDERSON, ELAINE**

Provider ID: 268691

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123

 Phone: (858) 278-9911  
Fax: (858) 565-7324

 After Hours Phone: (858)  
278-9911

Provider Gender: Female


NPI: 1063558856

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### **HEARING AID DEALER / SUPPLIER**

### **ANDERSON, ELAINE**

Provider ID: 268689

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 6367 ALVARADO CT STE  
101  
SAN DIEGO, CA 92120

 Phone: (619) 583-7002  
Fax: (619) 583-9404

 After Hours Phone: (619)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

583-7002  
 Provider Gender: Female  
 NPI: 1063558856  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### HEARING AID DEALER / SUPPLIER

**DAVIS, KELLE**  
 Provider ID: 268652  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

**PROVIDER**  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### HEARING AID DEALER / SUPPLIER

**DAVIS, KELLE**  
 Provider ID: 268653  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9340 CLAIREMONT MESA  
 BLVD STE D  
 SAN DIEGO, CA 92123  
 Phone: (858) 278-9911  
 Fax: (858) 565-7324  
 After Hours Phone: (858)  
 278-9911  
 Provider Gender: Female  
 NPI: 1902853344  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### HEMATOLOGY / ONCOLOGY

**CHEN, YU-WEI**  
 Provider ID: 303059  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1245694801  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 Website: N/A  
 IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY

**LEE, KAREN**  
 Provider ID: 284165  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### HEMATOLOGY / ONCOLOGY


**NGUYEN, ANTHONY**

Provider ID: 301060


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295153575

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA  
LINDA UNIVERSITY MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY


**PAUL, MEGAN**

Provider ID: 274499


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3010 CHILDRENS WAY STE  
2W

SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1427495894

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### HEMATOLOGY / ONCOLOGY


**VU, PETER**

Provider ID: 272716

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### HEMATOLOGY / ONCOLOGY


**ZHOU, JENNY**

Provider ID: 273188

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1598007924

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### HEMATOLOGY / PATHOLOGY

#### **WANG, HUAN YOU**

Provider ID: 247585

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1689633729

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### HEMATOLOGY / PATHOLOGY

#### **WANG, HUAN YOU**

Provider ID: 247583

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1689633729

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### HEPATOLOGY


#### **BARMAN, PRANAB**


Provider ID: 241953

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE  
315

SAN DIEGO, CA 92121


 Phone: (800) 826-5273

 After Hours Phone: (800)  
826-5273

Provider Gender: Male

NPI: 1023301991

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### HOSPICE AND PALLIATIVE MEDICINE



#### **RUBENZI, TAMARA**

Provider ID: 276671

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### HOSPICE AND PALLIATIVE MEDICINE

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**RUBENZIK, TAMARA**

Provider ID: 245573

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1811200652

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### HOSPITALIST MD/DO

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**CHILDERS, DIANA**

Provider ID: 275068

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1033128376

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### HOSPITALIST MD/DO

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**FIRESTEIN, CATHERINE**

Provider ID: 275387

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427348382

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group



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### HOSPITALIST MD/DO

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#### **HAMMOND, CHARLES**

Provider ID: 278588  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1033641816


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### HOSPITALIST MD/DO

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#### **SHINDO, YURI**



Provider ID: 284743  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1700271939

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Japanese


Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### HOSPITALIST MD/DO

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#### **TONG, ALEXANDER**

Provider ID: 300045  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1356804926

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### INFECTIOUS DISEASE

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#### **ALDOUS, JEANNETTE**



Provider ID: 290420  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): **DEISS, ROBERT**

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **INFECTIOUS DISEASE**


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**BAMFORD, LAURA**


Provider ID: 276546

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **INFECTIOUS DISEASE**


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Provider ID: 258330

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103


 Phone: (619) 543-3995

 After Hours Phone: (619)  
543-3995

Provider Gender: Male

NPI: 1194977652

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **INFECTIOUS DISEASE**


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**HORTON, LUCY**

Provider ID: 240887

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **INFECTIOUS DISEASE**

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**KUPPALLI, KRUTIKA**

Provider ID: 301058

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538346317

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

MEDICAL CTR, Stanford Health  
Care, STANFORD HEALTH  
CARE TRI-VALLEY  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### INFECTIOUS DISEASE

---

#### MARTIN, THOMAS

Provider ID: 277226

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1093193583

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INFECTIOUS DISEASE


---

#### MARTIN, THOMAS


Provider ID: 277225

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INFECTIOUS DISEASE

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#### MOODLEY, AMARAN

Provider ID: 208558

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (885) 966-7785

Fax: (858) 966-8658

 After Hours Phone: (885)  
966-7785

Provider Gender: Male

NPI: 1104023670

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### INFECTIOUS DISEASE

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#### PANNARAJ, PIA

Provider ID: 301026


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-7785

Fax: (858) 966-8658

 After Hours Phone: (858)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### INFECTIOUS DISEASE

#### RAJAGOPAL, AMUTHA

Provider ID: 221088

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

Phone: (619) 433-3995

After Hours Phone: (619)  
433-3995

Provider Gender: Female

NPI: 1124465745

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INFECTIOUS DISEASE

#### RAMIREZSANCHEZ, CLAUDIA

Provider ID: 299946

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### INFECTIOUS DISEASE

#### TOVARPADUA, LEIDY

Provider ID: 205357

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSP OF  
LOS ANGELES, LONG BEACH  
MEMORIAL MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas




IPA: Rady Childrens Health Network

### **INFECTIOUS DISEASE**



#### **TOVARPADUA, LEIDY**

Provider ID: 265093

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800

Provider Gender: Female  
NPI: 1033491311


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, LONG BEACH MEMORIAL MED CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **INTERNAL MEDICINE**


#### **ARUTYUNOV, BORIS**

Provider ID: 201910

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: PIH


HEALTH GOOD SAMARITAN HOSPITAL, SUTTER MEDICAL CENTER SACRAMENTO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **INTERNAL MEDICINE**

#### **BALL, SHELDON**

Provider ID: 294137

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925  
Fax: (858) 633-4680

 After Hours Phone: (858) 279-0925

Provider Gender: Male

NPI: 1689646275


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **INTERNAL MEDICINE**

#### **BALL, SHELDON**

Provider ID: 294136

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### INTERNAL MEDICINE

#### **BORDIN-WOSK, TALYA**

Provider ID: 273983

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE


#### **CHENG, GEORGE**

Provider ID: 247639

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### **DJEKIC, KRISTINA**

Provider ID: 286668

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417343732

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### **GRUNVALD, EDUARDO**

Provider ID: 286344

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

926-8273

Provider Gender: Male

NPI: 1497791339

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### GRUNVALD, EDUARDO

Provider ID: 286343

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497791339

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,  
Spanish

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### HASTIE, ELIZABETH

Provider ID: 291431

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE


#### HOGARTH, MICHAEL

Provider ID: 214386

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### JABBOUR, MOUSSA

Provider ID: 256659

Board Certified Specialty: No  
UCSD MEDICAL GROUP



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## D. Directorio de proveedores especialistas

 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1255741633

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### INTERNAL MEDICINE


#### KATZ, YISRAEL

Provider ID: 272936

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1730507872


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### INTERNAL MEDICINE


#### KVIATKOVSKY, MILLA

Provider ID: 274003

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### INTERNAL MEDICINE


#### LAGO HERNANDEZ, CARLOS

Provider ID: 238622

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INTERNAL MEDICINE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### LAM, MICHAEL

Provider ID: 274411

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578974259

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### LAM, MICHAEL

Provider ID: 274410

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### LEVERONE, NICHOLAS

Provider ID: 272692

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### MAJITHIA, AMIT

Provider ID: 255882

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):



N

Accessibility: CONTACT

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## D. Directorio de proveedores especialistas



### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE


#### MARTINEZ, ARMANDO

Provider ID: 291421  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1598261091

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### MUNCE, DANIELLE

Provider ID: 272577  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### NOKES, BRANDON

Provider ID: 287582  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1487040051

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### SEBASKY, MEGHAN

Provider ID: 273962  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### INTERNAL MEDICINE



#### SHAMSINEJAD BABAKI, ARASH

*Provider ID: 309544*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 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: 1750498119*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi*

*Cultural Competency: N*  
*Hospital Affiliation: ST MARYS MEDICAL CENTER SAN FRANCISCO*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*


### INTERNAL MEDICINE


#### SMITH, CHELSEY

*Provider ID: 239920*



*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 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: Yes*  
*Min/Max Age: 18\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### INTERNAL MEDICINE

#### TANTISIRA, LALITA

*Provider ID: 275927*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 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: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### INTERNAL MEDICINE

#### TANTISIRA, LALITA

*Provider ID: 275926*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 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: Yes*

*Min/Max Age: 18\None*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

**TAYLOR, DAVID**

Provider ID: 274469

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

**THOMAS, ROBERT**


Provider ID: 238929

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE


**WANG, ANGELA**


Provider ID: 259534

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4520 EXECUTIVE DR STE  
P2  
SAN DIEGO, CA 92121

 Phone: (855) 355-5864  
Fax: (888) 539-8781

 After Hours Phone: (855)  
355-5864

Provider Gender: Female

NPI: 1730133976

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

**WANG, ANGELA**

Provider ID: 259535

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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

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## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **WEBSTER, LUKE**

Provider ID: 272681

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **YANG, JENNY**

Provider ID: 283026

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **YANG, JENNY**

Provider ID: 283027

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **INTERNAL MEDICINE**

#### **ZHANG, SHERRY**









Provider ID: 272657

Board Certified Specialty: No

UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

 200 W 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: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

926-8273  
 Provider Gender: Male  
 NPI: 1093791014  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SOUTHWEST  
 HEALTHCARE INLAND  
 VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

926-8273  
 Provider Gender: Male  
 NPI: 1093791014  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SOUTHWEST  
 HEALTHCARE INLAND  
 VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

##### **BEGOVIC, ADNAN**

Provider ID: 276290  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 555 WASHINGTON ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

##### **BEGOVIC, ADNAN**

Provider ID: 276291  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR STE  
 3-313  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

##### **BEGOVIC, ADNAN**

Provider ID: 210825  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1093791014

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SOUTHWEST  
HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE


#### CRITICAL CARE MEDICINE

#### **BOROK, ZEA**

Provider ID: 284705

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-5273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-5273

Provider Gender: Female

NPI: 1750317251

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hebrew

Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR, Los

Angeles General Medical

Center, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE


#### CRITICAL CARE MEDICINE

#### **BOROK, ZEA**

Provider ID: 284706

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-5273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-5273

Provider Gender: Female

NPI: 1750317251

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hebrew

Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR, Los

Angeles General Medical

Center, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

#### **BOROK, ZEA**

Provider ID: 284704

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

 Phone: (800) 926-5273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-5273

Provider Gender: Female

NPI: 1750317251

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hebrew

Cultural Competency: N

Hospital Affiliation: RONALD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


REAGAN UCLA MED CTR, Los Angeles General Medical Center, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE


#### CRITICAL CARE MEDICINE

#### **ODISH, MAZEN**

Provider ID: 271466

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1992141428

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

#### **ODISH, MAZEN**

Provider ID: 271467

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1992141428

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

#### **ODISH, MAZEN**

Provider ID: 271469

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1992141428

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

#### **TRAN, LINH**

Provider ID: 271939

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851682728

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### GERIATRIC MEDICINE

#### **AGNIHOTRI, PARAG**

Provider ID: 247292

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERVENTIONAL

### CARDIOLOGY

#### **CRUZ RODRIGUEZ, JOSE**

Provider ID: 300061

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### INTERVENTIONAL

### CARDIOLOGY

#### **KINGDON, TYLER**

Provider ID: 301814

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

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: Yes




Min/Max Age: 0\19



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):  Website: N/A  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### INTERVENTIONAL CARDIOLOGY

**MOHAMEDALI, BURHAN**  
 Provider ID: 309250  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 412 WASHINGTON ST  
 SAN DIEGO, CA 92103  
 Phone: (619) 616-2100  
 Fax: (619) 616-2104  
 After Hours Phone: (619)  
 616-2100  
 Provider Gender: Male  
 NPI: 1831393289  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Swahili  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 Adventist Health and Rideout  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM

Website: N/A  
 IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY





**MOHAMEDALI, BURHAN**  
 Provider ID: 245577  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY



**SHEREV, DIMITRI**

Provider ID: 302987  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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,  
 SHARP MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, ALVARADO  
 HOSPITAL LLC, SHARP CHULA  
 VISTA MED CTR, TRI CITY  
 MEDICAL CTR, TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, Sharp Grossmont  
 Hospital, SHARP CORONADO  
 HOSP AND HEALTHCARE CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### PROVIDER



 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

#### SUDHAKAR, DEEPTHI

Provider ID: 309096  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 412 WASHINGTON ST  
SAN DIEGO, CA 92103  
 Phone: (619) 616-2100  
Fax: (619) 616-2104  
 After Hours Phone: (619)  
616-2100  
Provider Gender: Female  
NPI: 1811307051  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### INTERVENTIONAL

### CARDIOLOGY

#### SUDHAKAR, DEEPTHI


Provider ID: 295844  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114


 Phone: (619) 616-2100  
Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Female  
NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### INTERVENTIONAL CARDIOLOGY

#### SUDHAKAR, DEEPTHI

Provider ID: 296050  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 292 EUCLID AVE STE 210

SAN DIEGO, CA 92114

 Phone: (619) 616-2100  
Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Female  
NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### LICENSED PROFESSIONAL CLINICAL COUNSELOR

#### GARCIA, JENNI

Provider ID: 299310  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### LICENSED PROFESSIONAL CLINICAL COUNSELOR

#### **NAKAMURA, TIFFANY**

Provider ID: 239584

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE  
315  
SAN DIEGO, CA 92121

Phone: (858) 534-8019

After Hours Phone: (858)  
534-8019

Provider Gender: Female

NPI: 1356846349

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **ADAMI, REBECCA**

Provider ID: 272670

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992149447

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

#### **ADAMI, REBECCA**

Provider ID: 277179

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

#### **EMERUWA, UKACHI**



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

---

Provider ID: 300011  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### MATERNAL AND FETAL MEDICINE

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#### **EMERUWA, UKACHI**

Provider ID: 300012


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### MATERNAL AND FETAL MEDICINE

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#### **EMERUWA, UKACHI**

Provider ID: 300010

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### MATERNAL AND FETAL MEDICINE

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#### **LAURENT, LOUISE**


Provider ID: 208640

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### MATERNAL AND FETAL MEDICINE

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#### **MCCULLOUGH, DEIRDRE**

Provider ID: 210034

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### MCCULLOUGH, DEIRDRE

Provider ID: 277260

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

### MATERNAL AND FETAL MEDICINE

#### MELBER, DORA

Provider ID: 296990

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

### MATERNAL AND FETAL MEDICINE

#### MELBER, DORA








Provider ID: 296989

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 430

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group


 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 NPI: 1124413026  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hungarian, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group



### MATERNAL AND FETAL MEDICINE

**MOORE, THOMAS**  
 Provider ID: 208643  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male

### MATERNAL AND FETAL MEDICINE

**MELBER, DORA**  
 Provider ID: 296998  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123


### MATERNAL AND FETAL MEDICINE

**MELBER, DORA**  
 Provider ID: 296994  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 939-4102

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1184682379

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **MOORE, THOMAS**


Provider ID: 208644

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL): Network

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### MATERNAL AND FETAL MEDICINE

#### **REIMERS, REBECCA**

Provider ID: 294647

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123


 Phone: (858) 966-6710

Fax: (858) 939-4102

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


### MATERNAL AND FETAL MEDICINE

#### **REIMERS, REBECCA**

Provider ID: 294648

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 7910 FROST ST STE 220  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

#### **RICHARDSON, ALVIE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 277314

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

#### **RICHARDSON, ALVIE**

Provider ID: 214436

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

#### **SCHWENDEMANN, WADE**

Provider ID: 277307

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

#### **SCHWENDEMANN, WADE**

Provider ID: 277304

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas









 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

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### MATERNAL AND FETAL MEDICINE

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**SHANNON, KELLI**  
 Provider ID: 208474

Board Certified Specialty: No  
**RADY CHILDRENS HEALTH  
 NETWORK**  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 NPI: 1922156397  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network








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### MATERNAL AND FETAL MEDICINE

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**WESTERMANN, MELISSA**  
 Provider ID: 242522  
 Board Certified Specialty: No  
**RADY CHILDRENS HEALTH  
 NETWORK**

 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

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### MATERNAL AND FETAL MEDICINE

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**WESTERMANN, MELISSA**  
 Provider ID: 287084

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

 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: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
 Network


### MATERNAL AND FETAL MEDICINE

**WESTERMANN, MELISSA**

Provider ID: 277353

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

 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: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
 IPA: Rady Childrens Health  
 Network


### MATERNAL AND FETAL MEDICINE

**WILLIAMS, KRISTIN**

Provider ID: 277383

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

 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: Yes  
 Min/Max Age: 0\19


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): CALIFORNIA PACIFIC MED  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### MATERNAL AND FETAL MEDICINE

#### **WILLIAMS, KRISTIN**

Provider ID: 277387

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992847131

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
SAN MATEO MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, TRI CITY  
MEDICAL CTR, CALIFORNIA  
PACIFIC MED CTR,


CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): JOHN SALLY THORNTON

N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE


#### **WOLF, RICHARD**


Provider ID: 209253

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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


American Sign Language (ASL):

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### NEONATAL / PERINATAL MEDICINE


#### **BAI-TONG, SHIYU**

Provider ID: 283285

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL): N  
 Website: N/A  
 IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### **CARROLL, JEANNE**


Provider ID: 205727

Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N  
 Website: N/A  
 IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE


#### **DELROSARIO, PAMELA**

Provider ID: 295000

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE


#### **FLEMING, SARAH**

Provider ID: 205645

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 4077 5TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 260-7046

Fax: (619) 686-3843

 After Hours Phone: (619) 260-7046

Provider Gender: Female

NPI: 1679809826

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE

#### **GLENN, TARA**

Provider ID: 283159


Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

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## D. Directorio de proveedores especialistas

### NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE


#### HIALATI, SAMANTHA

Provider ID: 294251

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH  
NETWORK

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888


Fax: (858) 249-5839

 After Hours Phone: (858)

966-5888

Provider Gender: Female

NPI: 1245617489

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE


#### HONOLD, JOSE

Provider ID: 205941

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE

#### HONOLD, JOSE


Provider ID: 242881


Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

 4077 5TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 691-7000

 After Hours Phone: (619)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

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### NEONATAL / PERINATAL MEDICINE

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**LANE, BRIAN**  
 Provider ID: 205707  
 Board Certified Specialty: No

RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858)  
 966-5818  
 Provider Gender: Male  
 NPI: 1427129287  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, SOUTHWEST  
 HEALTHCARE INLAND  
 VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health

Network

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### NEONATAL / PERINATAL MEDICINE


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**LE, CRYSTAL**  
 Provider ID: 205630  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network


 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### NEONATAL / PERINATAL MEDICINE

**MARC-AURELE, KRISHELLE**  
 Provider ID: 206208  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### NEONATAL / PERINATAL MEDICINE


**MARC-AURELE, KRISHELLE**

Provider ID: 206210

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


### NEONATAL / PERINATAL MEDICINE

**MARC-AURELE, KRISHELLE**

Provider ID: 206206

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (619) 543-3812

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1952503435

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY

MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


IPA: Rady Childrens Health  
Network, UCSD Medical Group

### NEONATAL / PERINATAL MEDICINE

#### **MATOBA, NANA**



Provider ID: 297974  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL

### MEDICINE

#### **MATOBA, NANA**



Provider ID: 299894  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### NEONATAL / PERINATAL MEDICINE

#### **MATOBA, NANA**

Provider ID: 297975  
Board Certified Specialty: No



RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE










#### **MCCULLEY, DAVID**








Provider ID: 277177  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK







 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

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## D. Directorio de proveedores especialistas

<p> Phone: (858) 966-5818  Fax: (858) 966-7483   After Hours Phone: (858) 966-5818  Provider Gender: Male  NPI: 1235304155   Provider English Spoken: Y  Cultural Competency: N  Medi-Cal Open Panel: Yes  Min/Max Age: 0\19  American Sign Language (ASL): N</p>	<p>DIEGO  Medi-Cal Open Panel: Yes  Min/Max Age: 0\19  American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A  IPA: Rady Childrens Health Network</p>	<p>MEMORIAL HOSPITAL  Medi-Cal Open Panel: Yes  Min/Max Age: 0\19  American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A  IPA: Rady Childrens Health Network</p>
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<p> Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A  IPA: Rady Childrens Health Network</p>	<p><b><u>NEONATAL / PERINATAL</u></b> <b><u>MEDICINE</u></b></p>	<p><b><u>NEONATAL / PERINATAL</u></b> <b><u>MEDICINE</u></b></p>
<p><b>NIEMI, ANNA-KAISA</b>  Provider ID: 262158  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK</p>	<p>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   Provider Language(s) Spoken: Finnish, French, German, Spanish, Swedish  Cultural Competency: N  Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS</p>	<p><b>NIEMI, ANNA-KAISA</b>  Provider ID: 262157  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK</p>

<p><b><u>NEONATAL / PERINATAL</u></b> <b><u>MEDICINE</u></b></p>	<p><b>MESTAN, KAREN</b>  Provider ID: 285932  Board Certified Specialty: No  RADY CHILDRENS HEALTH NETWORK</p>	<p>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</p>	<p>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   Provider Language(s) Spoken: Finnish, French, German, Spanish, Swedish  Cultural Competency: N  Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL</p>
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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### **NYMAN, KATHERINE**

Provider ID: 301822

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### **NYMAN, KATHERINE**

Provider ID: 301819

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### **ODONNELL, F**

Provider ID: 205578

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1477625325

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

American Sign Language (ASL): *Medi-Cal Open Panel: Yes*

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### **RAMOS, CARLOS**

Provider ID: 206060

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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


### NEONATAL / PERINATAL MEDICINE

#### **SAJTI, ENIKO**

Provider ID: 206171

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): SOUTHWEST HEALTHCARE


### NEONATAL / PERINATAL MEDICINE


#### **SAUER, CHARLES**

Provider ID: 303906

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### NEONATAL / PERINATAL MEDICINE


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#### **SAUER, CHARLES**

Provider ID: 303904

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### NEONATAL / PERINATAL MEDICINE


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#### **SONG, RICHARD**

Provider ID: 206143

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

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### NEONATAL / PERINATAL MEDICINE

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#### **SPEZIALE, MARK**

Provider ID: 206126

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

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## D. Directorio de proveedores especialistas



 Phone: (858) 966-5888  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5888  
 Provider Gender: Male  
 NPI: 1801978143  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, UCSD MEDICAL CTR, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

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### NEONATAL / PERINATAL MEDICINE

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**SUTTNER, DENISE**  
 Provider ID: 265085  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

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### NEONATAL / PERINATAL MEDICINE

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**SWEENEY, NATHALY**  
 Provider ID: 206182  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network


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## D. Directorio de proveedores especialistas


<p><b><u>NEONATAL / PERINATAL MEDICINE</u></b></p> <p><b>VOLLER, STEPHANNIE</b>            Provider ID: 303808            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3010 CHILDRENS WAY FL 3            SAN DIEGO, CA 92123            Phone: (858) 966-5888            Fax: (858) 249-5839            After Hours Phone: (858) 966-5888            Provider Gender: Female            NPI: 1417121971            Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL): N            Accessibility: CONTACT PROVIDER            Hours: M-F 8AM-5PM            Website: N/A            IPA: Rady Childrens Health Network</p>	<p>Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            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: Yes            Min/Max Age: 0\19            American Sign Language (ASL): N            Accessibility: CONTACT PROVIDER            Hours: M-F 8AM-5PM            Website: N/A            IPA: Rady Childrens Health Network</p>	<p>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: Yes            Min/Max Age: 0\19            American Sign Language (ASL): N            Accessibility: CONTACT PROVIDER            Hours: M-F 8AM-5PM            Website: N/A            IPA: Rady Childrens Health Network</p>
<p><b><u>NEONATAL / PERINATAL MEDICINE</u></b></p> <p><b>VOLLER, STEPHANNIE</b>            Provider ID: 303807</p>	<p><b><u>NEONATAL / PERINATAL MEDICINE</u></b></p> <p><b>VOLLER, STEPHANNIE</b>            Provider ID: 303806            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            3020 CHILDRENS WAY            SAN DIEGO, CA 92123            Phone: (858) 966-5888</p>	<p><b><u>NEONATAL / PERINATAL MEDICINE</u></b></p> <p><b>WEISS, KATHERINE</b>            Provider ID: 264677            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK            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</p>


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## D. Directorio de proveedores especialistas

 *Provider Language(s)*  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*


 *Website: N/A*  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

### NEONATAL / PERINATAL MEDICINE

#### **WEST, JULIE**


Provider ID: 297073  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*


IPA: Rady Childrens Health  
Network


### NEPHROLOGY

#### **BALBOA NEPHROLOGY MED GRP INC,**

Provider ID: 308472  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 8010 FROST ST STE 100  
SAN DIEGO, CA 92123

 Phone: (858) 637-4700  
Fax: (858) 637-4701

 After Hours Phone: (858)  
637-4700

NPI: 1316997505


 *Provider English Spoken: Y*  
Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: www.balboacare.c  
om*


### NEPHROLOGY


#### **QUEVEDO, JUAN**

Provider ID: 269998

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC


 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, RIVERSIDE


COMMUNITY HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

IPA: Community Care IPA LLC

### NEPHROLOGY

#### **SHAH, MITA**

Provider ID: 262230

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

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## D. Directorio de proveedores especialistas

### MEDICAL GROUP-SD

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Imperial Health Holdings  
Medical Group-SD

### NEPHROLOGY

#### ZHONG, YAN

Provider ID: 296054

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

Phone: (619) 299-2350

Fax: (619) 297-8379

After Hours Phone: (619)  
299-2350

Provider Gender: Female

NPI: 1467683540

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, LAC RANCHO

LOS AMIGOS NATIONAL  
REHAB CENTER, SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND

HEALTHCARE CTR, KECK  
HOSPITAL OF USC, Los

Angeles General Medical  
Center, SELECT SPECIALTY

HOSPITAL SAN DIEGO,  
SELECT SPECIALTY HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### NEPHROLOGY

#### ZHONG, YAN

Provider ID: 296053

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

Phone: (619) 299-2350

Fax: (619) 297-8379

After Hours Phone: (619)  
299-2350

Provider Gender: Female

NPI: 1467683540

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, LAC RANCHO

LOS AMIGOS NATIONAL  
REHAB CENTER, SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND

HEALTHCARE CTR, KECK  
HOSPITAL OF USC, Los

Angeles General Medical  
Center, SELECT SPECIALTY

HOSPITAL SAN DIEGO,  
SELECT SPECIALTY HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### NEUROLOGY

#### BEVINS, ELIZABETH

Provider ID: 241943

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### BUI, JONATHAN

Provider ID: 206005

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

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

Provider Language(s)

Spoken: Spanish,

Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### NEUROLOGY

#### BUI, JONATHAN

Provider ID: 303227

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

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

Provider Language(s)

Spoken: Spanish,

Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### NEUROLOGY

#### COUGHLIN, DAVID

Provider ID: 240949

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

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: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N

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## D. Directorio de proveedores especialistas


 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### NEUROLOGY

#### COUGHLIN, DAVID


Provider ID: 304172  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



 Website: N/A  
 IPA: UCSD Medical Group

### NEUROLOGY

#### COUGHLIN, DAVID

Provider ID: 240951  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273



Provider Gender: Male  
 NPI: 1740543784

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A


IPA: UCSD Medical Group

### NEUROLOGY

#### DOVE, KATHERINE


Provider ID: 302784  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A


IPA: Rady Childrens Health Network

### NEUROLOGY

#### DUNN-PIRIO, ANASTASIE

Provider ID: 203235  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 200 W ARBOR DR FL 1  
 SAN DIEGO, CA 92103

 Phone: (619) 543-3500  
 Fax: (888) 539-8781

 After Hours Phone: (619) 543-3500


Provider Gender: Female  
 NPI: 1700177136



 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N

























 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

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## D. Directorio de proveedores especialistas

<p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>DUNN-PIRIO, ANASTASIE</b>            Provider ID: 304160            Board Certified Specialty: No            UCSD MEDICAL GROUP   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: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p> 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, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health Network</p>	<p>Cultural Competency: N            Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health Network</p>
<p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>FREDERICK, ALIYA</b>            Provider ID: 283152            Board Certified Specialty: Yes            RADY CHILDRENS HEALTH NETWORK   3020 CHILDRENS WAY            SAN DIEGO, CA 92123   Phone: (858) 966-5999            Fax: (858) 576-8412</p>	<p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>GOLD, JEFFREY</b>            Provider ID: 283335            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK   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</p>	<p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>GOLD, JEFFREY</b>            Provider ID: 303287            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK   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</p>

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## D. Directorio de proveedores especialistas


CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### NEUROLOGY


**GUIDO-ESTRADA, NATALIE**

Provider ID: 303271

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEUROLOGY


**GUNDOGDU, MELEK**

Provider ID: 201623

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103


 Phone: (619) 543-3500

 After Hours Phone: (619) 543-3500

Provider Gender: Female

NPI: 1437253671

 Provider English Spoken: Y

 Provider Language(s) Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### NEUROLOGY

**HANNAWI, ANDREW**

Provider ID: 283154

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


























 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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## D. Directorio de proveedores especialistas

<p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>IRAGUIMADOZ, VICENTE</b>            Provider ID: 304154            Board Certified Specialty: No            UCSD MEDICAL GROUP   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: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p> After Hours Phone: (619)            582-2595            Provider Gender: Male            NPI: 1104922038   Provider English Spoken: Y   Provider Language(s)            Spoken: Russian            Cultural Competency: N            Hospital Affiliation: ALVARADO            HOSPITAL LLC            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-TH 8AM-4PM            F 8AM-3PM   Website: N/A            IPA: Community Care IPA LLC</p>	<p>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: Yes            Min/Max Age: 0\19            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health            Network</p>
<p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>KHAMISHON, BORIS</b>            Provider ID: 269923            Board Certified Specialty: No            COMMUNITY CARE IPA LLC   6699 ALVARADO RD STE            2301            SAN DIEGO, CA 92120   Phone: (619) 582-2595</p>	<p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>KIMMCMANUS, OLIVIA</b>            Provider ID: 303229            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK   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</p>	<p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>LAVERTY, CHAMINDRA</b>            Provider ID: 303258            Board Certified Specialty: No            RADY CHILDRENS HEALTH            NETWORK   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</p>

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## D. Directorio de proveedores especialistas

CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEUROLOGY

#### LEE, DAVID

Provider ID: 304198

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### NEUROLOGY


#### LEE, DAVID

Provider ID: 246263

Board Certified Specialty: No  
 UCSD MEDICAL GROUP


 200 W ARBOR DR FL 1  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1871884130

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### LONGARDNER, KATHERINE

Provider ID: 304197

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### LONGARDNER, KATHERINE

Provider ID: 268346

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group



### NEUROLOGY

**QAYOUMI, WALI**  
 Provider ID: 284370  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE  
 325  
 SAN DIEGO, CA 92121  
 Phone: (619) 294-3746  
 Fax: (888) 539-8781  
 After Hours Phone: (619)  
 294-3746  
 Provider Gender: Male  
 NPI: 1093178220  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French  
 Cultural Competency: N








Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### NEUROLOGY

**QAYOUMI, WALI**  
 Provider ID: 304161  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### NEUROLOGY

**RIGGINS, NINA**  
 Provider ID: 304200  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: UCSF  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### NEUROLOGY

**RIGGINS, NINA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 285968

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: UCSF  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### SCHORR, EMILY

Provider ID: 305020

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### SCHORR, EMILY

Provider ID: 305021

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### SCHORR, EMILY

Provider ID: 305023

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255862041

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### SWEAT, MARIE

Provider ID: 303831

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1861929036

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### YANG, JENNIFER

Provider ID: 301593

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### ZIMBRIC, MICHAEL

Provider ID: 206272

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### ZIMBRIC, MICHAEL

Provider ID: 303284

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*


### NEUROLOGY CHILD

#### **GRAVES, JENNIFER**

*Provider ID: 261037*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*



 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *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, UCSF MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT*

*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*


### NEUROLOGY CHILD

#### **GUIDO-ESTRADA, NATALIE**




*Provider ID: 205825*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 8001 FROST ST  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-5999*  
*Fax: (858) 966-4930*  
 *After Hours Phone: (858) 966-5999*

*Provider Gender: Female*  
*NPI: 1528353521*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### NEUROLOGY CHILD

#### **SAHAGIAN, MICHELLE**


*Provider ID: 206074*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 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: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*


*IPA: Rady Childrens Health Network*

### NUCLEAR MEDICINE

#### **SHARIF TABRIZI, AHMAD**

*Provider ID: 300027*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1053727313

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Providence  
St Mary Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### NUCLEAR MEDICINE

#### **SHARIF TABRIZI, AHMAD**

Provider ID: 300028

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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: 1053727313

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Providence  
St Mary Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): 🌐 Website: N/A

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### OBSTETRICS / GYNECOLOGY

#### **ASLIAN, AZITA**

Provider ID: 308270

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 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: 1851667661

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Faroese, 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### OBSTETRICS / GYNECOLOGY

#### **BLAKE, GARY**

Provider ID: 290731

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

☎ After Hours Phone: (858) 279-0925

Provider Gender: Male

NPI: 1497738439

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### OBSTETRICS / GYNECOLOGY

#### **COHEN, MANSOUR**

Provider ID: 205940

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH

NETWORK

📍 7695 CARDINAL CT STE  
390

SAN DIEGO, CA 92123

☎ Phone: (858) 279-8111

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

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, Persian, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 9AM-4PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### **OBSTETRICS / GYNECOLOGY**

#### **DEL CORE, LAURA**

Provider ID: 291328

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790128759

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DEL CORE, LAURA**

Provider ID: 291330

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790128759

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT

PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DEL CORE, LAURA**

Provider ID: 291326

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790128759

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DEL CORE, LAURA**


Provider ID: 291327

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 4168 FRONT ST  
SAN DIEGO, CA 92103

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): UCSD MEDICAL GROUP  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

#### **DELCORE, LAURA**

Provider ID: 291329

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**


#### **DRIEBE, AMY**

Provider ID: 291339

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): UCSD MEDICAL GROUP  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**


#### **DRIEBE, AMY**

Provider ID: 291337

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL): UCSD MEDICAL GROUP  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**


#### **DRIEBE, AMY**

Provider ID: 291340

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas




*Cultural Competency: N*  
*Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**  
*Provider ID: 291338*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *6030 VILLAGE WAY  
SAN DIEGO, CA 92130*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*  
*NPI: 1730507567*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*





### **OBSTETRICS / GYNECOLOGY**

**FRUGONI, GINA**  
*Provider ID: 270056*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 *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: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC*

### **OBSTETRICS / GYNECOLOGY**

**GROGAN, BRIAN**  
*Provider ID: 296002*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 *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*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **OBSTETRICS / GYNECOLOGY**

**GROGAN, BRIAN**  
*Provider ID: 296001*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 *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*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):  
N*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


### **OBSTETRICS / GYNECOLOGY**

#### **GUPTA, PRATIMA**

*Provider ID: 257547*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*


 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: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **OBSTETRICS / GYNECOLOGY**

#### **GUPTA, PRATIMA**

*Provider ID: 257548*


*Board Certified Specialty: No  
UCSD MEDICAL GROUP*


 4168 FRONT ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*  
*NPI: 1891749842*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Hindi, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **OBSTETRICS / GYNECOLOGY**

#### **HARVEY, SCOTT**

*Provider ID: 278917*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 4168 FRONT ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1457662868*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **OBSTETRICS / GYNECOLOGY**

#### **HARVEY, SCOTT**

*Provider ID: 278915*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 200 W 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **HOANG, MAI**


Provider ID: 208294


Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1104143593

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **HOM-TEDLA, MARIANNE**

Provider ID: 242751


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **KLEIN, DAVID**

Provider ID: 271560


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **KLEIN, DAVID**

Provider ID: 271561

Board Certified Specialty: No


UCSD MEDICAL GROUP


 6030 VILLAGE WAY

SAN DIEGO, CA 92130

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1780073635

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **KOHATSU, KAREN**


Provider ID: 205481

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-4:30PM

F 8:30AM-2PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **OBSTETRICS / GYNECOLOGY**


#### **LAMALE-SMITH, LEAH**

Provider ID: 285519

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **LAMALE-SMITH, LEAH**

Provider ID: 208681


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OBSTETRICS / GYNECOLOGY

#### **MACKAY, GILLIAN**

Provider ID: 303064

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OBSTETRICS / GYNECOLOGY


#### **MACKAY, GILLIAN**

Provider ID: 200965

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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: Faroese, Farsi

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC,

SHARP MARY BIRCH HOSP  
FOR WOMEN AND


NEWBORNS, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 10\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Imperial Health Holdings  
Medical Group-SD

### OBSTETRICS / GYNECOLOGY

#### **MANI, PARVIN**

Provider ID: 242345

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 5555 RESERVOIR DR STE  
208


### OBSTETRICS / GYNECOLOGY

#### **MEADOWS, AUDRA**

Provider ID: 285741

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1467585521

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **MEADOWS, AUDRA**

Provider ID: 285742

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ, ARIANA**

Provider ID: 299922

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1295232973

🗉 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **MELENDEZ, ARIANA**

Provider ID: 299921

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 4168 FRONT ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1295232973

🗉 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

Provider ID: 299981

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

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 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

*Provider ID: 299982*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1447530696*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

*Provider ID: 299979*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1447530696*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

*Provider ID: 299980*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 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: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




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### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

*Provider ID: 299978*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Female*  
*NPI: 1447530696*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **OBSTETRICS / GYNECOLOGY**


#### **RIVAS, RENEE**

*Provider ID: 284298*  
*Board Certified Specialty: No*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

 200 W 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: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **SUYAMA, JULIE**

Provider ID: 284291  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

#### **SUYAMA, JULIE**

Provider ID: 284290  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **THOMSON, SAMANTHA**

Provider ID: 285176  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689013468

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,

UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**THOMSON, SAMANTHA**

Provider ID: 285174

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689013468

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**


**TRUJILLO, JENNIFER**

Provider ID: 290128


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE

SAN DIEGO, CA 92114


 Phone: (619) 662-4100

Fax: (619) 662-4158

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1053407593

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OCCUPATIONAL MEDICINE**


**CROSS, JOHN**


Provider ID: 255322

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (619) 471-9210

 After Hours Phone: (619) 471-9210

Provider Gender: Male


NPI: 1205989985

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL MEDICINE**


**ISAKARI, MARCIA**


Provider ID: 255368

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (619) 471-1600

 After Hours Phone: (619) 471-1600

Provider Gender: Female

NPI: 1861580771

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese

Cultural Competency: N

Hospital Affiliation: ADVENTIST  
HEALTH LODI MEMORIAL  
Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):  16950 VIA TAZON

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A

IPA: UCSD Medical Group

UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1669770939

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

Provider Gender: Female

NPI: 1669770939

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **OCCUPATIONAL MEDICINE**

#### **KIM, JOHN**


Provider ID: 255385


Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (619) 471-9210

 After Hours Phone: (619)  
471-9210

Provider Gender: Male

NPI: 1114102639

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **OCCUPATIONAL THERAPIST**

#### **BOND, KIMBERLEE**

Provider ID: 206548


Board Certified Specialty: No

UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

### **OCCUPATIONAL THERAPIST**

#### **LARSEN, JULIE**


Provider ID: 258359


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

### **OCCUPATIONAL THERAPIST**

#### **BOND, KIMBERLEE**


Provider ID: 206549


Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### OCCUPATIONAL THERAPIST


#### **MIKUT, ALYSSA**

*Provider ID: 258415*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### OPHTHALMOLOGY

#### **BANSAL, PREETI**


*Provider ID: 205620*

*Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK*

 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*

 *Provider Language(s)  
Spoken: Hindi*

*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT*

*HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS*

*MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL*

*CTR*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### OPHTHALMOLOGY

#### **BAXTER, SALLY**

*Provider ID: 272788*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1912325184*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY*

*THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### OPHTHALMOLOGY

#### **BAXTER, SALLY**

*Provider ID: 272789*

*Board Certified Specialty: No*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

 200 W ARBOR DR STE 101  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1912325184

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY


#### BEAZER, ALEX

Provider ID: 272803

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942662168

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### BHATIA, SHAGUN


Provider ID: 240636

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1104237353

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### OPHTHALMOLOGY


#### CAMP, ANDREW


Provider ID: 260020

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 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: Yes


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## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### OPHTHALMOLOGY

#### **GUALTIERI, CHRISTOPHER**

Provider ID: 252313

Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 6\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC


### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**


Provider ID: 297009

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**

Provider ID: 297011

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### OPHTHALMOLOGY


#### **HUYNH, PAUL**

Provider ID: 245200

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 4844 UNIVERSITY AVE STE  
A

SAN DIEGO, CA 92105

 Phone: (619) 283-1303

Fax: (619) 283-1666

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM SA 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

#### **HUYNH, PAUL**

Provider ID: 295645

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM SA 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

#### **JACOBSEN, BRADLEY**

Provider ID: 302869

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 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, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

#### **KHATIB, NORA**

Provider ID: 305375

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 4060 4TH AVE STE 640 SAN DIEGO, CA 92103

☎ Phone: (619) 642-2240

Fax: (619) 642-2245

☎ After Hours Phone: (619) 642-2240

Provider Gender: Female

NPI: 1538487756

☑ Provider English Spoken: Y

☑ 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

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## D. Directorio de proveedores especialistas


### HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### OPHTHALMOLOGY


#### **KLINE, LANNING**

Provider ID: 239915

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841227477

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### **LI, ALEXANDRIA**

Provider ID: 272833

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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, SCRIPPS GREEN

HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL


ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OPHTHALMOLOGY


#### **LIU, YUNXIANG**

Provider ID: 210803

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### OPHTHALMOLOGY

#### **MOLL, ANGELA**








Provider ID: 205510

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK









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## D. Directorio de proveedores especialistas

 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone: (858)  
 309-7702  
 Provider Gender: Female  
 NPI: 1861648602  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, GROSSMONT  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND, SCRIPPS MERCY  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### **OPHTHALMOLOGY**





**MOVAGHAR, MANSOOR**  
 Provider ID: 216412  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 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  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network, UCSD Medical Group






### **OPHTHALMOLOGY**

**OHALLORAN, HENRY**  
 Provider ID: 205888  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### **OPHTHALMOLOGY**

**PHAN, RYAN**  
 Provider ID: 295647  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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






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## D. Directorio de proveedores especialistas

*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL, UCSD*  
*LA JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR, GROSSMONT HOSPITAL,*  
*SCRIPPS MEMORIAL*  
*HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

### **OPHTHALMOLOGY**






#### **PHAN, RYAN**




*Provider ID: 302925*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 *4844 UNIVERSITY AVE STE*  
*A*  
*SAN DIEGO, CA 92105*  
 *Phone: (619) 283-1303*  
*Fax: (619) 283-1666*  
 *After Hours Phone: (619)*  
*283-1303*  
*Provider Gender: Male*  
*NPI: 1588027213*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Vietnamese*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL, UCSD*  
*LA JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR, GROSSMONT HOSPITAL,*  
*SCRIPPS MEMORIAL*  
*HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

### **OPHTHALMOLOGY**

#### **PHAN, RYAN**

*Provider ID: 287883*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 *10737 CAMINO RUIZ*  
*SAN DIEGO, CA 92126*  
 *Phone: (858) 549-3200*  
*Fax: (858) 549-3207*  
 *After Hours Phone: (858)*  
*549-3200*  
*Provider Gender: Male*  
*NPI: 1588027213*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
*MEMORIAL HOSPITAL, UCSD*

*LA JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR, GROSSMONT HOSPITAL,*  
*SCRIPPS MEMORIAL*  
*HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*


### **OPHTHALMOLOGY**

#### **PHAN, RYAN**

*Provider ID: 295646*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas

CTR, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### OPHTHALMOLOGY




#### **PHAN, RYAN**



Provider ID: 305445  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 10737 CAMINO RUIZ STE 100  
 SAN DIEGO, CA 92126  
 Phone: (858) 549-3200  
 Fax: (858) 549-3207  
 After Hours Phone: (858) 549-3200  
 Provider Gender: Male  
 NPI: 1588027213  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### OPHTHALMOLOGY









#### **PUIG LLANO, MANUEL**

Provider ID: 299964  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1427102979  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French, German, Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### **SATTERFIELD, KELLIE**

Provider ID: 305302  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 5330 CARROLL CANYON RD STE 210  
 SAN DIEGO, CA 92121  
 Phone: (858) 450-1010  
 Fax: (858) 450-9451  
 After Hours Phone: (858) 450-1010  
 Provider Gender: Female  
 NPI: 1629509336  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: IHP of Southern Cal-PHP

### **OPHTHALMOLOGY**

#### **SHEILS, CATHERINE**

Provider ID: 305305

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121

Phone: (858) 450-1010

Fax: (858) 450-9451

After Hours Phone: (858)  
450-1010

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-4PM  
W-F 8:30AM-1PM

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### **OPHTHALMOLOGY**

#### **SHEILS, CATHERINE**

Provider ID: 299936

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W 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, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### **OPHTHALMOLOGY**

#### **SHEILS, CATHERINE**

Provider ID: 305306

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

3939 3RD AVE  
SAN DIEGO, CA 92103

Phone: (800) 765-2737

Fax: (619) 291-6577

After Hours Phone: (800)  
765-2737

Provider Gender: Female

NPI: 1932605649

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-4PM  
W-F 8:30AM-1PM

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### **OPHTHALMOLOGY**

#### **SONG, DELU**

Provider ID: 302872

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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

Medi-Cal Open Panel: Yes

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## D. Directorio de proveedores especialistas

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### OPHTHALMOLOGY


#### YAMADA, KENTARO

Provider ID: 295848


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1040 UNIVERSITY AVE STE  
B209A

SAN DIEGO, CA 92103

 Phone: (619) 299-1100

Fax: (619) 299-7156

 After Hours Phone: (619)  
299-1100

Provider Gender: Male

NPI: 1629047188

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### OPTOMETRIST

#### AOTO, KIM

Provider ID: 296795

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111


 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)  
565-8822

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5PM

F 8:30AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### OPTOMETRIST

#### AOTO, KIM


Provider ID: 268718

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822


Fax: (858) 565-2449

 After Hours Phone: (858)  
565-8822

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5PM

F 8:30AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPTOMETRIST









#### AOTO, KIM

Provider ID: 268723





Board Certified Specialty: No  
COMMUNITY CARE IPA LLC


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## D. Directorio de proveedores especialistas

 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### OPTOMETRIST

**JOMOC, CAITLIN**  
 Provider ID: 304156  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### OPTOMETRIST

**JOMOC, CAITLIN**  
 Provider ID: 304155  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1861164642

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### OPTOMETRIST

**KIM, PHILIP**  
 Provider ID: 287910  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8372  
 Provider Gender: Male  
 NPI: 1376929034  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### OPTOMETRIST

**SCHWAB, GARY**  
 Provider ID: 290411  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### OPTOMETRIST


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#### SCHWAB, GARY


Provider ID: 290410

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Male


NPI: 1740274372

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### OPTOMETRIST


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#### VO, ANDREW

Provider ID: 201312

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### OPTOMETRIST

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#### VO, ANDREW

Provider ID: 304147

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N


Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### OPTOMETRIST

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#### YU, CAROL

Provider ID: 301684

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

 Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

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## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### OPTOMETRIST

**YU, CAROL**

Provider ID: 301683

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OPTOMETRIST

**YU, CAROL**

Provider ID: 301680

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### ORAL MAXILLOFACIAL

#### SURGEON

**DENTICO-OLIN, MARC**

Provider ID: 304727

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### ORAL MAXILLOFACIAL

#### SURGEON

**DENTICO-OLIN, MARC**

Provider ID: 273663

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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

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## D. Directorio de proveedores especialistas

HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### OTOLARYNGOLOGY

#### **BLISS, MORGAN**


Provider ID: 272565

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### OTOLARYNGOLOGY

#### **BRUMUND, KEVIN**

Provider ID: 299635

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **BRUMUND, KEVIN**

Provider ID: 299634

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **CALIFANO, JOSEPH**

Provider ID: 299457

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

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## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 1881652972

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**CALIFANO, JOSEPH**

Provider ID: 299462

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**CALIFANO, JOSEPH**

Provider ID: 299461

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**CARVALHO, DANIELA**

Provider ID: 272557

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

**CARVALHO, DANIELA**

Provider ID: 205628

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

 *Provider Language(s)*  
Spoken: French, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*


IPA: Rady Childrens Health  
Network


### OTOLARYNGOLOGY

#### **CHANG, EDWARD**

Provider ID: 309535

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121

 Phone: (858) 909-0770

Fax: (858) 909-0880

 After Hours Phone: (858)  
909-0770

Provider Gender: Male

NPI: 1528146008

 *Provider English Spoken: Y*  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

IPA: Community Care IPA LLC

### OTOLARYNGOLOGY


#### **COFFEY, CHARLES**

Provider ID: 299583

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932297330

 *Provider English Spoken: Y*  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*


IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299579

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-6631

Fax: (619) 471-0656

 After Hours Phone: (619)  
543-6631

Provider Gender: Male

NPI: 1932297330

 *Provider English Spoken: Y*  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299582

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Male  
NPI: 1932297330  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**DECONDE, ADAM**  
Provider ID: 299567  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1588988919  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**DECONDE, ADAM**  
Provider ID: 299568  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**DECONDE, ADAM**  
Provider ID: 299569  
Board Certified Specialty: No

UCSD MEDICAL GROUP  
 200 W 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

**FRIEDMAN, RICK**  
Provider ID: 299531  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: PIH  
HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---


### **OTOLARYNGOLOGY**

#### **FRIEDMAN, RICK**

*Provider ID: 299532*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *200 W 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*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: PIH  
HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*








 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **OTOLARYNGOLOGY**

#### **FRIEDMAN, RICK**

*Provider ID: 299530*  
*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*  
 *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*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: PIH  
HEALTH GOOD SAMARITAN  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES, SOUTH  
COAST GLOBAL MEDICAL  
CENTER INC, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><b>OTOLARYNGOLOGY</b></p> <p><b>FRIESEN, TZYYNONG</b>            Provider ID: 272604            Board Certified Specialty: Yes  <b>RADY CHILDRENS HEALTH NETWORK</b>   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: Yes            Min/Max Age: 0\19            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health Network</p>	<p>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  <b>JOLLA JOHN SALLY THORNTON</b>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p><b>JOLLA JOHN SALLY THORNTON</b>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>
<p><b>OTOLARYNGOLOGY</b></p> <p><b>GILANI, SAPIDEH</b>            Provider ID: 299560            Board Certified Specialty: No  <b>UCSD MEDICAL GROUP</b>   8899 UNIVERSITY CENTER LN            SAN DIEGO, CA 92122   Phone: (800) 926-8273</p>	<p><b>OTOLARYNGOLOGY</b></p> <p><b>GILANI, SAPIDEH</b>            Provider ID: 299561            Board Certified Specialty: No  <b>UCSD MEDICAL GROUP</b>   200 W 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</p>	<p><b>OTOLARYNGOLOGY</b></p> <p><b>GILANI, SAPIDEH</b>            Provider ID: 299559            Board Certified Specialty: No  <b>UCSD MEDICAL GROUP</b>   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  <b>JOLLA JOHN SALLY THORNTON</b>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **GREENE, JACQUELINE**


Provider ID: 272959  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A


IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **GREENE, JACQUELINE**

Provider ID: 298397  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **GREENE, JACQUELINE**

Provider ID: 298396  
Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**


Provider ID: 299575  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **HARRIS, JEFFREY**

Provider ID: 299576  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1417988783  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **HOM, DAVID**

Provider ID: 299515  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1659305027  
🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **HOM, DAVID**

Provider ID: 299511  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT

PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **HOM, DAVID**

Provider ID: 299514  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **HUSSEMAN, JACOB**


Provider ID: 301052  
Board Certified Specialty: No


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124034053

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### HUSSEMAN, JACOB


Provider ID: 301053

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### JIANG, WEN


Provider ID: 272660


Board Certified Specialty: Yes


RADY CHILDRENS HEALTH

NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### KARI, ELINA

Provider ID: 299445


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 299446  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 299443  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### OTOLARYNGOLOGY

#### **LEUIN, SHELBY**

Provider ID: 272637  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### OTOLARYNGOLOGY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### MAGIT, ANTHONY

Provider ID: 272767

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY

### MAGIT, ANTHONY

Provider ID: 299481

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY

### MAGIT, ANTHONY

Provider ID: 299482

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### OTOLARYNGOLOGY

### MAGIT, ANTHONY

Provider ID: 299480

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group


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### OTOLARYNGOLOGY

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**MATSUOKA, AKIHIRO**  
Provider ID: 299590  
Board Certified Specialty: No  
UCSD MEDICAL GROUP


 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669630653

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group


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### OTOLARYNGOLOGY

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**MATSUOKA, AKIHIRO**  
Provider ID: 299591  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group


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### OTOLARYNGOLOGY

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**MATSUOKA, AKIHIRO**  
Provider ID: 299592  
Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group

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### OTOLARYNGOLOGY

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**NGUYEN, QUYEN**  
Provider ID: 299607  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN



SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1477524452

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group

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### OTOLARYNGOLOGY


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**NGUYEN, QUYEN**  
Provider ID: 299603  
Board Certified Specialty: No



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




### UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (619) 543-6631  
 Fax: (619) 543-6532  
 After Hours Phone: (619)  
543-6631

Provider Gender: Female  
NPI: 1477524452

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group



### **OTOLARYNGOLOGY**

#### **NGUYEN, QUYEN**

Provider ID: 299606  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1477524452

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **OTOLARYNGOLOGY**

#### **PATEL, VIJAY**



Provider ID: 297037  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
 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: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### **OTOLARYNGOLOGY**

#### **VAHABZADEH-HAGH, ANDREW**

Provider ID: 299508  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY


**VAHABZADEH-HAGH, ANDREW**

Provider ID: 299509

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

**VAHABZADEH-HAGH, ANDREW**

Provider ID: 299507

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY


**WATSON, DEBORAH**

Provider ID: 299639

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


**WATSON, DEBORAH**

Provider ID: 299642

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **WATSON, DEBORAH**

Provider ID: 299641

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **WEISSBROD, PHILIP**

Provider ID: 299615

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group


### OTOLARYNGOLOGY


#### **WEISSBROD, PHILIP**

Provider ID: 299610

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **WEISSBROD, PHILIP**

Provider ID: 299614

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OTOLARYNGOLOGY**

#### **YAN, CAROL**

Provider ID: 298412

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1619237260

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OTOLARYNGOLOGY**

#### **YAN, CAROL**

Provider ID: 298414


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### **OTOLARYNGOLOGY**

#### **YAN, CAROL**

Provider ID: 298413

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **FADARE, OLUWOLE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 275705  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-5764  
Fax: (619) 543-5249

After Hours Phone: (619)  
543-5764

Provider Gender: Male

NPI: 1619955804

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **HANSEN, LAWRENCE**

Provider ID: 275767

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-5764

After Hours Phone: (619)  
543-5764

Provider Gender: Male

NPI: 1760407498

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **PARAST, MANA**

Provider ID: 275888

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1629163100

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **PATHOLOGY ANATOMIC**

#### **WONG, RICHARD**

Provider ID: 243202

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1275084295

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



 Website: N/A  
IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **ALLEN, ELIZABETH**

Provider ID: 275756


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A



IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **BROOME, HELEN**

Provider ID: 275720


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC


### CLINICAL

#### **BROOME, HELEN**

Provider ID: 275721

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **BUI, JACK**







Provider ID: 247581

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR




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## D. Directorio de proveedores especialistas

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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL






#### **BUI, JACK**




Provider ID: 247580  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL








#### **QUINTANA, PAULINA**

Provider ID: 296765  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 292 EUCLID AVE STE 115  
 SAN DIEGO, CA 92114  
 Phone: (619) 266-3332  
 Fax: (619) 266-6000  
 After Hours Phone: (619) 266-3332  
 Provider Gender: Female  
 NPI: 1164482477  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PATHOLOGY ANATOMIC CLINICAL

#### **ROMA, ANDRES**

Provider ID: 275826  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

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### PATHOLOGY ANATOMIC CLINICAL

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#### **SHABAIK, AHMED**

Provider ID: 275781

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

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### PATHOLOGY ANATOMIC CLINICAL

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#### **SONG, WEI**

Provider ID: 300001

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306164157

🗣 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

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### PATHOLOGY ANATOMIC CLINICAL

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#### **STEPHENS, LAURA**

Provider ID: 300042

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942561212

🗣 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

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### PATHOLOGY ANATOMIC CLINICAL

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#### **VAVINSKAYA, VERA**

Provider ID: 275789

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174757181

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

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## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### **WANG, DEHUA**

Provider ID: 289153

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PATHOLOGY CLINICAL


#### **KELNER, MICHAEL**

Provider ID: 247601

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1174679849

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, EL CENTRO REGIONAL  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY CLINICAL

#### **KELNER, MICHAEL**

Provider ID: 247602

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1174679849

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, EL CENTRO REGIONAL  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY CLINICAL


#### **LE DZUNG, THE**

Provider ID: 247600

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770526931

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

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## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY CLINICAL

#### **LE DZUNG, THE**


Provider ID: 247599


Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1770526931

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **ALKATIB, RHONDA**


Provider ID: 291226

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 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

 Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: ALVARADO HOSPITAL LLC


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **COLLINS, CATHLEEN**


Provider ID: 206083


Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY STE 2

SAN DIEGO, CA 92123

 Phone: (858) 966-5961

 After Hours Phone: (858) 966-5961

Provider Gender: Female

NPI: 1205128089

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: LUCILE

SALTER PACKARD

CHILDRENS HOSP, Stanford

Health Care, RADY

CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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## D. Directorio de proveedores especialistas

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **COLLINS, CATHLEEN**

Provider ID: 285133

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1205128089

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: LUCILE  
SALTER PACKARD

CHILDRENS HOSP, Stanford  
Health Care, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A




IPA: Rady Childrens Health  
Network

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **GENG, BOB**

Provider ID: 205824

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY STE  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5961  
 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **GENG, BOB**

Provider ID: 205823


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

NETWORK

 5776 RUFFIN RD  
SAN DIEGO, CA 92123  
 Phone: (858) 292-1144  
 After Hours Phone: (858)  
292-1144

Provider Gender: Male

NPI: 1356570758

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### **GREINER, ALEXANDER**

Provider ID: 205697






Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 5776 RUFFIN RD  
SAN DIEGO, CA 92123  
 Phone: (858) 966-4900  
 After Hours Phone: (858)




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## D. Directorio de proveedores especialistas





966-4900  
 Provider Gender: Male  
 NPI: 1609801299  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, German,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-0PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network




### PEDIATRIC ALLERGY / IMMUNOLOGY

**LEIBEL, SYDNEY**  
 Provider ID: 205724  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123  
 Phone: (858) 292-1144  
 After Hours Phone: (858)  
 292-1144  
 Provider Gender: Male  
 NPI: 1861666919





 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### PEDIATRIC ALLERGY / IMMUNOLOGY

**LEIBEL, SYDNEY**  
 Provider ID: 205725  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL  
 2 NORTH  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5961  
 After Hours Phone: (858)  
 966-5961  
 Provider Gender: Male  
 NPI: 1861666919  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes




Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### PEDIATRIC CARDIOLOGY









**BOCK, MATTHEW**  
 Provider ID: 280463  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858)  
 966-5855  
 Provider Gender: Male  
 NPI: 1356514624  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: LOMA  
 LINDA UNIVERSITY MED CTR,  
 LOMA LINDA UNIVERSITY  
 CHILDRENS HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

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## D. Directorio de proveedores especialistas








 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### PEDIATRIC CARDIOLOGY

**BORQUEZ, ALEJANDRO**  
*Provider ID: 284120*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-5855*  
*Fax: (858) 966-7903*  
 *After Hours Phone: (858) 966-5855*  
*Provider Gender: Female*  
*NPI: 1114277787*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health*








*Network*

### PEDIATRIC CARDIOLOGY

**CHAU, PETER**  
*Provider ID: 271427*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-5855*  
*Fax: (858) 966-7903*  
 *After Hours Phone: (858) 966-5855*  
*Provider Gender: Male*  
*NPI: 1407146947*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, LOMA LINDA UNIVERSITY MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*  


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### PEDIATRIC CARDIOLOGY

**DAVIS, CHRISTOPHER**  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 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: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### PEDIATRIC CARDIOLOGY


**DO, THOMAS**  
*Provider ID: 206162*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### NETWORK

 3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 366-5855

Fax: (858) 966-7423

 After Hours Phone: (858)  
366-5855

Provider Gender: Male

NPI: 1053545376

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL

AT MISSION, CHILDRENS

HOSPITAL OF ORANGE

COUNTY


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC CARDIOLOGY

#### DUMMER, KIRSTEN

Provider ID: 260595

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### PEDIATRIC CARDIOLOGY

#### GOLDING, IAN

Provider ID: 210823

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1962974956


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC CARDIOLOGY

#### GORDON, BRENT

Provider ID: 295391

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1669480083

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR,

SANTA MONICA UCLA MED  
CTR, SAN ANTONIO COMM

HOSP, LOMA LINDA

UNIVERSITY CHILDRENS  
HOSPITAL, LOMA LINDA

UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **PEDIATRIC CARDIOLOGY**

#### **HALEY, JESSICA**

Provider ID: 205687

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1023329885

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


### **PEDIATRIC CARDIOLOGY**

#### **JUSTINO, HENRI**

Provider ID: 284123

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


### **PEDIATRIC CARDIOLOGY**

#### **LEHNERTSCHUCHARDT, ELEANOR**

Provider ID: 262250

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1760707210

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRIC CARDIOLOGY**

#### **MCCANDLESS, RACHEL**

Provider ID: 206147

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-4912

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## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRIC CARDIOLOGY**

#### **MUELLER, DANA**


Provider ID: 245535


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK


 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRIC CARDIOLOGY**

#### **NARAYAN, HARI**


Provider ID: 205349

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRIC CARDIOLOGY**

#### **RAO, ROHIT**


Provider ID: 206122

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### PEDIATRIC CARDIOLOGY


#### **SILVASEPULVEDA, JOSE**

Provider ID: 206297

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1417222472

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY


#### **STEINBERG, LEONARD**


Provider ID: 248208


Board Certified Specialty: No

RADY CHILDRENS HEALTH

### NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1538279484

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC CARDIOLOGY

#### **VAUGHN, GABRIELLE**

Provider ID: 205643

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC CARDIOLOGY

#### **VELLOREGOVARDHAN, SHILPA**

Provider ID: 271454

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC CARDIOLOGY

#### **WERHO, DAVID**

Provider ID: 206316

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1235391863

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


### PEDIATRIC CARDIOLOGY

#### **WILLIAMS, MATTHEW**

Provider ID: 206287

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC CARDIOLOGY

#### **YOUNOSZAI, ADEL**

Provider ID: 303133

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC DERMATOLOGY

#### **EICHENFIELD, DAWN**







Provider ID: 283142

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK




 3020 CHILDRENS WAY





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## D. Directorio de proveedores especialistas






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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC DERMATOLOGY

**EICHENFIELD, DAWN**  
 Provider ID: 303679  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**AGHILI, ROXANA**  
 Provider ID: 304918  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**AGHILI, ROXANA**  
 Provider ID: 303780  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

American Sign Language (ASL): DIEGO, LONG BEACH

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **AMIRNOVIN, RAMBOD**

Provider ID: 297673

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1629104492

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Persian,  
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

MEMORIAL MED CTR, EARL

AND LORRAINE MILLER

CHILDRENS HSP


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **AUSTIN-PAGE, LUKAS**

Provider ID: 205589

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1326301862

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:  
CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **BIALOSTOZKY, MARIO**

Provider ID: 206011

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 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: Yes

Min/Max Age: 0\19

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **BRYL, AMY**

Provider ID: 205967

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **CAMPBELL, SARA**

Provider ID: 206335

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **CHOO, SUN**

Provider ID: 296535

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1700047628

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **CHOO, SUN**

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## D. Directorio de proveedores especialistas

Provider ID: 296536

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health  
Network

NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1275761371

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL

OAKLAND, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC EMERGENCY MEDICINE

**CONRAD, HEATHER**

Provider ID: 205960

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

### PEDIATRIC EMERGENCY MEDICINE

**DELRE, ANGELO**

Provider ID: 206081

Board Certified Specialty: No

### PEDIATRIC EMERGENCY MEDICINE

**DEVERA, GEMMIE**




Provider ID: 288572

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

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## D. Directorio de proveedores especialistas

### NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 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: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A




IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### DO, STEPHANIE


Provider ID: 287393

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A




IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### DONOFRIO-ODMANN, JOY


Provider ID: 205375

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1740571165

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: VALLEY  
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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A




IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### EKPENYONG, ATIM


Provider ID: 205722

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1932318565

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND

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## D. Directorio de proveedores especialistas

VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE


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#### **FISHER, JAY**

Provider ID: 295690

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1629118518

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE


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#### **GIBONEY, JENNIFER**

Provider ID: 205925

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1275895849

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY MEDICINE

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#### **GORHAM, LAURA**

Provider ID: 275784

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105


 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

Provider Gender: Female

NPI: 1316162324


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY MEDICINE

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#### **GROSS, MATTHEW**




Provider ID: 297174

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

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## D. Directorio de proveedores especialistas

### NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE


#### GROSS, MATTHEW

Provider ID: 297172

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Male

NPI: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### HERSKOVITZ, SCOTT

Provider ID: 261045

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1225393499

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### HUNTER, WENDY

Provider ID: 206278

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1053515551

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


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## D. Directorio de proveedores especialistas

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **INDRA, SEAN**

Provider ID: 302625

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1427349091

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health


### PEDIATRIC EMERGENCY MEDICINE


#### **ISHIMINE, PAUL**

Provider ID: 206236

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1437184421

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


### PEDIATRIC EMERGENCY MEDICINE

#### **JACKSON, TAYLOR**

Provider ID: 302127

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-8519

 After Hours Phone: (858) 966-5999

Provider Gender: Male

NPI: 1326543752


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **KHAN, SHAHFAR**







Provider ID: 294094

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK




 3020 CHILDRENS WAY




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## D. Directorio de proveedores especialistas





SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1013361815  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Urdu  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

**KINGDON, JOANNA**  
 Provider ID: 302317  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**MCDANIEL, MICHELE**  
 Provider ID: 248071  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1366761959  
 Provider English Spoken: Y

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group



### PEDIATRIC EMERGENCY MEDICINE

**MENDES, CHANTAL**  
 Provider ID: 295668  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas





Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network




### PEDIATRIC EMERGENCY MEDICINE

**MESIWALA, ADNAN**  
 Provider ID: 275654  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 NPI: 1528483955  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Gujarati  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN

DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### PEDIATRIC EMERGENCY MEDICINE

**METCALF, ASHLEY**  
 Provider ID: 205348  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 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: Yes

Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### PEDIATRIC EMERGENCY MEDICINE

**MILLS, DAVID**  
 Provider ID: 302146  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




Network

### PEDIATRIC EMERGENCY MEDICINE

#### **MURRAY, MATTHEW**

Provider ID: 205759

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network




### PEDIATRIC EMERGENCY

### MEDICINE

#### **NGUYEN, MYLINH**

Provider ID: 262299

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1730428053

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY


### MEDICINE


#### **NGUYEN, MARGARET**

Provider ID: 270705

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1942485248

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY


### MEDICINE


#### **OZCAN, ALI**

Provider ID: 287923

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK



 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800




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## D. Directorio de proveedores especialistas





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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network



### PEDIATRIC EMERGENCY MEDICINE

**PADE, KATHRYN**  
 Provider ID: 262411  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 NPI: 1215375183  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Stanford

Health Care, LUCILE SALTER  
 PACKARD CHILDRENS HOSP,  
 RADY CHILDRENS HOSPITAL  
 SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### PEDIATRIC EMERGENCY MEDICINE

**PARK, BRIAN**  
 Provider ID: 302352  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network




### PEDIATRIC EMERGENCY MEDICINE




**PARK, RONALD**  
 Provider ID: 295457  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619)  
 280-2905  
 Provider Gender: Male  
 NPI: 1881695914  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

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## D. Directorio de proveedores especialistas

N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network



Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 Website: N/A  
 IPA: Rady Childrens Health Network







### PEDIATRIC EMERGENCY MEDICINE

**PARKER, SHERINE**  
 Provider ID: 205784  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1477626513  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 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: Yes

### PEDIATRIC EMERGENCY MEDICINE

**QUINONES-PEREZ, BIANCA**  
 Provider ID: 206949  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 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: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

### PEDIATRIC EMERGENCY MEDICINE

**QUINONES-PEREZ, BIANCA**  
 Provider ID: 206949  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 NPI: 1124360565  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

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## D. Directorio de proveedores especialistas




IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### **RANASURIYA, DUNISHA**

Provider ID: 216970

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800


Provider Gender: Female  
NPI: 1740468057

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **RUIZ, MONICA**

Provider ID: 305340


Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female  
NPI: 1982059689

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### **RUSSELL, SAMUEL**

Provider ID: 301250

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619) 280-2905

Provider Gender: Male

NPI: 1215564265

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **RUSSELL, SAMUEL**

Provider ID: 301249

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

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## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 1215564265

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **SALEH, FAREED**

Provider ID: 206216

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1366691115

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **SCHROTER, STEPHANIE**

Provider ID: 243830

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### PEDIATRIC EMERGENCY MEDICINE


#### **SHERER, KIMBERLY**

Provider ID: 284168

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE


#### **SHETH, SARIKA**


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## D. Directorio de proveedores especialistas

Provider ID: 248171  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female


NPI: 1336503234

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY MEDICINE


#### **SOUDER, CHRISTOPHER**

Provider ID: 301635

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)  
966-6789

Provider Gender: Male

NPI: 1851540199

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S


HOSPITAL OAKLAND


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---


### PEDIATRIC EMERGENCY MEDICINE


#### **SOUDER, CHRISTOPHER**

Provider ID: 301636

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1851540199

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

---


### PEDIATRIC EMERGENCY MEDICINE


#### **TAMAS, VANESSA**

Provider ID: 206212

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1326225368

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

CHILDRENS HOSP OF LOS  
ANGELES, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

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## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **TANG, ANDREW**

Provider ID: 294677

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC EMERGENCY MEDICINE


#### **TODD, SARAH**

Provider ID: 302800

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health

Network


### PEDIATRIC EMERGENCY MEDICINE


#### **TRAN, THERESA**

Provider ID: 301834

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK



 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1417496985

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Vietnamese

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

























 Website: N/A

IPA: Rady Childrens Health Network

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## D. Directorio de proveedores especialistas

<p align="center"><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p>	<p><i>Board Certified Specialty: No</i> <b>RADY CHILDRENS HEALTH NETWORK</b></p>	<p>966-8800 <i>Provider Gender: Female</i> <i>NPI: 1083840920</i></p>
<p><b>TRAUT, JOEL</b> <i>Provider ID: 205475</i> <i>Board Certified Specialty: No</i> <b>RADY CHILDRENS HEALTH NETWORK</b></p>	<p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123  <i>Phone: (858) 966-8036</i>  <i>After Hours Phone: (858) 966-8036</i></p>	<p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i></p>
<p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123  <i>Phone: (858) 576-1700</i>  <i>After Hours Phone: (858) 576-1700</i></p>	<p><i>Provider Gender: Female</i> <i>NPI: 1619049236</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i></p>	<p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL): N</i></p>
<p><i>Provider Gender: Male</i> <i>NPI: 1982792065</i></p>	<p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL): N</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Website: N/A</i></p>
<p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i></p>	<p><i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL): N</i></p>	<p><i>IPA: Rady Childrens Health Network</i></p>
<p><i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL): N</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i></p>	<p align="center"><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p>
<p><i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL): N</i></p>	<p><i>IPA: Rady Childrens Health Network</i></p>	<p><b>VAIDYA, KAMALA</b> <i>Provider ID: 205811</i></p>
<p><i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i></p>	<p><i>Hours: M-F 8AM-5PM</i> <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>	<p><i>Board Certified Specialty: No</i> <b>RADY CHILDRENS HEALTH NETWORK</b></p>
<p><i>Hours: M-F 8AM-5PM</i> <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>	<p align="center"><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p>	<p> 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105</p>
<p><i>Hours: M-F 8AM-5PM</i> <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>	<p><b>VAIDYA, KAMALA</b> <i>Provider ID: 205809</i> <i>Board Certified Specialty: No</i> <b>RADY CHILDRENS HEALTH NETWORK</b></p>	<p> <i>Phone: (619) 280-2905</i> <i>Fax: (619) 283-1614</i></p>
<p><i>Hours: M-F 8AM-5PM</i> <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>	<p><i>Board Certified Specialty: No</i> <b>RADY CHILDRENS HEALTH NETWORK</b></p>	<p> <i>After Hours Phone: (619) 280-2905</i></p>
<p align="center"><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p>	<p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123</p>	<p><i>Provider Gender: Female</i> <i>NPI: 1083840920</i></p>
<p><b>ULRICH, STACEY</b> <i>Provider ID: 205847</i></p>	<p> <i>Phone: (858) 966-8800</i>  <i>After Hours Phone: (858)</i></p>	<p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RADY</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


**VANE, JACKSON**

Provider ID: 205883

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


**VANWOY, LAUREN**

Provider ID: 301574

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 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: No

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

**VARGAS, JACLYN**

Provider ID: 285935

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY

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## D. Directorio de proveedores especialistas

### MEDICINE

#### **VARGAS, JACLYN**

Provider ID: 285934

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **VARGAS, JACLYN**

Provider ID: 296486

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619) 280-2905

Provider Gender: Female

NPI: 1619359718

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **VAYNGORTIN, TATYANA**

Provider ID: 263012

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1578967907

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND,

CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **WANG, YVETTE**

Provider ID: 263416

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE

#### **WANG, VINCENT**

Provider ID: 309661

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: 1083713655

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:


CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC EMERGENCY MEDICINE


#### **YAPHOCKUN, KARENKIM**

Provider ID: 206184

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A


IPA: Rady Childrens Health  
Network

### PEDIATRIC ENDOCRINOLOGY **CYMBALUK, ANNA**

Provider ID: 294214

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### PEDIATRIC ENDOCRINOLOGY

#### **PATTERSON, MARY**

Provider ID: 206059

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
 Network

### PEDIATRIC ENDOCRINOLOGY

#### **SINGH, PUJA**

Provider ID: 302818

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

### NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
 Network

### PEDIATRIC ENDOCRINOLOGY

#### **VARGASTRUJILLO, MARCELA**

Provider ID: 205605

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
 Network

### PEDIATRIC

### GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301639

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

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




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## D. Directorio de proveedores especialistas

 *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: No*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*




### PEDIATRIC GASTROENTEROLOGY

**GOYAL, NIDHI**  
*Provider ID: 205598*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 3030 CHILDRENS WAY FL 2 SOUTH  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-4003*  
*Fax: (858) 560-6798*  
 *After Hours Phone: (858) 966-4003*  
*Provider Gender: Female*  
*NPI: 1598029332*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### PEDIATRIC GASTROENTEROLOGY

**HARTMANN, PHILLIPP**  
*Provider ID: 294228*  
*Board Certified Specialty: Yes*  
*RADY CHILDRENS HEALTH NETWORK*  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-4003*  
*Fax: (858) 560-6798*  
 *After Hours Phone: (858) 966-4003*  
*Provider Gender: Male*  
*NPI: 1356796536*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French, German*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### PEDIATRIC GASTROENTEROLOGY

**LIN, TOM**  
*Provider ID: 297707*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-4003*  
*Fax: (858) 560-6798*  
 *After Hours Phone: (858) 966-4003*  
*Provider Gender: Male*  
*NPI: 1114136934*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### PEDIATRIC GASTROENTEROLOGY

#### SCHWARZ, KATHLEEN


Provider ID: 205885

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes


Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### PEDIATRIC GASTROENTEROLOGY

#### YOUNG, JOCELYN

Provider ID: 294675

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### BRIGGS, BENJAMIN

Provider ID: 274689

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### BUSH, KELLY

Provider ID: 274408

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

### CHOO, SUN

Provider ID: 206115

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

### NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

### DING, HILDA

Provider ID: 206173

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

### ELSTER, JENNIFER

Provider ID: 205769

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858) 966-5811

Provider Gender: Female

NPI: 1588866115

Provider English Spoken: Y  
Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **GANESAN, ANUSHA**

Provider ID: 205882

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **JAFFRAY, JULIE**

Provider ID: 296760

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **KUO, DENNIS**

Provider ID: 205433

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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

 Provider Language(s)  
Spoken: Chinese, Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

**LI, HOJUN**

Provider ID: 307300

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: 1730455239

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

**SRIDHAR, SUNITA**

Provider ID: 302088

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH

NETWORK

3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1649707365

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

**WONG, VICTOR**

Provider ID: 206149

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

**YU, JENNIFER**

Provider ID: 206148

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **YU, HELENA**

Provider ID: 301583

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY


#### **ZAGE, PETER**

Provider ID: 206315

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC INFECTIOUS DISEASES


#### **MILDER, EDMUND**

Provider ID: 289138

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

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## D. Directorio de proveedores especialistas

Network

IPA: Rady Childrens Health  
Network

Provider ID: 302776

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

### **PEDIATRIC NEPHROLOGY**

**CARTER, CAITLIN**

Provider ID: 302777

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

### **PEDIATRIC NEPHROLOGY**

**INGULLI, ELIZABETH**

Provider ID: 302778

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC NEPHROLOGY**

**MAK, ROBERT**

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC NEPHROLOGY**

**PERENS, ELLIOT**


Provider ID: 302765


Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

### RADY CHILDRENS HEALTH NETWORK

 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, UCSF MEDICAL

CENTER, SHARP MEMORIAL

HOSPITAL, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC PULMONOLOGY

**AKONG, KATHRYN**


Provider ID: 205673

Board Certified Specialty: No

### RADY CHILDRENS HEALTH NETWORK

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC PULMONOLOGY

**BHATTACHARJEE, RAKESH**

Provider ID: 246060

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: Rady Childrens Health

Network

### PEDIATRIC PULMONOLOGY

**BHATTACHARJEE, RAKESH**

Provider ID: 205950

Board Certified Specialty: No


RADY CHILDRENS HEALTH

NETWORK

 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

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## D. Directorio de proveedores especialistas

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC PULMONOLOGY


**CERNELC-KOHAN, MATEJKA**

Provider ID: 243041

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  Website: N/A

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC PULMONOLOGY

**CERNELC-KOHAN, MATEJKA**

Provider ID: 243042

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858) 966-5846

Provider Gender: Female

NPI: 1871752451

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

Website: N/A  
IPA: Rady Childrens Health Network

### PEDIATRIC PULMONOLOGY


**FINCH, CHRISTINA**

Provider ID: 302581

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

### PEDIATRIC PULMONOLOGY

**FIREIZEN, YARON**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 302329

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123

Phone: (858) 966-5846  
Fax: (858) 966-8457

After Hours Phone: (858)  
966-5846

Provider Gender: Male

NPI: 1699123927

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hebrew

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC PULMONOLOGY

#### **LANDEOGUTIERREZ, JEREMY**

Provider ID: 284177

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC PULMONOLOGY

#### **LANDEOGUTIERREZ, JEREMY**

Provider ID: 284176

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC PULMONOLOGY

#### **LENHART-PENDERGRASS, PATRICIA**

Provider ID: 294641

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-4:30PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC PULMONOLOGY

**RAO, APARNA**

Provider ID: 206123

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC PULMONOLOGY


**RAO, APARNA**

Provider ID: 206124

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network

### PEDIATRIC PULMONOLOGY


**RYU, JULIE**

Provider ID: 206218

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC PULMONOLOGY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### TANTISIRA, KELAN

Provider ID: 277183

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 569-9052

After Hours Phone: (858)  
966-5846

Provider Gender: Male

NPI: 1760420434

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC RHEUMATOLOGY

#### CHANG, JOHANNA

Provider ID: 246394

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY

SAN DIEGO, CA 92123

Phone: (858) 966-8082

After Hours Phone: (858)  
966-8082

Provider Gender: Female

NPI: 1821242199

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC RHEUMATOLOGY

#### SHEETS, ROBERT

Provider ID: 255900

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 966-8082

Fax: (858) 966-4067

After Hours Phone: (858)  
966-8082

Provider Gender: Male

NPI: 1013088772

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:30PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRICS

#### ALAGIRI, MADHU

Provider ID: 206387

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRICS

#### **ALLSUP, VICTORIA**

Provider ID: 302345

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female


NPI: 1437786944

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PEDIATRICS

#### **ALLSUP, VICTORIA**

Provider ID: 302344

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1437786944


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PEDIATRICS

#### **ANDREE, GREGOR**

Provider ID: 293220

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1467436063

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PEDIATRICS


#### **ANDREE, GREGOR**

Provider ID: 293219

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

Provider Gender: Male

NPI: 1467436063


 Provider English Spoken: Y  
 Provider Language(s)

Spoken: German, Spanish  
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\18

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### **PEDIATRICS**


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#### **BEAUCHAMP-WALTERS, JULIA**


Provider ID: 270063  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A  
IPA: Rady Childrens Health Network

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### **PEDIATRICS**


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#### **CAMERON, MELISSA**

Provider ID: 205965


Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: Rady Childrens Health Network


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### **PEDIATRICS**


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#### **CANTU, ALICIA**


Provider ID: 205753  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY STE 300  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974  
Fax: (858) 966-6721

 After Hours Phone: (858) 966-8974


Provider Gender: Female  
NPI: 1922179688


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: Rady Childrens Health Network

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### **PEDIATRICS**

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#### **CANTU, ALICIA**

Provider ID: 205752  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800

Provider Gender: Female  
NPI: 1922179688

 Provider English Spoken: Y  
Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRICS**

#### **CHONG, AMY**

Provider ID: 259993

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5803

Fax: (858) 966-5992

 After Hours Phone: (858)  
966-5803

Provider Gender: Female

NPI: 1720423288

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRICS**


#### **DOAN STEPHENS, CRYSTAL**

Provider ID: 293274

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

Provider Gender: Female

NPI: 1730570144

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PEDIATRICS**


#### **DOAN STEPHENS, CRYSTAL**

Provider ID: 293275

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PEDIATRICS**


#### **DOSHI, AMI**

Provider ID: 205330

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


Spoken: Gujarati, Spanish  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRICS

#### DOSHI, AMI

Provider ID: 205329

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRICS


#### GIBONEY, JENNIFER

Provider ID: 296241


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network


### PEDIATRICS

#### GIBONEY, JENNIFER

Provider ID: 296242

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1275895849

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM

W 8:30AM-5:30PM


TH 5:30PM-8:30PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

F 8:30AM-5:30PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network


### PEDIATRICS

#### GRAY, SARAH


Provider ID: 284224

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRICS

#### HUANG, MARIA

Provider ID: 205974

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### PEDIATRICS

#### JIMENEZBACARDI, ADRIA


Provider ID: 294640

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Male

NPI: 1467847293

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: ST MARYS  
HOSPITAL AND MEDICAL  
CENTER, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRICS


#### JINDAL, ANUJA

Provider ID: 303285

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

 Phone: (858) 966-5819

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## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRICS

#### **KARMAKAR, KANKA**

Provider ID: 213847

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

☎ Phone: (844) 200-2426

Fax: (858) 578-4417

☎ After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1972536654

🗉 Provider English Spoken: Y

🗉 Provider Language(s)

Spoken: Bengali, Hindi,

Polish, Spanish, Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### PEDIATRICS

#### **KHARE, MANASWITHA**

Provider ID: 206289

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

📍 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRICS

#### **LEE, BEGEM**

Provider ID: 205923

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5841

Fax: (858) 966-6728

☎ After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1053672444

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S

HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: Rady Childrens Health Network


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### **PEDIATRICS**

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#### **LOPEZ, XIMENA**



Provider ID: 302856  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123

 Phone: (858) 966-4032  
 Fax: (858) 966-6227


 After Hours Phone: (858) 966-4032


Provider Gender: Female  
 NPI: 1740316405

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRICS**


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#### **MANNINOAVILA, ELIZABETH**

Provider ID: 262161

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

 Phone: (858) 966-5841  
 Fax: (858) 966-6728

 After Hours Phone: (858) 966-5841

Provider Gender: Female  
 NPI: 1164747127

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRICS**

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#### **MARANO, RACHEL**

Provider ID: 302438

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY

SAN DIEGO, CA 92123

 Phone: (858) 966-5841  
 Fax: (858) 966-6728

 After Hours Phone: (858) 966-5841

Provider Gender: Female  
 NPI: 1043673528


 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: HOLLYWOOD PRESBYTERIAN MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **PEDIATRICS**


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#### **MARC-AURELE, KRISHELLE**

Provider ID: 301719

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, UCSD Medical Group*

### **PEDIATRICS**




#### **NGO, MAI**




*Provider ID: 302113*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 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, UCSF MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRICS**


#### **NGO, MAI**

*Provider ID: 302114*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 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, UCSF MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **PEDIATRICS**

#### **PATEL, AARTI**

*Provider ID: 205865*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 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: Yes*  
*Min/Max Age: 0\19*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRICS

#### **PIERCE, HEATHER**

Provider ID: 205701

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1699955542

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


### PEDIATRICS


#### **POLICH, MICHELLE**

Provider ID: 286390

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1780118018

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRICS

#### **RHEE, KYUNG**

Provider ID: 206114

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1013996529

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRICS


#### **RIES, DAVID**

Provider ID: 206082

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

 After Hours Phone: (858)  
966-5841

Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1376705483

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRICS

#### **RUNGVIVATJARUS, TIRANUN**

Provider ID: 206319

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRICS

#### **SONG, RICHARD**

Provider ID: 301716

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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  
INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### PEDIATRICS


#### **STOVER, LAURIE**

Provider ID: 206196

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### PEDIATRICS

#### **SUTTNER, DENISE**

*Provider ID: 301721*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 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: Yes*

*Min/Max Age: 0\18*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Rady Childrens Health*

*Network, UCSD Medical Group*



### PEDIATRICS

#### **WEISS, KATHERINE**

*Provider ID: 301703*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*


 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*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\18*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Rady Childrens Health Network, UCSD Medical Group*



### PHYSICAL MEDICINE / REHABILITATION

#### **ALGRA, JEFFREY**

*Provider ID: 287524*

*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 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: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*

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




 *Website: N/A*

*IPA: Rady Childrens Health Network*

### PHYSICAL MEDICINE /

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<b>REHABILITATION</b>	<b>NETWORK</b>	<b>325-1161</b>
<b>BIFFL, SUSAN</b> Provider ID: 287453 Board Certified Specialty: No <b>RADY CHILDRENS HEALTH NETWORK</b>  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: Yes Min/Max Age: 0\19 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health Network	7910 FROST ST STE 195 SAN DIEGO, CA 92123  Phone: (858) 966-8974  After Hours Phone: (858) 966-8974 Provider Gender: Female NPI: 1609017532  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health Network	Provider Gender: Male NPI: 1407052459  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: IHP of Southern Cal-PHP
<b>PHYSICAL MEDICINE / REHABILITATION</b>	<b>PHYSICAL MEDICINE / REHABILITATION</b>	<b>PHYSICAL MEDICINE / REHABILITATION</b>
<b>DALAL, PRITHA</b> Provider ID: 287523 Board Certified Specialty: No <b>RADY CHILDRENS HEALTH NETWORK</b>  3434 MIDWAY DR STE 2001 SAN DIEGO, CA 92110  Phone: (619) 325-1161  Fax: (619) 325-1717  After Hours Phone: (619) 325-1161	<b>RICHARDSON, HENRY</b> Provider ID: 295276 Board Certified Specialty: No <b>IHP OF SOUTHERN CAL-PHP</b>  3434 MIDWAY DR STE 2001 SAN DIEGO, CA 92110  Phone: (619) 325-1161  Fax: (619) 325-1717  After Hours Phone: (619) 325-1161	<b>RYAN, KYLE</b> Provider ID: 287520 Board Certified Specialty: No <b>RADY CHILDRENS HEALTH NETWORK</b>  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: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL): N  
IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PHYSICAL MEDICINE / REHABILITATION


#### **SCOTT-WYARD, PHOEBE**

Provider ID: 287519

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PHYSICAL MEDICINE / REHABILITATION


#### **SKALSKY, ANDREW**

Provider ID: 287537

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PHYSICIANS ASSISTANT


#### **AINSWORTH, DELISSA**

Provider ID: 243367

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1750734893

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT

#### **ALBRIGHT, KELSEY**

Provider ID: 284763

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 923-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

 After Hours Phone: (800) 923-8273

Provider Gender: Female

NPI: 1235653148

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


#### **ARMEEN, GARY**

Provider ID: 247035

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


#### **BERGEN, SOPHEA**

Provider ID: 295518

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6719 ALVARADO RD STE  
308

SAN DIEGO, CA 92120

 Phone: (619) 265-7912

Fax: (619) 265-7922

 After Hours Phone: (619) 265-7912

Provider Gender: Female

NPI: 1558300665

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ALVARADO  
HOSPITAL LLC, PALOMAR

MEDICAL CENTER, SCRIPPS

MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,


SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**


#### **BOYD, LISA**

Provider ID: 217649

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1871859421

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **BRUECKNER, TAMMIE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 255558  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1407212376

🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **CASTILLO, PATRICIA**

Provider ID: 257530  
Board Certified Specialty: No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

📍 3544 30TH ST  
SAN DIEGO, CA 92104  
☎ Phone: (619) 515-2424  
🕒 After Hours Phone: (619)  
515-2424

Provider Gender: Female  
NPI: 1376550657

🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

🌐 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

### **PHYSICIANS ASSISTANT**

#### **DERISSI, DANA**

Provider ID: 301632  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-8800  
🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Female  
NPI: 1063829505

🗣 Provider English Spoken: Y  
🗣 Provider Language(s)  
Spoken: Farsi, Persian  
Cultural Competency: N

Hospital Affiliation: LOMA  
LINDA UNIVERSITY MED CTR,  
RADY CHILDRENS HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: No  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **PHYSICIANS ASSISTANT**

#### **GUTH, CARA**

Provider ID: 299111  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

☎ Phone: (858) 455-6460  
Fax: (858) 455-5362

🕒 After Hours Phone: (858)  
455-6460

Provider Gender: Female  
NPI: 1992177182

🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 21\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 9AM-5PM




























🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

<hr/> <b>PHYSICIANS ASSISTANT</b> <b>HASEGAWA, CHRIS</b> Provider ID: 247206 Board Certified Specialty: No UCSD MEDICAL GROUP  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: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group	 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1225698962  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group	JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group
<hr/> <b>PHYSICIANS ASSISTANT</b> <b>HASEGAWA, CHRIS</b> Provider ID: 287349 Board Certified Specialty: No UCSD MEDICAL GROUP  4168 FRONT ST SAN DIEGO, CA 92103  Phone: (800) 926-8273 Fax: (888) 539-8781	<hr/> <b>PHYSICIANS ASSISTANT</b> <b>HIGGINS, JOSHUA</b> Provider ID: 287133 Board Certified Specialty: No UCSD MEDICAL GROUP  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	<hr/> <b>PHYSICIANS ASSISTANT</b> <b>HUNTER, JACOB</b> Provider ID: 298430 Board Certified Specialty: No UCSD MEDICAL GROUP  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: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group
	<hr/> <b>PHYSICIANS ASSISTANT</b>	

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### HUNTER, JACOB

Provider ID: 298428

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### PHYSICIANS ASSISTANT

### HUNTER, JACOB

Provider ID: 287449

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### PHYSICIANS ASSISTANT

### LAM, DAVINA

Provider ID: 295651

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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,  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### PHYSICIANS ASSISTANT

### LAMBERT, GAGE

Provider ID: 214788

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER





























Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group



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## D. Directorio de proveedores especialistas

<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>LEE, JENNIFER</b>            Provider ID: 309998            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W ARBOR DR            SAN DIEGO, CA 92103   Phone: (800) 926-8273   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1265081871   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p>NPI: 1194373514   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>	<p><b>MCADAMS, JOSEPH</b>            Provider ID: 280611            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W ARBOR DR            SAN DIEGO, CA 92103   Phone: (800) 926-8273            Fax: (888) 539-8781   After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1104371251   Provider English Spoken: Y</p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>LINDEMANN, CHRISTINA</b>            Provider ID: 283760            Board Certified Specialty: No            UCSD MEDICAL GROUP   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</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>MARTIN, HALEY</b>            Provider ID: 305026            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W ARBOR DR            SAN DIEGO, CA 92103   Phone: (800) 926-8273   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1093440836   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>	<p> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p> <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>MERRILL, COREY</b>            Provider ID: 258040            Board Certified Specialty: No            UCSD MEDICAL GROUP   200 W ARBOR DR            SAN DIEGO, CA 92103</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1386032308

 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT

#### **NAKAMITSU, ABIGAIL**

Provider ID: 268666

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

### PHYSICIANS ASSISTANT

#### **NGUYEN, KHANH**

Provider ID: 310049

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: 1427312644

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **NGUYEN, KHANH**

Provider ID: 310050

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1427312644


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### PHYSICIANS ASSISTANT

#### **PAUL, ROBERT**

Provider ID: 307945

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 5395 RUFFIN RD STE 204  
 SAN DIEGO, CA 92123

 Phone: (858) 571-3630

Fax: (858) 295-3948

 After Hours Phone: (858) 571-3630

Provider Gender: Male

NPI: 1972811412

 Provider English Spoken: Y  
 Cultural Competency: N

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## D. Directorio de proveedores especialistas

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### **PELIO, DARREN**

Provider ID: 293444

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **PELIO, DARREN**

Provider ID: 293441

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8275

Fax: (888) 539-8783

 After Hours Phone: (800)  
926-8275

Provider Gender: Male

NPI: 1386791028

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **PERREAULT, MARK**


Provider ID: 283586

Board Certified Specialty: No

UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1356749451

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT


#### **PERREAULT, MARK**


Provider ID: 283585

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1356749451

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER































 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>PHUNG, AIVI</b>  <i>Provider ID: 293247</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   6973 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 279-0925</i>  <i>Fax: (858) 633-4680</i>   <i>After Hours Phone: (858) 279-0925</i>  <i>Provider Gender: Female</i>  <i>NPI: 1639528110</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Vietnamese</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 16\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>Provider Gender: Female</i>  <i>NPI: 1639528110</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Vietnamese</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 16\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>PHUNG, AIVI</b>  <i>Provider ID: 293246</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   7011 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 810-8700</i>  <i>Fax: (858) 633-4680</i>   <i>After Hours Phone: (858) 810-8700</i></p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>PRIEST, VIVIAN</b>  <i>Provider ID: 272430</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   200 W ARBOR DR            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1225581754</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Vietnamese</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD MEDICAL CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>PYLE, ALEXANDRA</b>  <i>Provider ID: 297718</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   9333 GENESEE AVE STE 350            SAN DIEGO, CA 92121   <i>Phone: (858) 455-6460</i>  <i>Fax: (858) 455-7197</i>   <i>After Hours Phone: (858) 455-6460</i>  <i>Provider Gender: Female</i>  <i>NPI: 1225416472</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 20\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8:30AM-4PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>
		<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>QUIJANO, GLENN</b>  <i>Provider ID: 307067</i></p>

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123

Phone: (858) 571-3630

Fax: (858) 295-3948

After Hours Phone: (858)  
571-3630

Provider Gender: Male

NPI: 1407466030

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### ROBERTS, AUDREY

Provider ID: 253253

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-7777

After Hours Phone: (619)  
543-7777

Provider Gender: Female

NPI: 1265960256

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### RODRIGUES, ANNETTE

Provider ID: 302452

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1205381845

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PHYSICIANS ASSISTANT

#### SCHMITT, EVA

Provider ID: 264176

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1174715106

Provider English Spoken: Y

Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER
































Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>SCHROEDER, JENNIFER</b>            Provider ID: 256639            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 200 W ARBOR DR            SAN DIEGO, CA 92103</p> <p> Phone: (800) 926-8273            Fax: (858) 453-1469</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p>	<p>NPI: 1780851253</p> <p> Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>SHAUL, SHERA</b>            Provider ID: 247974            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 4520 EXECUTIVE DR STE 111            SAN DIEGO, CA 92121</p> <p> Phone: (800) 926-8273   After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female            NPI: 1336659507</p>
<p> Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>SCHULZ, STEFAN</b>            Provider ID: 243419            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 200 W ARBOR DR            SAN DIEGO, CA 92103</p> <p> Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male            NPI: 1316102163</p>	<p> Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>SCHROEDER, JENNIFER</b>            Provider ID: 256640            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 4520 EXECUTIVE DR            SAN DIEGO, CA 92121</p> <p> Phone: (800) 926-8273   After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p>	<p> Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>SPEH, BRIAN</b>            Provider ID: 305009            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 6655 ALVARADO RD            SAN DIEGO, CA 92120</p> <p> Phone: (800) 926-8273   After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male            NPI: 1124593926</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT

#### STALLINGS, ANDREA

Provider ID: 255913  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (619) 543-7496  
 After Hours Phone: (619)  
543-7496  
Provider Gender: Female  
NPI: 1972595478  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT

#### TESFAI, HELEN

Provider ID: 287372  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT

#### WAHLIN, TAMARA

Provider ID: 299599  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A  
IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT

#### WAHLIN, TAMARA

Provider ID: 299598  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**


#### **WAHLIN, TAMARA**

Provider ID: 299600

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

#### **WEBB, SHANNON**

Provider ID: 305285

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

 Phone: (858) 750-2983

Fax: (858) 750-2984

 After Hours Phone: (858)  
750-2983

Provider Gender: Female

NPI: 1821271685


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

#### **WEIR, JACQUELINE**

Provider ID: 278201

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **PHYSICIANS ASSISTANT**

#### **WEIR, JACQUELINE**

Provider ID: 278200

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **WEIR, JACQUELINE**

Provider ID: 278203

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **WRIGHT, DEREK**

Provider ID: 302388

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PREVENTATIVE MEDICINE

#### GENERAL

#### **ROMERO, CAMILA**

Provider ID: 293289

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### PREVENTATIVE MEDICINE

#### GENERAL

#### **ROMERO, CAMILA**

Provider ID: 303060

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD Medical Group

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### PREVENTATIVE MEDICINE


#### GENERAL

#### **ROMERO, CAMILA**

Provider ID: 293290

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP,

UCSD Medical Group

### PSYCHIATRIC-MENTAL

#### HEALTH NURSE

#### PRACTITIONER

#### **SIETSMA, ALEXANDRA**

Provider ID: 276908

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1932522778

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PSYCHIATRIC-MENTAL

#### HEALTH NURSE


### PRACTITIONER

#### **SIETSMA, ALEXANDRA**

Provider ID: 276909

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932522778

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST

#### **ABERCROMBIE, SHERI**

Provider ID: 290770

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (858)  
810-8700

Provider Gender: Female


NPI: 1932292422

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### **ABERCROMBIE, SHERI**

Provider ID: 293400

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 18\None


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:30PM

SA 8:30AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **BANKS, SARAH**


Provider ID: 203174

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST

#### **BANKS, SARAH**

Provider ID: 304195

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST


#### **BANKS, SARAH**

Provider ID: 203173

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **PSYCHOLOGIST**

**BASS, GURGIANA**

*Provider ID: 290752*


*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 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: 1639325277*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


### **PSYCHOLOGIST**


**BASS, GURGIANA**

*Provider ID: 306550*


*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*

 *After Hours Phone: (858)*  
*279-0925*

*Provider Gender: Female*  
*NPI: 1639325277*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M 8AM-4:30PM*  
*TU 8AM-0PM*  
*W 8AM-4:30PM*  
*TH 8AM-0PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*


### **PSYCHOLOGIST**

**CHESHER, NICHOLAS**

*Provider ID: 273811*


*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 200 W 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: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*


### **PSYCHOLOGIST**

**CLEMENT, LUIS**

*Provider ID: 290745*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 2630 1ST AVE  
SAN DIEGO, CA 92103

 *Phone: (619) 234-2158*  
*Fax: (619) 234-0206*

 *After Hours Phone: (619)*  
*234-2158*

*Provider Gender: Male*  
*NPI: 1235364712*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

#### **DIOKNO, RHODA**


Provider ID: 290800

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: 1629109483


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

#### **FIRESTONE, MICHELLE**


Provider ID: 290954

Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

#### **FIRESTONE, MICHELLE**


Provider ID: 290773

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

#### **FORZANI, CHRISTINA**


Provider ID: 290780

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: 1902939630


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

#### **GIAMONA, KRISTEN**

Provider ID: 294171

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **GIAMONA, KRISTEN**

Provider ID: 290801

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 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: 1376824383

🗉 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **GOMEZ, JUANITA**

Provider ID: 291424

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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

🗉 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### **KLUEMPER, NICOLE**

Provider ID: 296237

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 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: Yes

Min/Max Age: 2\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **KLUEMPER, NICOLE**

Provider ID: 290792

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 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: 1902125818

🗉 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 2\None

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas


 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### PSYCHOLOGIST

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#### LABIB, MICHAEL

*Provider ID: 301617*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---

### PSYCHOLOGIST




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#### LEBENSOHN CHIALVO, FLORENCIA

*Provider ID: 245224*  
*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*  
 9333 GENESEE AVE STE 200  
 SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1134788730*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*



N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### PSYCHOLOGIST

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#### LEBENSOHN CHIALVO, FLORENCIA

*Provider ID: 245225*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

---

### PSYCHOLOGIST

---

#### LINKE, SARAH

*Provider ID: 273638*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PSYCHOLOGIST


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#### LINKE, SARAH

Provider ID: 273639

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


---


#### MAGINOT-CHESHER, TAMARA

Provider ID: 273223

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


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#### MCCULLUM, TIFFANY

Provider ID: 290689

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100  
Fax: (619) 428-7952

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1528306206

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### PSYCHOLOGIST


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#### MONTOYA, JESSICA

Provider ID: 274619

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST

#### **NING, GRACE**

Provider ID: 296219

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### **NING, GRACE**

Provider ID: 290742

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

#### **NORMAN, MARC**

Provider ID: 272916

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST

#### **NORMAN, MARC**

Provider ID: 276869

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

ORFF, HENRY


Provider ID: 273009


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

ORTIZ, MARIA


Provider ID: 290721

Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

PATTERSON-HYATT,

KIMBERLY


Provider ID: 290730

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

PRINCE, RENEE


Provider ID: 303603

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None



American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-6PM  
 Website: N/A  
 IPA: Community Care IPA LLC


### PSYCHOLOGIST


**RADOJEVIC, NATASHA**

Provider ID: 306574

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: 1821365008

 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-TU  
 8:30AM-5:30PM  
 TH-F 8:30AM-5:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST


**RADOJEVIC, NATASHA**

Provider ID: 290690

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: 1821365008

 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-TU  
 8:30AM-5:30PM  
 TH-F 8:30AM-5:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PSYCHOLOGIST

**SALO, STEPHANIE**

Provider ID: 307831

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: 1477967784

 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 17\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST


**SCHELLINGER, KRISTON**


Provider ID: 213751

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group


### PSYCHOLOGIST


**SCHELLINGER, KRISTON**

Provider ID: 213752

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST


**SCHELLINGER, KRISTON**


Provider ID: 213750

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST

**TARLE, STEPHANIE**

Provider ID: 303115

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST

**TO, TUAN**

Provider ID: 290284

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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  
 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):  
N





























 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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## D. Directorio de proveedores especialistas

<p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>TO, TUAN</b>            Provider ID: 290283            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 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</p> <p> Provider English Spoken: Y   Provider Language(s)            Spoken: Vietnamese            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 5\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p>279-0925            Provider Gender: Male            NPI: 1255696183</p> <p> Provider English Spoken: Y   Provider Language(s)            Spoken: Vietnamese            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 5\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p> Hours: M-W 8:30AM-5PM            TH 8:30AM-9PM            F 8:30AM-5PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>
<p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>TO, TUAN</b>            Provider ID: 290285            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 6973 LINDA VISTA RD            SAN DIEGO, CA 92111   Phone: (858) 279-0925            Fax: (858) 633-4680   After Hours Phone: (858)</p>	<p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>TWAMLEY, ELIZABETH</b>            Provider ID: 290717            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 1501 IMPERIAL AVE            SAN DIEGO, CA 92101   Phone: (619) 233-8500            Fax: (619) 687-1067   After Hours Phone: (619) 233-8500            Provider Gender: Female            NPI: 1700089141</p> <p> Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p style="text-align: center;"><b>PUBLIC HEALTH            PREVENTATIVE MEDICINE</b></p> <p><b>SOZANSKI, JESSE</b>            Provider ID: 200925            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 9333 GENESEE AVE STE 200            SAN DIEGO, CA 92121   Phone: (800) 926-8273   After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1437446622</p> <p> Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p> <p style="text-align: center;"><b>PULMONARY DISEASES</b></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### BAILEY, JACOB

Provider ID: 299923

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598150039

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

#### **PULMONARY DISEASES**

### BAILEY, JACOB

Provider ID: 299924

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

#### **PULMONARY DISEASES**

### JOSHUA, JISHA

Provider ID: 238061

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### **PULMONARY DISEASES**

### JOSHUA, JISHA

Provider ID: 238062

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### **PULMONARY DISEASES**

### LE, HUAN

Provider ID: 300636

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-W 9AM-5PM  
TH 8AM-1PM

F 9AM-6PM

SA 8AM-11AM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### PULMONARY DISEASES

**LE, HUAN**

Provider ID: 27358

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 16\99

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-W 9AM-5PM  
TH 8AM-1PM

F 9AM-6PM

SA 8AM-11AM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### PULMONARY DISEASES

**MCGUIRE, WILLIAM**

Provider ID: 299986

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PULMONARY DISEASES

**PEARCE, ALEX**

Provider ID: 300055






Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR


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## D. Directorio de proveedores especialistas






SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1265896856  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group




### RADIATION ONCOLOGY

**CARMONA, RUBEN**  
 Provider ID: 303100  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR, Sharp

Grossmont Hospital, SHARP  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### RADIATION ONCOLOGY

**COLEMAN, LORI**  
 Provider ID: 221091  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 19\100

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### RADIATION ONCOLOGY

**HATTANGADI-GLUTH, JONA**  
 Provider ID: 254496  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-5PM  
 F 8AM-8PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 Imperial Health Holdings

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medical Group-SD

### **RADIATION ONCOLOGY**

**HATTANGADI-GLUTH, JONA**

Provider ID: 262270

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,

Imperial Health Holdings

Medical Group-SD

### **RADIATION ONCOLOGY**

**HOOPES, DAVID**

Provider ID: 262206

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,

Imperial Health Holdings

Medical Group-SD

### **RADIATION ONCOLOGY**

**HOOPES, DAVID**

Provider ID: 269725

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,

Imperial Health Holdings

Medical Group-SD

### **RADIATION ONCOLOGY**

**TRINGALE, KATHRYN**

Provider ID: 306883

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

9730 SUMMERS RIDGE RD  
STE 101

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## D. Directorio de proveedores especialistas

SAN DIEGO, CA 92121  
☎ Phone: (858) 345-2445  
Fax: (858) 578-1144  
🕒 After Hours Phone: (858) 345-2445  
Provider Gender: Female  
NPI: 1780172031  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Rady Childrens Health Network

### RADIATION ONCOLOGY

**VOLPP, PAUL**  
Provider ID: 221105  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
📍 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: Yes  
Min/Max Age: 19\100  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC

### RADIOLOGY DIAGNOSTIC

**BERMAN, ZACHARY**  
Provider ID: 269318  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 200 W 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

**BERMAN, ZACHARY**  
Provider ID: 304163  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1033521190  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

**BRANCH, CODY**  
Provider ID: 304199

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851770622

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**BRANCH, CODY**

Provider ID: 283675

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851770622

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**CARSWELL, AIMEE**

Provider ID: 303054

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**CARSWELL, AIMEE**

Provider ID: 304194

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (858) 554-1212

Fax: (858) 795-1195

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**CARSWELL, AIMEE**

Provider ID: 303055

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (858) 554-1212

Fax: (858) 795-1195

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### CHENG, KAREN

Provider ID: 304207

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### CHENG, KAREN

Provider ID: 283228

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### CHENG, KAREN

Provider ID: 283226

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### CHEWNING, RUSH


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## D. Directorio de proveedores especialistas

Provider ID: 301914

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **RADIOLOGY DIAGNOSTIC**

#### **FAZELI, SOUDABEH**

Provider ID: 304171

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **FAZELI, SOUDABEH**

Provider ID: 299992

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **FAZELI, SOUDABEH**

Provider ID: 299991

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1639553613


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **FORCIER, NANCY**

Provider ID: 286954

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female  
NPI: 1497721724

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,


Providence Mission Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **FORCIER, NANCY**

Provider ID: 286956

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **FOWLER, KATHRYN**

Provider ID: 201291

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255457941

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,  
SCRIPPS GREEN HOSPITAL,


SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


#### **FOWLER, KATHRYN**

Provider ID: 201289

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### **RADIOLOGY DIAGNOSTIC**

#### **GRISSOM, MURRAY**

*Provider ID: 271567*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1720465396*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, Stanford Health*

*Care, STANFORD HEALTH*


*CARE TRI-VALLEY*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### **RADIOLOGY DIAGNOSTIC**

#### **GRISSOM, MURRAY**

*Provider ID: 271569*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1720465396*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, Stanford Health*

*Care, STANFORD HEALTH*

*CARE TRI-VALLEY*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### **RADIOLOGY DIAGNOSTIC**

#### **HANNSUN, GEMMY**

*Provider ID: 282789*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 200 W 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: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### **RADIOLOGY DIAGNOSTIC**

#### **HANNSUN, GEMMY**

*Provider ID: 282791*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

926-8273  
 Provider Gender: Male  
 NPI: 1992120026  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Khmer, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**HORKY, LAURA**  
 Provider ID: 241853  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1598967812  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**JAFFRAY, PAUL**  
 Provider ID: 299957  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1275700999  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Los  
 Angeles General Medical  
 Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**JAFFRAY, PAUL**  
 Provider ID: 304165  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**JAFFRAY, PAUL**  
 Provider ID: 299958  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1275700999

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los Angeles General Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### **JAZBEH, SAMMER**

Provider ID: 304167

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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, PROVIDENCE

LITTLE CO OF MARY MED CTR

TORRANCE, PROVIDENCE

LITTLE CO OF MARY MED CTR

SAN PEDRO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### **JAZBEH, SAMMER**

Provider ID: 271127

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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, PROVIDENCE

LITTLE CO OF MARY MED CTR

TORRANCE, PROVIDENCE

LITTLE CO OF MARY MED CTR

SAN PEDRO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### **JAZBEH, SAMMER**

Provider ID: 271126

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1770825457

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, PROVIDENCE

LITTLE CO OF MARY MED CTR

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

TORRANCE, PROVIDENCE

LITTLE CO OF MARY MED CTR  
SAN PEDRO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

**KHURANA, AMAN**


Provider ID: 307768

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1427496710

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

**KHURANA, AMAN**

Provider ID: 307766

Board Certified Specialty: No


UCSD MEDICAL GROUP

 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: 1427496710

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

**KHURANA, AMAN**


Provider ID: 307765

Board Certified Specialty: No


UCSD MEDICAL GROUP

 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: 1427496710

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

**KONDILI, DHIMITER**

Provider ID: 283145

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group



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## D. Directorio de proveedores especialistas

<p><b>RADIOLOGY DIAGNOSTIC</b></p> <p><b>KONDILI, DHIMITER</b>            Provider ID: 283143            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR            SAN DIEGO, CA 92103            Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1699125450</p> <p>Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation:            EISENHOWER MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p>Accessibility: CONTACT PROVIDER            Hours: M-F 8AM-5PM            Website: N/A            IPA: UCSD Medical Group</p>	<p>After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1952389934</p> <p>Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: ST MARY MEDICAL CENTER            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p>Accessibility: CONTACT PROVIDER            Website: N/A            IPA: UCSD Medical Group</p>	<p>N</p> <p>Accessibility: CONTACT PROVIDER            Website: N/A            IPA: UCSD Medical Group</p>
<p><b>RADIOLOGY DIAGNOSTIC</b></p> <p><b>MARKS, ROBERT</b>            Provider ID: 300064            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR            SAN DIEGO, CA 92103            Phone: (800) 926-8273            Fax: (888) 539-8781</p>	<p><b>RADIOLOGY DIAGNOSTIC</b></p> <p><b>MARKS, ROBERT</b>            Provider ID: 300065            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>330 LEWIS ST            SAN DIEGO, CA 92103            Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1952389934</p> <p>Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: ST MARY MEDICAL CENTER            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>	<p><b>RADIOLOGY DIAGNOSTIC</b></p> <p><b>RITCHIE, DAVID</b>            Provider ID: 300031            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR            SAN DIEGO, CA 92103            Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1407201916</p> <p>Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p>Accessibility: CONTACT PROVIDER            Website: N/A            IPA: UCSD Medical Group</p>
		<p><b>RADIOLOGY DIAGNOSTIC</b></p> <p><b>SADAT, SAYED</b>            Provider ID: 299968            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR            SAN DIEGO, CA 92103</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1679000806

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **SADAT, SAYED**

Provider ID: 299969

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SADAT, SAYED**

Provider ID: 304202

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male


NPI: 1679000806


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


#### **SCHULTZ, HEATHER**

Provider ID: 240344

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


#### **SCHULTZ, HEATHER**

Provider ID: 240342

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):  330 LEWIS ST

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **SEARLEMAN, ADAM**

Provider ID: 299948

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SEARLEMAN, ADAM**

Provider ID: 299949

Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1134570641

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **SLATER, JERRY**

Provider ID: 283310

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SLATER, JERRY**

Provider ID: 283312

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **RADIOLOGY DIAGNOSTIC**

#### **SPENGLER, NATHAN**

*Provider ID: 303048*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1992919666*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation:*

*UNIVERSITY OF CALIFORNIA*

*IRVINE MED CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **RADIOLOGY DIAGNOSTIC**

#### **SPENGLER, NATHAN**

*Provider ID: 303049*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 330 LEWIS ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1992919666*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation:*

*UNIVERSITY OF CALIFORNIA*

*IRVINE MED CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **RADIOLOGY DIAGNOSTIC**

#### **STEPENOSKY, JAMES**

*Provider ID: 309702*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1598738577*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **RADIOLOGY DIAGNOSTIC**

#### **STEPENOSKY, JAMES**

*Provider ID: 309703*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 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: 1598738577*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **RADIOLOGY DIAGNOSTIC**

#### **STRAKA, CHRISTOPHER**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider ID: 276875

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

Phone: (858) 649-5100

Fax: (858) 649-5099

After Hours Phone: (858)  
649-5100

Provider Gender: Male

NPI: 1801281399

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 17\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **RADIOLOGY DIAGNOSTIC**

**SWEET, JASON**

Provider ID: 305028

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1326197393

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**TADDONIO, MICHAEL**

Provider ID: 304179

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**TADDONIO, MICHAEL**

Provider ID: 240407

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386987261

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**TADDONIO, MICHAEL**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 240408

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **TADDONIO, MICHAEL**

Provider ID: 240405

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **TADROS, ANTHONY**

Provider ID: 268546

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **TADROS, ANTHONY**

Provider ID: 304150

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

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## D. Directorio de proveedores especialistas


**PROVIDER**  
 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **UNSDORFER, KYLE**

Provider ID: 300034  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1285165183

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **UNSDORFER, KYLE**

Provider ID: 300035  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1285165183

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None




American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **VAHDAT, NOUSHIN**


Provider ID: 300071  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1396700852

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None




American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **VAHDAT, NOUSHIN**

Provider ID: 300070  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None




American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **VAKILIAN, SIAVOSH**

Provider ID: 283207  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: Community Care IPA LLC*


### **RADIOLOGY DIAGNOSTIC**

#### **VAKILIAN, SIAVOSH**

*Provider ID: 283205*

*Board Certified Specialty: No  
COMMUNITY CARE IPA LLC*

 *3366 5TH AVE  
SAN DIEGO, CA 92103*

 *Phone: (619) 230-0400*

*Fax: (858) 429-7936*

 *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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: Community Care IPA LLC*


### **RADIOLOGY DIAGNOSTIC**

#### **YORK, VINCENT**


*Provider ID: 283517*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *200 W 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: Yes  
Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*


*IPA: UCSD Medical Group*


### **RADIOLOGY DIAGNOSTIC**

#### **YORK, VINCENT**

*Provider ID: 283519*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *330 LEWIS ST STE 202  
SAN DIEGO, CA 92103*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1790146611*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

 *Website: N/A*

*IPA: UCSD Medical Group*

### **RADIOLOGY DIAGNOSTIC**


#### **ZAPALA, MATTHEW**

*Provider ID: 307675*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *3020 CHILDRENS WAY  
SAN DIEGO, CA 92123*

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1346482809*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, UCSF  
MEDICAL CENTER, UCSF*

*Medical Center At Mission Bay,  
UCSF MEDICAL CENTER AT*

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## D. Directorio de proveedores especialistas

### MOUNT ZION

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC


#### ZAPALA, MATTHEW

Provider ID: 307676

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF

MEDICAL CENTER, UCSF

Medical Center At Mission Bay,

UCSF MEDICAL CENTER AT

MOUNT ZION

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC


#### ZAPALA, MATTHEW

Provider ID: 307678

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF

MEDICAL CENTER, UCSF

Medical Center At Mission Bay,

UCSF MEDICAL CENTER AT

MOUNT ZION


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### REGISTERED DIETITIAN /

### NUTRITIONIST


#### CALLAWAY, MALLORY

Provider ID: 287926

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1477207611

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### REGISTERED DIETITIAN /

### NUTRITIONIST

#### FISHER, JENNIFER

Provider ID: 286340

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

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## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1538312657

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED DIETITIAN / NUTRITIONIST

#### **FISHER, JENNIFER**

Provider ID: 286339

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (619) 471-0438

Fax: (619) 543-3763

☎ After Hours Phone: (619) 471-0438

Provider Gender: Female

NPI: 1538312657

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED DIETITIAN / NUTRITIONIST

#### **SIEVERING, DENISE**

Provider ID: 268250

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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: 1356478929

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

#### **AGUERO, PETER**

Provider ID: 258299

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED PHYSICAL THERAPIST

#### **AGUERO, PETER**

Provider ID: 258298

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1982120861

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):



N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST


#### **BARTZ, BRYAN**

Provider ID: 273381  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER LN STE 200  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669818993




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):



N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **BARTZ, BRYAN**


Provider ID: 273380  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST


#### **BERGERON, PATRICK**

Provider ID: 206534  
Board Certified Specialty: No  
UCSD MEDICAL GROUP




 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):



N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **BUNOSKY, ABIGAIL**

Provider ID: 246022  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1780018416

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### REGISTERED PHYSICAL THERAPIST

#### **BUNOSKY, ABIGAIL**

Provider ID: 258304

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### REGISTERED PHYSICAL THERAPIST

#### **CORTEZ, AARON**

Provider ID: 279194

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1639693187

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


---


### REGISTERED PHYSICAL THERAPIST

#### **COSTELLO, MARK**

Provider ID: 295634

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111

 Phone: (818) 894-2273


Fax: (818) 357-2505

 After Hours Phone: (818)  
894-2273

Provider Gender: Male

NPI: 1710193602

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Armenian,  
Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### REGISTERED PHYSICAL THERAPIST

#### **DANG, ERIC**

Provider ID: 258363







Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER

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## D. Directorio de proveedores especialistas








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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

**DANG, KAYLEE**  
 Provider ID: 279261  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

**FARRAR, COURTNEY**  
 Provider ID: 303843  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3434 MIDWAY DR STE 2001  
 SAN DIEGO, CA 92110  
 Phone: (619) 325-1161  
 Fax: (619) 325-1717  
 After Hours Phone: (619) 325-1161  
 Provider Gender: Male  
 NPI: 1124577952  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**FARRAR, COURTNEY**  
 Provider ID: 295259  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 3434 MIDWAY DR STE 2001  
 SAN DIEGO, CA 92110  
 Phone: (619) 325-1161  
 Fax: (619) 325-1717  
 After Hours Phone: (619) 325-1161  
 Provider Gender: Male  
 NPI: 1124577952  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 13\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**JOHNSON, KENNADY**  
 Provider ID: 305041  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1730834417

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **MC ELROY, CARTER**

Provider ID: 206522  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **MC ELROY, CARTER**

Provider ID: 206523  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1114472230

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Thai

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **NGUYEN, HARRY**

Provider ID: 271871  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1629558499

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **RICKERTS, MATTHEW**

Provider ID: 287652  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063882579

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **RUDD, CHRISTOPHER**

Provider ID: 207560

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **SKINNER, NICOLE**

Provider ID: 206547

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1386964997

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **VANDEWIELE, EMILY**

Provider ID: 285183

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942818505

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

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## D. Directorio de proveedores especialistas

### VASQUEZ, BENJAMIN

Provider ID: 302870

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

### WALKER, JULIE

Provider ID: 258489

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

### WILLIAMS, STACY

Provider ID: 259683

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

### WILLIAMS, STACY

Provider ID: 259684

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 1  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689962169

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group

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### **SLEEP MEDICINE**


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#### **FINCH, CHRISTINA**

Provider ID: 299939

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: 1598255325

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### **SLEEP MEDICINE**


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#### **FINCH, CHRISTINA**

Provider ID: 299938

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-7283  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-7283

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### **SPEECH PATHOLOGIST**


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#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296930

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **SPEECH PATHOLOGIST**


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#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296932

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **SPEECH PATHOLOGIST**

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## D. Directorio de proveedores especialistas

### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296929

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

#### **SPEECH PATHOLOGIST**

### **CLARK, MELISSA**

Provider ID: 296920

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 7AM-7PM  
M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### **SPEECH PATHOLOGIST**

### **CLARK, MELISSA**

Provider ID: 296921

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

9655 GRANITE RIDGE DR  
STE 200

SAN DIEGO, CA 92123

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1760546428

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 7AM-7PM  
M-F 7AM-7PM

Website: N/A

IPA: IHP of Southern Cal-PHP

#### **SPEECH PATHOLOGIST**

### **CLARK, MELISSA**

Provider ID: 296922

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7510 CLAIREMONT MESA  
BLVD STE 102

SAN DIEGO, CA 92111

Phone: (877) 757-8353

Fax: (818) 357-2505

After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1760546428

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 7AM-9PM  
M-F 7AM-9PM

Website: N/A

IPA: IHP of Southern Cal-PHP

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## D. Directorio de proveedores especialistas

<p><b><u>SPEECH PATHOLOGIST</u></b></p> <p><b>DURNAN, CASSANDRA</b>            Provider ID: 307883            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP   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: 1073873501   Provider English Spoken: Y   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 7AM-7PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p>Fax: (818) 357-2505   After Hours Phone: (877)            757-8353            Provider Gender: Female            NPI: 1073873501   Provider English Spoken: Y   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 18\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 7AM-7PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>	<p>Min/Max Age: 18\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 7AM-7PM   Website: N/A            IPA: IHP of Southern Cal-PHP</p>
<p><b><u>SPEECH PATHOLOGIST</u></b></p> <p><b>DURNAN, CASSANDRA</b>            Provider ID: 307885            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP   8929 AERO DR STE E            SAN DIEGO, CA 92123   Phone: (877) 757-8353</p>	<p><b><u>SPEECH PATHOLOGIST</u></b></p> <p><b>DURNAN, CASSANDRA</b>            Provider ID: 307882            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP   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: 1073873501   Provider English Spoken: Y   Provider Language(s)            Spoken: Spanish            Cultural Competency: N            Medi-Cal Open Panel: Yes</p>	<p><b><u>SPEECH PATHOLOGIST</u></b></p> <p><b>SCHIEDERMAYER, BENJAMIN</b>            Provider ID: 288937            Board Certified Specialty: No            UCSD MEDICAL GROUP   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: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>
		<p><b><u>SPEECH PATHOLOGIST</u></b></p> <p><b>UNGER, LINDSEY</b></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 207202

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

#### **EISENSTEIN, SAMUEL**

Provider ID: 286364

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

#### **EISENSTEIN, SAMUEL**

Provider ID: 286363

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

#### **EISENSTEIN, SAMUEL**

Provider ID: 286384

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

#### **LIU, SHANGLEI**

Provider ID: 273363



Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group



### **SURGERY COLON SURGERY**

#### **LOPEZ, NICOLE**

Provider ID: 286366

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
 DR STE 2110  
 SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1518163005

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY COLON SURGERY**


#### **LOPEZ, NICOLE**

Provider ID: 286387

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### **SURGERY COLON SURGERY**


#### **PARRY, LISA**

Provider ID: 286341

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

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## D. Directorio de proveedores especialistas


### **PARRY, LISA**

Provider ID: 278553

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235369067

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY COLON SURGERY**

#### **RAMAMOORTHY, SONIA**


Provider ID: 286370

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY CRITICAL CARE**


#### **ADAMS, LAURA**

Provider ID: 284407

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144616541

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY CRITICAL CARE**


#### **POTENZA, BRUCE**


Provider ID: 277298

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (619) 543-7200

 After Hours Phone: (619)  
543-7200

Provider Gender: Male

NPI: 1548281496

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### **SURGERY CRITICAL CARE**

#### **VENTRO, GEORGE**

Provider ID: 284418

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1548604648

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY GENERAL**


#### **AL-NOURI, OMAR**

Provider ID: 211903

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY GENERAL**


#### **ARMANI, AVA**

Provider ID: 282141

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 822-6100

 After Hours Phone: (858)  
822-6100

Provider Gender: Female

NPI: 1861759383

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
MEDICAL CENTER, UCSF

Medical Center At Mission Bay,  
UCSF MEDICAL CENTER AT

MOUNT ZION, UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY GENERAL**

#### **BARNES, RYAN**


Provider ID: 129062

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### SURGERY GENERAL

#### **BARNES, RYAN**


Provider ID: 299904

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### SURGERY GENERAL

#### **BENCH, SHAWN**

Provider ID: 129060

Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 9AM-5PM

F 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### SURGERY GENERAL

#### **BENCH, SHAWN**


Provider ID: 299895

Board Certified Specialty: Yes  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


























 Hours: M-TH 9AM-5PM  
F 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><b><u>SURGERY GENERAL</u></b></p> <p><b>BERUMEN, JENNIFER</b>  <i>Provider ID: 260052</i>  <i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b>   8001 FROST ST            SAN DIEGO, CA 92123   <i>Phone: (858) 966-5811</i>  <i>Fax: (858) 966-8035</i>   <i>After Hours Phone: (858) 966-5811</i>  <i>Provider Gender: Female</i>  <i>NPI: 1558566372</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p><b>BRODERICK, RYAN</b>  <i>Provider ID: 286342</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   4303 LA JOLLA VILLAGE DR STE 2110            SAN DIEGO, CA 92122   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1619252418</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p> <i>After Hours Phone: (858) 657-8860</i>  <i>Provider Gender: Male</i>  <i>NPI: 1619252418</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>
<p><b><u>SURGERY GENERAL</u></b></p>	<p><b><u>SURGERY GENERAL</u></b></p> <p><b>BRODERICK, RYAN</b>  <i>Provider ID: 201617</i>  <i>Board Certified Specialty: Yes</i>  <b>UCSD MEDICAL GROUP</b>   4520 EXECUTIVE DR STE 111            SAN DIEGO, CA 92121   <i>Phone: (858) 657-8860</i></p>	<p><b><u>SURGERY GENERAL</u></b></p> <p><b>BRODERICK, RYAN</b>  <i>Provider ID: 247073</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   200 W ARBOR DR            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1619252418</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

#### BRUBAKER, ALEAH


Provider ID: 285272

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790104305

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,

UCSD LA JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group


### SURGERY GENERAL

#### BRUBAKER, ALEAH

Provider ID: 289164

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### SURGERY GENERAL


#### CASILLAS BERUMEN, SERGIO

Provider ID: 304608

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: PALOMAR

HEALTH, PARADISE VALLEY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS MERCY HOSPITAL,

PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### SURGERY GENERAL

#### CASILLAS BERUMEN, SERGIO

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 304609

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: PALOMAR

HEALTH, PARADISE VALLEY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS MERCY HOSPITAL,

PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### SURGERY GENERAL

#### **FAIRBANKS, TIMOTHY**

Provider ID: 260842

Board Certified Specialty: No

RADY CHILDRENS HEALTH

### NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

### SURGERY GENERAL

#### **HORGAN, SANTIAGO**

Provider ID: 286367

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

#### **HORGAN, SANTIAGO**

Provider ID: 286379

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (619) 471-0700


After Hours Phone: (619) 471-0700

Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL


#### **IGNACIO, ROMEO**


Provider ID: 217053

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### SURGERY GENERAL


#### **JACOBSEN, GARTH**

Provider ID: 286355

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY GENERAL

#### **JACOBSEN, GARTH**

Provider ID: 286356

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

#### **JACOBSEN, GARTH**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider ID: 201729

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121

Phone: (858) 657-8860

After Hours Phone: (858)  
657-8860

Provider Gender: Male

NPI: 1265649966

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **MUELLER, GEORGE**

Provider ID: 54298

Board Certified Specialty: No  
SAN DIEGO GEN AND  
VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1629179684

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5PM  
F 8:30AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **SURGERY GENERAL**

#### **MUELLER, GEORGE**

Provider ID: 300091

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1629179684

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5PM  
F 8:30AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **SURGERY GENERAL**

#### **POLLACK, LARRY**

Provider ID: 54346

Board Certified Specialty: Yes  
SAN DIEGO GEN AND

VASCULAR SURGEONS MED  
GRP INC

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-5PM  
F 9AM-4PM

 Website: N/A


IPA: Community Care IPA LLC


### SURGERY GENERAL


**SANDLER, BRYAN**

Provider ID: 286357

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY GENERAL

**SANDLER, BRYAN**

Provider ID: 286383

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL


**SANTORELLI, JARRETT**

Provider ID: 272303

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033529201

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

#### VASCULAR


**AL-NOURI, OMAR**

Provider ID: 275349

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY GENERAL

#### VASCULAR


#### **BARLEBEN, ANDREW**

Provider ID: 275372

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY HAND

#### **CAGE, DORI**

Provider ID: 296731

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 8008 FROST ST STE 403  
SAN DIEGO, CA 92123


 Phone: (858) 715-9200

Fax: (858) 715-9202

 After Hours Phone: (858)  
715-9200

Provider Gender: Female

NPI: 1871592253

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, Sharp


Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### SURGERY HAND ORTHOPEDIC

#### **STEPHENSON, SAMUEL**

Provider ID: 284934

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578058665

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### SURGERY NEUROLOGICAL

#### **BARBA, DAVID**

Provider ID: 244087

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### SURGERY NEUROLOGICAL

#### **BELVERUD, SHAWN**

Provider ID: 202333

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### SURGERY NEUROLOGICAL

#### **BEN-HAIM, SHARONA**

Provider ID: 304129

Board Certified Specialty: No

UCSD MEDICAL GROUP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### SURGERY NEUROLOGICAL

#### **HATEFI, DUSTIN**

Provider ID: 310033

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790072106

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY NEUROLOGICAL**

**LEVY, MICHAEL**


Provider ID: 298705

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 180  
SAN DIEGO, CA 92123

 Phone: (858) 966-8574

Fax: (858) 966-7930

 After Hours Phone: (858)  
966-8574

Provider Gender: Male

NPI: 1164593927

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
CHILDRENS HOSP OF LOS  
ANGELES


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY NEUROLOGICAL**


**MARSHALL, LAWRENCE**

Provider ID: 244150

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY NEUROLOGICAL**

**OSORIO, JOSEPH**

Provider ID: 304170

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY NEUROLOGICAL**


**OSORIO, JOSEPH**

Provider ID: 242007

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **PHAM, MARTIN**


Provider ID: 244158


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **SOUMEKH, MASSOUD**

Provider ID: 257468


Board Certified Specialty: Yes

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

 8008 FROST ST STE 401

SAN DIEGO, CA 92123

 Phone: (858) 560-8544

Fax: (858) 560-8546

 After Hours Phone: (858) 560-8544

Provider Gender: Male

NPI: 1265495014

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ALVARADO  
HOSPITAL LLC, SHARP

MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-4:30PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

### **SURGERY NEUROLOGICAL**

#### **TOMLIN, JEFFREY**


Provider ID: 272950


Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR FL 1

SAN DIEGO, CA 92103

 Phone: (858) 657-8540

 After Hours Phone: (858) 657-8540

Provider Gender: Male

NPI: 1366530321

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **U, HOI**


Provider ID: 244132


Board Certified Specialty: No

UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): JOLLA JOHN SALLY

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY ORTHOPEDIC


#### **ANDRY, JAMES**

Provider ID: 302086

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 7910 FROST ST STE 340  
SAN DIEGO, CA 92123


 Phone: (858) 824-1703


Fax: (858) 455-6473

 After Hours Phone: (858)  
824-1703

Provider Gender: Male

NPI: 1679726103

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS MERCY

HOSPITAL, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### SURGERY ORTHOPEDIC

#### **BALLARD, BROOKE**

Provider ID: 262204


Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Imperial Health Holdings

Medical Group-SD

### SURGERY ORTHOPEDIC

#### **BUI, CHRISTOPHER**


Provider ID: 241162

Board Certified Specialty: No

UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):



N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### SURGERY ORTHOPEDIC


#### BUKATA, SUSAN

Provider ID: 304181  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Website: N/A

IPA: UCSD Medical Group

### SURGERY ORTHOPEDIC

#### BUKATA, SUSAN

Provider ID: 277948  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

### SURGERY ORTHOPEDIC

#### CAMPBELL, TANNER

Provider ID: 301633  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: Rady Childrens Health  
Network

### SURGERY ORTHOPEDIC

#### CHENG, YU-TSUN

Provider ID: 301903  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):


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## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **SURGERY ORTHOPEDIC**


#### **CHIARAPPA, FRANK**

*Provider ID: 304174*

*Board Certified Specialty: No UCSD MEDICAL GROUP*

 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **SURGERY ORTHOPEDIC**

#### **CHOI, JIHOON**

*Provider ID: 284788*

*Board Certified Specialty: No UCSD MEDICAL GROUP*

 200 W 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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **SURGERY ORTHOPEDIC**

#### **CIDAMBI, EMILY**

*Provider ID: 296446*

*Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858)*

*966-8800*

*Provider Gender: Female*

*NPI: 1659634699*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **SURGERY ORTHOPEDIC**

#### **CIDAMBI, EMILY**


*Provider ID: 246466*

*Board Certified Specialty: No RADY CHILDRENS HEALTH*

*NETWORK*

 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: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*



N

 *Accessibility: CONTACT*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### PROVIDER




 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

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### **SURGERY ORTHOPEDIC**

#### **EDMONDS, ERIC**

Provider ID: 205495  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800


Provider Gender: Male  
NPI: 1013048412

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: No  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



 Website: N/A  
IPA: Rady Childrens Health Network

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### **SURGERY ORTHOPEDIC**


#### **EDMONDS, ERIC**

Provider ID: 260841  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: Rady Childrens Health Network

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### **SURGERY ORTHOPEDIC**


#### **FLINT, JAMES**

Provider ID: 203178  
Board Certified Specialty: No

#### UCSD MEDICAL GROUP

 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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM



 Website: N/A  
IPA: UCSD Medical Group

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### **SURGERY ORTHOPEDIC**

#### **FLINT, JAMES**

Provider ID: 304177  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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

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## D. Directorio de proveedores especialistas


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
**JOLLA JOHN SALLY**  
**THORNTON, UCSD MEDICAL**  
**CTR**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*




*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **SURGERY ORTHOPEDIC**

#### **GOEB, YANNICK**

*Provider ID: 284794*  
*Board Certified Specialty: No*  
**UCSD MEDICAL GROUP**  
 **200 W 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: Yes*


*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*



### **SURGERY ORTHOPEDIC**

#### **JACKSON, MADELEINE**

*Provider ID: 301818*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH**  
**NETWORK**



 **3020 CHILDRENS WAY**  
**SAN DIEGO, CA 92123**  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858)*  
**966-8800**  
*Provider Gender: Female*  
*NPI: 1386140085*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
**CHILDRENS HOSPITAL SAN**  
**DIEGO**

*Medi-Cal Open Panel: No*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Website: N/A*  
*IPA: Rady Childrens Health*  
**Network**


### **SURGERY ORTHOPEDIC**



#### **KUSNEZOV, NICHOLAS**

*Provider ID: 303196*  
*Board Certified Specialty: No*  
**IHP OF SOUTHERN CAL-PHP**  
 **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, TRI CITY MEDICAL**  
**CTR, PARADISE VALLEY**  
**HOSPITAL, SCRIPPS**  
**MEMORIAL HOSPITAL**  
**ENCINITAS, SHARP CHULA**  
**VISTA MED CTR, SHARP**  
**CORONADO HOSP AND**  
**HEALTHCARE CTR, Sharp**  
**Grossmont Hospital, Sharp**  
**Grossmont Hospital, SHARP**  
**MEMORIAL HOSPITAL, UCSD**  
**MEDICAL CTR**

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F 8AM-5PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **SURGERY ORTHOPEDIC**

#### **PRUSS, ERIKA**

Provider ID: 303797  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858) 966-6789

Provider Gender: Female

NPI: 1538402441

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **SURGERY ORTHOPEDIC**

#### **SULLIVAN, THOMAS**

Provider ID: 285247

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**

#### **SULLIVAN, THOMAS**

Provider ID: 304164

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 6655 ALVARADO RD  
 SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1437565488

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **UPASANI, VIDYADHAR**


Provider ID: 260953

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 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

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## D. Directorio de proveedores especialistas

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **SURGERY ORTHOPEDIC**


**UPASANI, VIDYADHAR**

Provider ID: 205914

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### **SURGERY PEDIATRIC**

**BICKLER, STEPHEN**

Provider ID: 270090

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858) 966-7711

Provider Gender: Male

NPI: 1891866653

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **SURGERY PEDIATRIC**

**GOSMAN, AMANDA**

Provider ID: 205841

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-4064

 After Hours Phone: (858) 966-5999

Provider Gender: Female

NPI: 1164436291

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY PEDIATRIC**

**KELLER, BENJAMIN**

Provider ID: 285941


Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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## D. Directorio de proveedores especialistas

### NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### SURGERY PEDIATRIC

#### **KELLER, BENJAMIN**

Provider ID: 272196

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### SURGERY PEDIATRIC

#### **KLING, KAREN**


Provider ID: 283380

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### SURGERY PEDIATRIC


#### **KLING, KAREN**

Provider ID: 205340


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, NATIONAL  
NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY PEDIATRIC**

#### **LAZAR, DAVID**


Provider ID: 283140

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1538365002

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY PEDIATRIC**


#### **LAZAR, DAVID**

Provider ID: 205606

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY PEDIATRIC**


#### **THANGARAJAH, HARIHARAN**

Provider ID: 206172

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY PEDIATRIC**

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## D. Directorio de proveedores especialistas

### THANGARAJAH, HARIHARAN

Provider ID: 256194

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

#### SURGERY PLASTIC

### HINCHCLIFF, KATHARINE

Provider ID: 277288

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1346674561

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

#### SURGERY PLASTIC

### HINCHCLIFF, KATHARINE

Provider ID: 277965

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

#### SURGERY PLASTIC

### KOLB, FREDERIC

Provider ID: 255576

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

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### SURGERY PLASTIC


**KOLB, FREDERIC**

Provider ID: 246240

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790341832

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

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### SURGERY PLASTIC


**KOLB, FREDERIC**

Provider ID: 246239

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790341832

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

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### SURGERY PLASTIC

**KOLB, FREDERIC**

Provider ID: 255575

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

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### SURGERY PLASTIC

**LEWIS, PRIYA**

Provider ID: 302132


Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK

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## D. Directorio de proveedores especialistas

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999  
Fax: (858) 966-8394

 After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1720465024

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **SURGERY PLASTIC**

#### **REID, CHRISTOPHER**

Provider ID: 245523

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### **SURGERY PLASTIC**

#### **REID, CHRISTOPHER**

Provider ID: 224795

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982964276

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### **SURGERY PLASTIC**

#### **REID, CHRISTOPHER**

Provider ID: 255564

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982964276

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Network, UCSD Medical Group

### **SURGERY THORACIC**

#### **FOX, KENNETH**

Provider ID: 257841

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY THORACIC**

#### **GANTA, SRUJAN**

Provider ID: 256383

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8030

After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1265071005

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **SURGERY THORACIC**

#### **GANTA, SRUJAN**

Provider ID: 275611

Board Certified Specialty: No  
UCSD MEDICAL GROUP

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8030

After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1265071005

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **SURGERY THORACIC**

#### **LEWIS, MICHAEL**

Provider ID: 296906

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

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: No


Min/Max Age: 0\19

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## D. Directorio de proveedores especialistas

American Sign Language (ASL): IPA: Rady Childrens Health  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### **SURGERY THORACIC**


#### **NIGRO, JOHN**

Provider ID: 205367

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Network

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### **SURGERY THORACIC**

#### **VOSSLER, JOHN**

Provider ID: 306389

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 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: 1659630572

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

---

### **TRANSPLANT SURGERY**


#### **MEKEEL, KRISTIN**


Provider ID: 262109

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


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### **TRANSPLANT SURGERY**


#### **SCHNICKEL, GABRIEL**

Provider ID: 262192

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 8001 FROST ST

SAN DIEGO, CA 92123

 Phone: (858) 966-8354

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## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### UROLOGY

#### AHMADIEH, KIAN

Provider ID: 309729

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932697190

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### UROLOGY

#### CHEN, TONY

Provider ID: 283960

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1245684497

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PALOMAR MEDICAL

CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### UROLOGY

#### KATZ, JONATHAN

Provider ID: 299918

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1952756207

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

### UROLOGY

#### MONGA, MANOJ

Provider ID: 274480

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1174609127

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### UROLOGY

#### MONGA, MANOJ

Provider ID: 256847

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### UROLOGY

#### PATEL, DEVIN

Provider ID: 246094

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### UROLOGY

#### SWORDS, KELLY

Provider ID: 206183

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7484

Fax: (858) 966-4064

☎ After Hours Phone: (858) 966-7484

Provider Gender: Female

NPI: 1316101256

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

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## D. Directorio de proveedores especialistas

### UROLOGY

#### UNTERBERG, STEPHEN

Provider ID: 284664

Board Certified Specialty: Yes

COMMUNITY CARE IPA LLC

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Phone: (619) 297-4707

Fax: (858) 429-7927

After Hours Phone: (619)  
297-4707

Provider Gender: Male

NPI: 1215374210

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### UROLOGY

#### UNTERBERG, STEPHEN

Provider ID: 295833

Board Certified Specialty: Yes

IHP OF SOUTHERN CAL-PHP

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Phone: (619) 297-4707

Fax: (858) 429-7927

After Hours Phone: (619)  
297-4707

Provider Gender: Male

NPI: 1215374210

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### UROLOGY

#### UNTERBERG, STEPHEN

Provider ID: 284665

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Phone: (858) 485-0554

Fax: (858) 429-7933

After Hours Phone: (858)  
485-0554

Provider Gender: Male

NPI: 1215374210

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### UROLOGY

#### UNTERBERG, STEPHEN

Provider ID: 295834

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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

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## D. Directorio de proveedores especialistas

VISTA, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP


### UROLOGY

**WANG, LUKE**

Provider ID: 299933

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### SAN MARCOS


#### CARDIOVASCULAR DISEASE

**LERNER, JONATHAN**

Provider ID: 303448

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC


 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

 Phone: (760) 798-8855  
Fax: (619) 616-2104

 After Hours Phone: (760) 798-8855

Provider Gender: Male

NPI: 1962899823

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

#### CERTIFIED ACUPUNCTURIST


**CARRA, BARBARA**

Provider ID: 303128

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: French, Italian,  
Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


#### CERTIFIED ACUPUNCTURIST

**CARRA, BARBARA**

Provider ID: 308116

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1588173629




 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Italian,






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## D. Directorio de proveedores especialistas

Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP




### **CERTIFIED ACUPUNCTURIST**



**GONZALEZ, ANDRES**  
 Provider ID: 298658  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Chinese, Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None



American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE PRACTITIONER**









**BLAND, JACELIS**  
 Provider ID: 296766  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744  
 After Hours Phone: (760)  
 736-6767

Provider Gender: Female  
 NPI: 1801522859  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):






N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-4:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE PRACTITIONER**

**CABRAL, ALEJANDRA**  
 Provider ID: 297888  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **CERTIFIED NURSE PRACTITIONER**

**FODDA, RAMI**  
 Provider ID: 296603  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Male  
 NPI: 1164660452  
 Provider English Spoken: Y  
 Provider Language(s)


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## D. Directorio de proveedores especialistas

Spoken: Arabic  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **FREEMAN, WANDA**

Provider ID: 305751

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female


NPI: 1659504264


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **GARCIA, REGINA**

Provider ID: 297837

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1639673858


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **HAN, ANGELA**

Provider ID: 300215

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767  
Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1629242839

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean

Cultural Competency: N


Hospital Affiliation: JOHN  
MUIR MEDICAL CENTER


WALNUT CREEK CAMPUS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **KOHOUT, KATHRYN**

Provider ID: 291105

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1316544331

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## D. Directorio de proveedores especialistas

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 14\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

**MOONEY, PATRICIA**

Provider ID: 280382

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### CERTIFIED NURSE PRACTITIONER

**NGUYEN, VANESSA**

Provider ID: 306716

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1376219246


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

**PARSONS, MEKRAE**

Provider ID: 303220

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1972090306


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

**VAHDAT, VALERIE**

Provider ID: 294758

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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## D. Directorio de proveedores especialistas




N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


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### **CERTIFIED NURSE PRACTITIONER**

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#### **YCASAS, EMILY**

*Provider ID: 307853*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
*Provider Gender: Female*  
*NPI: 1033841861*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


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### **CERTIFIED REGISTERED NURSE MIDWIFE**



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#### **BELANGER, TANYA**

*Provider ID: 290739*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


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### **CHIROPRACTOR**




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#### **JIMENEZ, CLARIBEL**

*Provider ID: 307941*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 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: 1801255484*  
 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*




N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


---




### **DERMATOLOGY**

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#### **BROWN, REGINA**

*Provider ID: 309982*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 *Phone: (760) 738-7600*  
*Fax: (760) 738-7616*  
 *After Hours Phone: (760) 738-7600*

*Provider Gender: Female*  
*NPI: 1801424692*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### INTERNAL MEDICINE

#### NGUYEN, MINH

Provider ID: 308467

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1154403640

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N  
IPA: IHP of Southern Cal-PHP

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### TOLENTINO, ARTURO

Provider ID: 298696

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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, LAKEWOOD

REGIONAL MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\17

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY

#### DO, HULBERT

Provider ID: 295941

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY

#### DO, HULBERT

Provider ID: 291583

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

150 VALPREDA RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1679733760

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP


### INTERVENTIONAL CARDIOLOGY

#### **MOHAMEDALI, BURHAN**

Provider ID: 245578

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC


 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: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 296052

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

 Phone: (760) 798-8855  
Fax: (619) 616-2104

 After Hours Phone: (760)  
798-8855

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 15\99

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 295847

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

 Phone: (760) 798-8855  
Fax: (619) 616-2104

 After Hours Phone: (760)  
798-8855

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 291607

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

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## D. Directorio de proveedores especialistas

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### NEUROLOGY

#### **ANDER, AZIZ**

Provider ID: 290382

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 838 NORDAHL RD STE 310  
SAN MARCOS, CA 92069

 Phone: (442) 999-5977

Fax: (442) 999-5914

 After Hours Phone: (442)  
999-5977

Provider Gender: Male

NPI: 1316131832

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Faroese, Pashto,

Persian, Urdu

Cultural Competency: N


Hospital Affiliation: DESERT  
REGIONAL MED CTR, JOHN F  
KENNEDY MEMORIAL HOSP,  
PALOMAR HEALTH, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### NEUROLOGY

#### **GUPTA, MONIKA**

Provider ID: 307938

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1922243401

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TEMECULA  
VALLEY HOSPITAL INC, UCSD

LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### NEUROLOGY

#### **HOSSEINZADEHMALEKI, ANA**


Provider ID: 304998

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

 Phone: (760) 281-3662


Fax: (760) 316-5268

 After Hours Phone: (760)  
281-3662

Provider Gender: Female

NPI: 1316471485

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Persian

Cultural Competency: N

Hospital Affiliation: TEMECULA  
VALLEY HOSPITAL INC

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT







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## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP









### NEUROLOGY

#### **MANDEVILLE, ROSS**

Provider ID: 309933  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: 1205084183  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, MAYERS  
 MEMORIAL HOSP  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP


### NEUROLOGY




#### **MAREK, MAKSYM**

Provider ID: 306708  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 838 NORDAHL RD STE 200  
 SAN MARCOS, CA 92069  
 Phone: (760) 281-3662  
 Fax: (619) 425-3842  
 After Hours Phone: (760)  
 281-3662  
 Provider Gender: Male  
 NPI: 1881182079  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Spanish,  
 Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-6PM  
 SA 9AM-0:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### NEUROLOGY



#### **SORIALOPEZ, JOSE**

Provider ID: 295745  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-6PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### OBSTETRICS / GYNECOLOGY

#### **CABRERA, MICHELLE**

Provider ID: 303025  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744

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## D. Directorio de proveedores especialistas

 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1174774723

 Provider English Spoken: Y

 Provider Language(s) Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: Adventist


Health and Rideout


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **OBSTETRICS / GYNECOLOGY**

#### **HINSHAW, PAUL**

Provider ID: 288907

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078

 Phone: (760) 740-2710

Fax: (858) 207-0003

 After Hours Phone: (760) 740-2710

Provider Gender: Male

NPI: 1215170717

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR


MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

Rady Childrens Health

Network


### **PEDIATRICS**

#### **LUMHO, RACHEL**

Provider ID: 304047

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1215469283

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network


### **PEDIATRICS**

#### **LUMHO, RACHEL**

Provider ID: 303150

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1215469283

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER
























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

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network































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## D. Directorio de proveedores especialistas

<p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>POSADAS, EMERITO</b>  <i>Provider ID: 257536</i>  <i>Board Certified Specialty: No</i>  <b>BLUE SHIELD PROMISE</b>  <b>HEALTH PLAN DIRECT</b>   150 VALPRED A RD            SAN MARCOS, CA 92069   <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 566-1501</i>   <i>After Hours Phone: (760) 736-6767</i>  <i>Provider Gender: Male</i>  <i>NPI: 1720093198</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish, Tagalog</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\18</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-6PM</i>   <i>Website: N/A</i>  <i>IPA: BLUE SHIELD PROMISE HEALTH PLAN DIRECT</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i>   150 VALPRED A RD            SAN MARCOS, CA 92069   <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 736-6744</i>   <i>After Hours Phone: (760) 736-6767</i>  <i>Provider Gender: Female</i>  <i>NPI: 1023033156</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Afar, Spanish</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\18</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-6PM SA 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	 <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: IHP of Southern Cal-PHP</i>
<p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>QUINTERO, CAROLYN</b>  <i>Provider ID: 303142</i>  <i>Board Certified Specialty: No</i></p>	<p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <p><b>CELESTINO, MISHEL</b>  <i>Provider ID: 302439</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   150 VALPRED A RD            SAN MARCOS, CA 92069   <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 736-6744</i>   <i>After Hours Phone: (760) 736-6767</i>  <i>Provider Gender: Female</i>  <i>NPI: 1578263760</i>   <i>Provider English Spoken: Y</i></p>	<p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <p><b>HERNANDEZ, MIRIAM</b>  <i>Provider ID: 298336</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   150 VALPRED A RD            SAN MARCOS, CA 92069   <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 736-6744</i>   <i>After Hours Phone: (760) 736-6767</i>  <i>Provider Gender: Female</i>  <i>NPI: 1457903700</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>

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## D. Directorio de proveedores especialistas

<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>POLLEY, SHANNON</b>  <i>Provider ID: 296093</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 150 VALPRED A RD  SAN MARCOS, CA 92069</p> <p> <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 736-6744</i></p> <p> <i>After Hours Phone: (760) 736-6767</i></p> <p><i>Provider Gender: Female</i>  <i>NPI: 1225608722</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-8PM SA 8AM-5PM</i></p> <p> <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>Provider Gender: Female</i>  <i>NPI: 1598394371</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 2\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p> <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>RUBIO, HALEY</b>  <i>Provider ID: 301290</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 1595 GRAND AVE STE 106  SAN MARCOS, CA 92078</p> <p> <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 736-6744</i></p> <p> <i>After Hours Phone: (760) 736-6767</i></p>	<p><b>PSYCHOLOGIST</b></p> <p><b>ALTAMIRANO, LEON</b>  <i>Provider ID: 290362</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 150 VALPRED A RD  SAN MARCOS, CA 92069</p> <p> <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 736-6744</i></p> <p> <i>After Hours Phone: (760) 736-6767</i></p> <p><i>Provider Gender: Male</i>  <i>NPI: 1619271517</i></p> <p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b>PSYCHOLOGIST</b></p> <p><b>ARIELLA, LYNDA</b>  <i>Provider ID: 299716</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 150 VALPRED A RD  SAN MARCOS, CA 92069</p> <p> <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 736-6744</i></p> <p> <i>After Hours Phone: (760) 736-6767</i></p> <p><i>Provider Gender: Female</i>  <i>NPI: 1073518965</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 5\50</i>  <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>
		<p><b>PSYCHOLOGIST</b></p> <p><b>FLYNN, DANIELLE</b>  <i>Provider ID: 290795</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 150 VALPRED A RD  SAN MARCOS, CA 92069</p> <p> <i>Phone: (760) 736-6767</i>  <i>Fax: (760) 736-6744</i></p>


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1477785137

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST


#### **GEORGIEV, MARY-JO**

Provider ID: 290793

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1518996875

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST


#### **IMAM, SYED**

Provider ID: 298174

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767


Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

Provider Gender: Male

NPI: 1447428271

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi, Urdu

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 15\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST


#### **SIMPSON, ERIC**

Provider ID: 290803

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

Provider Gender: Male

NPI: 1710110416

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST


#### **TORRES, HECTOR**

Provider ID: 290788


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


Fax: (760) 736-6744

 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: Yes



Min/Max Age: 0\None

American Sign Language (ASL):

N




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## D. Directorio de proveedores especialistas




 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### RHEUMATOLOGY

#### **ALNAHLAWI, BASMA**




*Provider ID: 295532*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### RHEUMATOLOGY

#### **ALNAHLAWI, BASMA**

*Provider ID: 290068*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


### **SAN YSIDRO**




### CERTIFIED NURSE

### PRACTITIONER

#### **KANTAS, PARIS**

*Provider ID: 306684*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 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: 1114329612*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 2\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### CERTIFIED NURSE

### PRACTITIONER

#### **ROSCOE, SYDNEY**

*Provider ID: 306249*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (619) 205-5305

☎ After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1992448864

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### FAMILY PRACTICE

#### ALVAREZ-ESTRADA, MIGUEL

Provider ID: 294925

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1588197826

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PARADISE VALLEY  
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### ARRIETA, NOEMI

Provider ID: 297794

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### DALUGDUGAN, ESTHER

Provider ID: 302285

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 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: 1962662718

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8:30AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### NAVARRO, VANESSAMARIA

Provider ID: 297756

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

**ORTEGA, LUIS**

Provider ID: 295225

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: 1558924936

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

**QURESHI, SOFIA**

Provider ID: 308756

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: 1902197544

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE GERIATRIC MEDICINE

**BULOW, KWI**

Provider ID: 302346

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: 1073608576

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: IHP of Southern Cal-PHP

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## D. Directorio de proveedores especialistas

### GENERAL PRACTICE

#### SAMI, REMAN

Provider ID: 305484

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1295362242

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### INFECTIOUS DISEASE

#### ALDOUS, JEANNETTE

Provider ID: 290421

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1073650339

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### INFECTIOUS DISEASE

#### RAMIREZSANCHEZ, CLAUDIA

Provider ID: 296122

Board Certified Specialty: Yes  
IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### OBSTETRICS / GYNECOLOGY

#### DINH, MY

Provider ID: 290490

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1316146996

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N


Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas


 Website: N/A  
 IPA: IHP of Southern Cal-PHP


### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 294886

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP


 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

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

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

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**


Provider ID: 294885

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD STE

400

SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
 662-4100

Provider Gender: Female

NPI: 1255878997

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

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

 Website: N/A


IPA: IHP of Southern Cal-PHP


### **PEDIATRICS**

#### **FUJII, CINDY**

Provider ID: 298309

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: Yes


Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: SU 10AM-4PM  
 M-F 8:30AM-5:30PM  
 SA 8AM-2:30PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**

Provider ID: 295779

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: 1508209651

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Portuguese,  
 Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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## D. Directorio de proveedores especialistas

N



 **Accessibility:** CONTACT PROVIDER  
 **Hours:** SU 10AM-4PM  
 M 8:30AM-8PM  
 W-F 8:30AM-5:30PM  
 SA 8AM-2:30PM  
 **Website:** N/A  
**IPA:** IHP of Southern Cal-PHP

### PEDIATRICS

#### **TAYLOR, TASHA**



**Provider ID:** 290077  
**Board Certified Specialty:** No  
 IHP OF SOUTHERN CAL-PHP  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 **Phone:** (619) 662-4100  
**Fax:** (619) 205-6305  
 **After Hours Phone:** (619)  
 662-4100  
**Provider Gender:** Female  
**NPI:** 1528144433  
 **Provider English Spoken:** Y  
 **Provider Language(s)**  
 Spoken: Spanish  
**Cultural Competency:** N  
**Hospital Affiliation:** TRI CITY  
 MEDICAL CTR  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\18  
**American Sign Language (ASL):**

N



 **Accessibility:** CONTACT PROVIDER  
 **Website:** N/A  
**IPA:** IHP of Southern Cal-PHP

### PSYCHOLOGIST

#### **IBANEZ, BERENICE**

**Provider ID:** 290465  
**Board Certified Specialty:** No  
 IHP OF SOUTHERN CAL-PHP  
 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:** Yes  
**Min/Max Age:** 18\None  
**American Sign Language (ASL):**

N  
 **Accessibility:** CONTACT PROVIDER


 **Website:** N/A  
**IPA:** IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **SHAUF, JOANN**

**Provider ID:** 296045  
**Board Certified Specialty:** No  
 IHP OF SOUTHERN CAL-PHP

 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:** Yes  
**Min/Max Age:** 0\None  
**American Sign Language (ASL):**

N  
 **Accessibility:** CONTACT PROVIDER



 **Website:** N/A  
**IPA:** IHP of Southern Cal-PHP

### RHEUMATOLOGY

#### **LWIN, THUTHIRI**

**Provider ID:** 307650  
**Board Certified Specialty:** No  
 IHP OF SOUTHERN CAL-PHP  
 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:** 1174010896

 **Provider English Spoken:** Y  
 **Provider Language(s)**  
 Spoken: Burmese

**Cultural Competency:** N  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0\None


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## D. Directorio de proveedores especialistas

American Sign Language (ASL): **ROSENBLATT, SHERILYN**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### SANTEE


#### PEDIATRICS

**IKE, ERICA**

Provider ID: 309723

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 Phone: (619) 662-4100

Fax: (619) 873-3476

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1821413907

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST JOHNS  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP

#### PHYSICIANS ASSISTANT

Provider ID: 295738

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10AM-4PM

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

SA 10AM-2:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### TEMECULA


#### CERTIFIED ACUPUNCTURIST

**CRAFT, KEVIN**

Provider ID: 290944

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: TU-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

#### CERTIFIED NURSE

#### PRACTITIONER


**MIRACLE, ANGELYN**

Provider ID: 300260

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.









## D. Directorio de proveedores especialistas

*Cultural Competency: N*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*



### **CERTIFIED NURSE PRACTITIONER**






**VAHDAT, VALERIE**  
*Provider ID: 306580*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
 *Phone: (951) 225-6400*  
*Fax: (360) 462-2751*  
 *After Hours Phone: (951) 225-6400*  
*Provider Gender: Female*  
*NPI: 1093474090*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **PHYSICIANS ASSISTANT**





**ANWAR, YASMIN**  
*Provider ID: 300846*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **PSYCHOLOGIST**

**WOODWORTH, JENNIFER**  
*Provider ID: 290633*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
 *Phone: (951) 225-6400*

*Fax: (360) 462-2751*  
 *After Hours Phone: (951) 225-6400*  
*Provider Gender: Female*  
*NPI: 1639362494*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **SURGERY GENERAL VASCULAR**

**HOWE, STEVEN**  
*Provider ID: 206759*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

THORNTON, TRI CITY

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### VISTA


#### ANESTHESIOLOGY PAIN MANAGEMENT

**GUPTA, ANUJ**

Provider ID: 297703

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 16\None

American Sign Language (ASL): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


#### CARDIOVASCULAR DISEASE

**ABELHAD, NADIA**

Provider ID: 306897

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1619400801

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp

Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


#### CARDIOVASCULAR DISEASE

**ABELHAD, NADIA**

Provider ID: 306896

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: 1619400801

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

#### CARDIOVASCULAR DISEASE

**DO, HULBERT**

Provider ID: 290574

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp

Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED ACUPUNCTURIST

#### SONG, CAROL

Provider ID: 290550

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE

#### PRACTITIONER

#### APRIL, MONIQUE

Provider ID: 307939

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

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: 1093288730

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### CERTIFIED NURSE

#### PRACTITIONER

#### APRIL, MONIQUE

Provider ID: 306977

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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: 1093288730

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

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## D. Directorio de proveedores especialistas

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **APRIL, MONIQUE**

Provider ID: 306980

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD  
VISTA, CA 92083


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1093288730

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

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#### **AYELE, MAHOGANY**


Provider ID: 257586

Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

 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: 1902120421

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

SA 9AM-4PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

---

### CERTIFIED NURSE PRACTITIONER

---

#### **AYELE, MAHOGANY**


Provider ID: 257587

Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM

TU 10:30AM-7:30PM

W-F 8AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

---

### CERTIFIED NURSE PRACTITIONER

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#### **BERNETICH, MEGHAN**

Provider ID: 304506

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

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## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

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### CERTIFIED NURSE PRACTITIONER


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#### **BERNETICH, MEGHAN**

*Provider ID: 302526*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 *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: Yes*

*Min/Max Age: 0\24*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

 *Website: N/A*

*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

---

### CERTIFIED NURSE PRACTITIONER

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#### **CARDINELL, ANNA**

*Provider ID: 291411*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *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: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### CERTIFIED NURSE PRACTITIONER


---

#### **CHILAKA, SAMUEL**

*Provider ID: 301312*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 *134 GRAPEVINE RD  
VISTA, CA 92083*

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*

*631-5000*

*Provider Gender: Male*

*NPI: 1679140644*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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

*SA 9AM-4PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

### CERTIFIED NURSE PRACTITIONER


---

#### **CHILAKA, SAMUEL**

*Provider ID: 301311*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 *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: Yes*

*Min/Max Age: 0\None*




*American Sign Language (ASL):*

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.







## D. Directorio de proveedores especialistas




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### **CERTIFIED NURSE** **PRACTITIONER**

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**CHRISTY, TYLER**  
*Provider ID: 307298*  
*Board Certified Specialty: No COMMUNITY CARE IPA LLC*  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Male*  
*NPI: 1689094971*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*



*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*




---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**CHRISTY, TYLER**  
*Provider ID: 303927*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*




 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Male*  
*NPI: 1689094971*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*


*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*




---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**CHRISTY, TYLER**  
*Provider ID: 303929*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 105 DURIAN ST STE A  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*





*Provider Gender: Male*  
*NPI: 1689094971*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

---

### **CERTIFIED NURSE** **PRACTITIONER**



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**CHRISTY, TYLER**  
*Provider ID: 303932*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 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: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP



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### CERTIFIED NURSE PRACTITIONER

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#### **CHRISTY, TYLER**

Provider ID: 303928  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP


 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: Yes  
 Min/Max Age: 18\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER

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#### **CORY, ALLISON**


Provider ID: 245207  
 Board Certified Specialty: No

#### **COMMUNITY CARE IPA LLC**

 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892


 After Hours Phone: (760)  
 631-5000


Provider Gender: Female  
 NPI: 1194027706

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M 8AM-5PM  
 TU 10:30AM-7:30PM  
 W-F 8AM-5PM  
 SA 9AM-4PM

 Website: N/A  
 IPA: Community Care IPA LLC


---

### CERTIFIED NURSE PRACTITIONER

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#### **HALGEDAHL, YI TING**

Provider ID: 241907  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC


 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: Chinese, Mandarin  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

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

 Website: N/A  
 IPA: Community Care IPA LLC

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### CERTIFIED NURSE PRACTITIONER

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#### **HERNANDEZ, JESSICA**

Provider ID: 304492  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760)  
 631-5000

Provider Gender: Female  
 NPI: 1013668680



 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas




**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**HERNANDEZ, JESSICA**  
 Provider ID: 304493  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1013668680  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**

---


**HERNANDEZ, JESSICA**  
 Provider ID: 302297

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760)  
 631-5000


Provider Gender: Female

NPI: 1013668680

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

---


### **CERTIFIED NURSE** **PRACTITIONER**


---

**HERNANDEZ, JESSICA**

Provider ID: 302301

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP


 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

**HERNANDEZ, JESSICA**

Provider ID: 302296

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR  
 VISTA, CA 92084

 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760)  
 631-5000

Provider Gender: Female


NPI: 1013668680

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **HUERTA, STEVEN**

Provider ID: 307933

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male  
NPI: 1558607440

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **HUERTA, STEVEN**

Provider ID: 307931

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1558607440

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **KELLEHER, BRIDGET**

Provider ID: 298083

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

### CERTIFIED NURSE PRACTITIONER

#### **KELLEHER, BRIDGET**

Provider ID: 305737

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

105 DURIAN ST STE B  
VISTA, CA 92083

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female  
NPI: 1245695006

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: IHP of Southern Cal-PHP,  
 Rady Childrens Health  
 Network



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### CERTIFIED NURSE PRACTITIONER



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**KELLEHER, BRIDGET**  
 Provider ID: 298085  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR  
 VISTA, CA 92084

 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000

Provider Gender: Female  
 NPI: 1245695006


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


 Website: N/A  
 IPA: IHP of Southern Cal-PHP,  
 Rady Childrens Health  
 Network


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### CERTIFIED NURSE PRACTITIONER

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**KORMANIK, PATRICIA**  
 Provider ID: 282072  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 910 SYCAMORE AVE STE  
 102  
 VISTA, CA 92081

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female  
 NPI: 1093895047


 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY

THORNTON  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
 IPA: UCSD Medical Group


---

### CERTIFIED NURSE PRACTITIONER

---

**MONTGOMERY JR, KEITH**  
 Provider ID: 295288  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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: Yes  
 Min/Max Age: 6\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-TU 8AM-5PM  
 W 10AM-7PM

TH-F 8AM-5PM  
 SA 9AM-4PM

 Website: N/A  
 IPA: IHP of Southern Cal-PHP


---

### CERTIFIED NURSE PRACTITIONER

---

**MONTGOMERY JR, KEITH**  
 Provider ID: 295284  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-5PM  
W 10AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

#### **NICHOLAS, ESTELA**

Provider ID: 239866

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM

TU-TH 8AM-8PM

F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC


### CERTIFIED NURSE PRACTITIONER

#### **PRITZKER, JOELY**

Provider ID: 239773

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Yes

Min/Max Age: 12\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

#### **SRILASAK, MICHELE**

Provider ID: 281857


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 910 SYCAMORE AVE STE  
102

VISTA, CA 92081

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265487326

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **TAYLOR, CHRISTOPHER**

Provider ID: 295507


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD

VISTA, CA 92083

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1851747166


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL): N  
Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health Network

---


### CERTIFIED NURSE PRACTITIONER


---

#### **TAYLOR, CHRISTOPHER**

Provider ID: 295504

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 12\None

American Sign Language (ASL): N  
Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health Network

---

### CERTIFIED NURSE PRACTITIONER


---


#### **TAYLOR, CHRISTOPHER**

Provider ID: 295502

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 12\None

American Sign Language (ASL): N  
Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-2PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health Network

---

### CERTIFIED NURSE PRACTITIONER


---

#### **YCASAS, EMILY**

Provider ID: 298837

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes  
Min/Max Age: 18\None

American Sign Language (ASL): N  
Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED REGISTERED NURSE MIDWIFE

---

#### **GUIDI, CASEY**


Provider ID: 300224

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013349919


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**


---


#### **GUIDI, CASEY**

Provider ID: 303315

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013349919


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CHIROPRACTOR**


---

#### **CORTEZ, JAIME**

Provider ID: 290483

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP



 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: 1508195348

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CHIROPRACTOR**


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#### **JU, NATHANIEL**

Provider ID: 290222

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP



 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CHIROPRACTOR**

---

#### **JU, NATHANIEL**

Provider ID: 290220

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR


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## D. Directorio de proveedores especialistas

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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-8PM  
F 9AM-5PM  
SA 9AM-4PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP


### GYNECOLOGIC ONCOLOGY

**ESKANDER, RAMEZ**  
Provider ID: 282163  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 910 SYCAMORE AVE STE 102  
VISTA, CA 92081  
 Phone: (760) 536-7737  
Fax: (760) 536-7959  
 After Hours Phone: (760) 536-7737  
Provider Gender: Male  
NPI: 1144486929  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, EARL AND LORRAINE MILLER CHILDRENS HSP, LONG BEACH MEMORIAL MED CTR, Providence St Joseph Hospital, Providence St Jude Medical Center, ORANGE COAST MEM MED CTR, FOUNTAIN VALLEY REGIONAL HOSP AND MED CTR, FOUNTAIN VALLEY REGIONAL HOSP AND MED CTR, CORONA REGIONAL MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### HOSPICE AND PALLIATIVE MEDICINE

**RUBENSIK, TAMARA**  
Provider ID: 282128  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 910 SYCAMORE AVE STE





102  
VISTA, CA 92081  
 Phone: (619) 543-6397  
Fax: (888) 539-8781  
 After Hours Phone: (619) 543-6397  
Provider Gender: Female  
NPI: 1811200652  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### INFECTIOUS DISEASE

**HALPERIN, JASON**  
Provider ID: 296420  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 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





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## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8AM-5PM*  
*TU 10:30AM-7:30PM*  
*W-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### INTERNAL MEDICINE






#### DAO, MARC




*Provider ID: 297754*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3763*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Male*  
*NPI: 1467542175*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French, Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, PALOMAR MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP*

*FOR WOMEN AND NEWBORNS, EL CENTRO REGIONAL MEDICAL CENTER, PALOMAR HEALTH*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 8AM-8PM*  
*F 8AM-5PM*  
*SA 9AM-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### INTERNAL MEDICINE

#### SHABANIAN, LEILA

*Provider ID: 307214*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 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: 1013963073*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, French, Persian*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, TRI CITY MEDICAL CTR,*

*PALOMAR HEALTH, SCRIPPS MERCY HOSPITAL, PALOMAR MEDICAL CENTER*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### INTERNAL MEDICINE

#### SHABANIAN, LEILA

*Provider ID: 307216*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*Provider Gender: Female*  
*NPI: 1013963073*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, French, Persian*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, TRI CITY MEDICAL CTR, PALOMAR HEALTH, SCRIPPS MERCY HOSPITAL, PALOMAR*

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## D. Directorio de proveedores especialistas

### MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: TU 10:30AM-7:30PM F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### INTERNAL MEDICINE

#### SHABANIAN, LEILA

Provider ID: 306766

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: 1013963073

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, French,  
Persian

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, TRI CITY MEDICAL CTR,

PALOMAR HEALTH, SCRIPPS

MERCY HOSPITAL, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### INTERVENTIONAL

### CARDIOLOGY


#### PARKS, MONICA

Provider ID: 302414

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### OBSTETRICS / GYNECOLOGY

#### ARRIETA, IRIS

Provider ID: 290607

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes



Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER








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## D. Directorio de proveedores especialistas

 Hours: M-TH 8AM-8PM  
F 9AM-5PM  
SA 9AM-4PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP






### **OBSTETRICS / GYNECOLOGY**

#### **BINDER, PRATIBHA**


Provider ID: 282168  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 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: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **FRANCIS, LARRY**

Provider ID: 290292  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 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: 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: Yes  
Min/Max Age: 13\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

 Website: N/A  
IPA: IHP of Southern Cal-PHP


### **OBSTETRICS / GYNECOLOGY**

#### **HAWKINS, MELISSA**

Provider ID: 290596

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1851620447


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM

 Website: N/A  
IPA: IHP of Southern Cal-PHP


### **OBSTETRICS / GYNECOLOGY**

#### **LEONARD, LISA**

Provider ID: 290710

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)

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## D. Directorio de proveedores especialistas

631-5000  
 Provider Gender: Female  
 NPI: 1477588598  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 9AM-8PM  
 F 9AM-5PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### OPTOMETRIST

**GEE, JENNIFER**  
 Provider ID: 273113  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1336589332  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation:  
 COMMUNITY REGIONAL  
 MEDICAL CENTER-FRESNO,  
 CALIFORNIA PACIFIC  
 MEDICAL CENTER - D P APH  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-8PM  
 F 9AM-5PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### OPTOMETRIST

**GEE, JENNIFER**  
 Provider ID: 273114  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8AM-5PM  
 TU 9:30AM-5PM  
 W 8AM-5PM  
 TH 10AM-7PM  
 F 8AM-5PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### OPTOMETRIST

**GEE, JENNIFER**  
 Provider ID: 290208  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-8PM  
 F 9AM-5PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### OPTOMETRIST






#### GEE, JENNIFER

Provider ID: 290209  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M 8AM-5PM  
 TU 9:30AM-5PM  
 W 8AM-5PM  
 TH 10AM-7PM  
 F 8AM-5PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### OPTOMETRIST








#### KIM, MICHAEL

Provider ID: 290697  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Male  
 NPI: 1164546313  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W 8AM-5PM  
 TH 10:30AM-7:30PM  
 F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### OPTOMETRIST

#### KIM, MICHAEL

Provider ID: 245239  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Male  
 NPI: 1164546313  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W 8AM-5PM  
 TH 10:30AM-7:30PM  
 F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP



### OPTOMETRIST

#### KIM, MICHAEL

Provider ID: 290903  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1000 VALE TERRACE DR  
 VISTA, CA 92084

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## D. Directorio de proveedores especialistas

 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1164546313


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8AM-5PM  
M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP



### **OPTOMETRIST**

#### **MORA, WENDY**

Provider ID: 242634

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC


 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1376958389

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP



### **OPTOMETRIST**

#### **MORA, WENDY**

Provider ID: 290238

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP



### **OPTOMETRIST**

#### **MORA, WENDY**

Provider ID: 290236

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1376958389

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **TAM, EMILY**

Provider ID: 290316

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IHP OF SOUTHERN CAL-PHP

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: Chinese, Mandarin,  
Yue Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

**TAM, EMILY**

Provider ID: 290315

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: Chinese, Mandarin,  
Yue Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

**TAM, EMILY**

Provider ID: 277978

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Chinese, Mandarin,  
Yue Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

**TRAN, JESSICA**

Provider ID: 304595

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: 1457922957

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **TRAN, JESSICA**

Provider ID: 304596

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1457922957

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **TRAN, JESSICA**

Provider ID: 303729

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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: 1457922957

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\21

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **OPTOMETRIST**

#### **TRAN, JESSICA**

Provider ID: 303733

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1457922957

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\21

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

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

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **PEDIATRICS**

#### **RAHIMI, NASSRIN**

Provider ID: 257581

Board Certified Specialty: No  
BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

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, Persian

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER


Hours: M-TH 8AM-8PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT


### PHYSICIANS ASSISTANT


#### WALLACE, STEPHANIE

Provider ID: 239770

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC


 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (888)  
216-8482

Provider Gender: Female

NPI: 1518104942

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM

TU-TH 8AM-8PM

F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC


### PODIATRIST

#### MILLER, JULIE

Provider ID: 305464

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 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, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PODIATRIST


#### MILLER, JULIE

Provider ID: 290666

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR

VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619115664

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL  
CTR, SOUTHWEST

HEALTHCARE INLAND  
VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### REGISTERED PHYSICAL


#### THERAPIST

#### AMBROSE, CHRISTOPHER

Provider ID: 248009

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 2067 W VISTA WAY STE 185  
VISTA, CA 92083

 Phone: (760) 631-5888

Fax: (760) 631-5880

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ *After Hours Phone: (760) 591-7750*

*Provider Gender: Male*

*NPI: 1114977535*

☑ *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 8\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M 7AM-7PM*

*TU 7AM-5PM*

*W 7AM-7PM*

*TH 7AM-5PM*

*F 7AM-7PM*

🌐 *Website: N/A*

*IPA: Community Care IPA LLC*

### **RHEUMATOLOGY**

#### **ALNAHLAWI, BASMA**

*Provider ID: 306869*

*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

📍 *2095 W VISTA WAY STE 216*  
*VISTA, CA 92083*

☎ *Phone: (760) 736-8091*

*Fax: (760) 736-8092*

☎ *After Hours Phone: (760) 736-8091*

*Provider Gender: Female*

*NPI: 1144455262*

☑ *Provider English Spoken: Y*

☑ *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*

*Hospital Affiliation: LOMA*

*LINDA UNIVERSITY MED CTR*  
*MURRIETA, PALOMAR*

*MEDICAL CENTER, LOMA*

*LINDA UNIVERSITY MED CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 9AM-5PM*

🌐 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

### **SURGERY GENERAL**

#### **ARMANI, AVA**

*Provider ID: 282144*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

📍 *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: UCSF*  
*MEDICAL CENTER, UCSF*

*Medical Center At Mission Bay,*  
*UCSF MEDICAL CENTER AT*

*MOUNT ZION, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*  
*CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

🌐 *Website: N/A*

*IPA: UCSD Medical Group*

### **SURGERY GENERAL**

#### **GROVE, JAY**

*Provider ID: 245227*

*Board Certified Specialty: No*

*COMMUNITY CARE IPA LLC*

📍 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### WILDOMAR


#### ANESTHESIOLOGY


##### HYLTON, DIANA

Provider ID: 241737

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932527751

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


#### ANESTHESIOLOGY

##### KRAUSE, MARTIN

Provider ID: 287654

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

 Phone: (951) 677-1111

Fax: (951) 677-9757

 After Hours Phone: (951)  
677-1111

Provider Gender: Male

NPI: 1417243239

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

#### ANESTHESIOLOGY CRITICAL CARE MEDICINE

##### RODRIGUEZ-MINETTE, JESSICA

Provider ID: 275308

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1164809950


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


#### EMERGENCY MEDICINE

##### LI, JINGHONG

Provider ID: 255940

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

 Phone: (951) 677-1111

 After Hours Phone: (951)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **CHEN, KENNETH**

Provider ID: 283131

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1720472657

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **PATEL, SAGAR**

Provider ID: 283000

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 1245672302

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **TRAN, LINH**

Provider ID: 202658

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

Phone: (951) 677-1111

After Hours Phone: (951)  
677-1111

Provider Gender: Female

NPI: 1851682728

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PULMONARY DISEASES










#### **KUMAR, AVNEE**

Provider ID: 300013

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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*Board Certified Specialty: No*      *MEDICAL CTR, UCSD LA*  
*UCSD MEDICAL GROUP*      *JOLLA JOHN SALLY*  
 *36485 INLAND VALLEY DR THORNTON*  
*WILDOMAR, CA 92595*      *Medi-Cal Open Panel: Yes*  
 *Phone: (951) 677-1111*      *Min/Max Age: 0\None*  
*Fax: (951) 677-9757*      *American Sign Language (ASL):*  
 *After Hours Phone: (951)*  
*677-1111*      *N*  
*Provider Gender: Female*       *Accessibility: CONTACT*  
*NPI: 1750745394*      *PROVIDER*  
 *Provider English Spoken: Y*       *Hours: M-F 8AM-5PM*  
*Cultural Competency: N*       *Website: N/A*  
*Medi-Cal Open Panel: Yes*      *IPA: UCSD Medical Group*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **PULMONARY DISEASES**

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#### **SURI, RAJAT**

*Provider ID: 283349*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## E. Directorio de hospitales: hospital general de atención aguda

### GROSSMONT HOSPITAL

Provider ID: 170046

5555 GROSSMONT CENTER DR  
LA MESA, CA 91942

Phone: (619) 740-6000

After Hours Phone: (619) 740-6000

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: 080000006

NPI: 1528041811

Website: [www.sharp.com/hospitals/grossmont/](http://www.sharp.com/hospitals/grossmont/)

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Birth Friendly: Y

### KINDRED HOSPITAL SAN DIEGO

Provider ID: 169663

1940 EL CAJON BLVD  
SAN DIEGO, CA 92104

Phone: (619) 543-4500

After Hours Phone: (619) 543-4500

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7 days/week

NPI: 1992880512

Website: N/A

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PALOMAR HEALTH

Provider ID: 170052

15615 POMERADO RD  
POWAY, CA 92064

Phone: (858) 613-4000

After Hours Phone: (858) 613-4000

Accepting New Patients: No  
Min/Max Age: 0\None

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

### PALOMAR MEDICAL CENTER

Provider ID: 173011

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

Phone: (442) 281-5000

After Hours Phone: (442) 281-5000

Accepting New Patients: No  
Min/Max Age: 0\None

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

### PARADISE VALLEY HOSPITAL

Provider ID: 170057

2400 E 4TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 470-4321

After Hours Phone: (619) 470-4321

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## E. Directorio de hospitales: hospital general de atención aguda

days/week  
 NPI: 1356410351  
 Website: [www.paradisevalleyhospital.net](http://www.paradisevalleyhospital.net)  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### 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: No  
 Min/Max Age: 0\None  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hospital Accreditation Status:  
 Hours: 24 Hours / 7 days/week  
 NPI: 1710065933  
 Website: [www.rchsd.org](http://www.rchsd.org)  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


### SCRIPPS GREEN HOSPITAL

Provider ID: 171084  
 10666 N TORREY PINES RD  
 MS 220  
 LA JOLLA, CA 92037  
 Phone: (858) 455-9100  
 After Hours Phone: (858)

455-9100  
 Accepting New Patients: No  
 Min/Max Age: 0\None  
 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: No  
 Min/Max Age: 0\None  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hospital Accreditation Status:  
 Hours: 24 Hours / 7 days/week  
 License Number: 080000050  
 NPI: 1841277704  
 Website: [www.scripps.org/locations/hospitals\\_\\_scripps](http://www.scripps.org/locations/hospitals__scripps)

s- 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: No  
 Min/Max Age: 0\None  
 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

### SCRIPPS MERCY HOSPITAL

Provider ID: 170048

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## E. Directorio de hospitales: hospital general de atención aguda


 4077 5TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 294-8111  
 After Hours Phone: (619) 294-8111

Accepting New Patients: No  
Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week  
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

### 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: No  
Min/Max Age: 0\None


 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

### 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: No  
Min/Max Age: 0\None

 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

### 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: No  
Min/Max Age: 0\None

 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

### SHARP CORONADO HOSP AND HEALTHCARE CTR

Provider ID: 170252

 250 PROSPECT PL  
CORONADO, CA 92118  
 Phone: (619) 522-3600  
 After Hours Phone: (619) 522-3600

Accepting New Patients: No  
Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N

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## E. Directorio de hospitales: hospital general de atención aguda

Hospital Accreditation Status: JCAHO

🕒 Hours: 24 Hours / 7 days/week

NPI: 1154304475

🌐 Website: [www.sharp.com/hospitals/coronado/](http://www.sharp.com/hospitals/coronado/)

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

### SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Provider ID: 170054

📍 3003 HEALTH CENTER DR SAN DIEGO, CA 92123

☎ Phone: (858) 939-3400

📞 After Hours Phone: (858) 939-3400

Accepting New Patients: No  
Min/Max Age: 0\None

📄 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

🕒 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: No  
Min/Max Age: 0\None

📄 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

🕒 Hours: 24 Hours / 7 days/week

NPI: 1407839921

🌐 Website: [www.sharp.com/hospitals/memorial/](http://www.sharp.com/hospitals/memorial/)

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

### TRI CITY MEDICAL CTR

Provider ID: 170049

📍 4002 VISTA WAY  
OCEANSIDE, CA 92056

☎ Phone: (760) 724-8411

📞 After Hours Phone: (760) 724-8411

Accepting New Patients: No  
Min/Max Age: 0\None

📄 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

JCAHO

🕒 Hours: 24 Hours / 7 days/week

NPI: 1801861190

🌐 Website: [www.tricitymed.or](http://www.tricitymed.or)

g

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

### UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER

Provider ID: 685221

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Accepting New Patients: No  
Min/Max Age: 0\None

📄 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

🕒 Hours: 24 Hours / 7 days/week

License Number: 090000013

NPI: 1184722779

🌐 Website: N/A

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

### UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER

Provider ID: 685221

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Accepting New Patients: No  
Min/Max Age: 0\None

📄 Site English Spoken: Y  
Cultural Competency: N


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## E. Directorio de hospitales: hospital general de atención aguda

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*Hospital Accreditation Status:*

JCAHO

 *Hours: 24 Hours / 7 days/week*

*License Number: 090000101*

*NPI: 1184722779*

 *Website: N/A*


*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

### **UCSD LA JOLLA JOHN SALLY THORNTON**

*Provider ID: 170053*

 *9300 CAMPUS POINT DR  
LA JOLLA, CA 92037*


 *Phone: (858) 657-7000*

 *After Hours Phone: (858) 657-7000*

*Accepting New Patients: No  
Min/Max Age: 0\None*

 *Site English Spoken: Y  
Cultural Competency: N*

*Hospital Accreditation Status:*

 *Hours: 24 Hours / 7 days/week*

*License Number: 090000101*

*NPI: 1497021265*

 *Website: N/A*


*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

### **UCSD MEDICAL CTR**

*Provider ID: 170051*

 *200 W ARBOR DR  
SAN DIEGO, CA 92103*


 *Phone: (619) 543-6222*

 *After Hours Phone: (619) 543-6222*

*Accepting New Patients: No  
Min/Max Age: 0\None*


 *Site English Spoken: Y  
Cultural Competency: N*

*Hospital Accreditation Status:*

 *Hours: 24 Hours / 7 days/week*

*License Number: 090000101*

*NPI: 1184722779*

 *Website: <https://health.ucsd.edu/locations/pages/hillcrest.aspx>*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Birthing Friendly: Y*

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### CARLSBAD

#### LA COSTA HOUSE

Provider ID: 662923

6433 FLAMENCO ST  
CARLSBAD, CA 92009

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)  
721-1706

Accepting New Patients: No  
NPI: 1962488007

Website: N/A  
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: No  
NPI: 1538142369

Website: [www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm)  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### SOUTH BAY POST ACUTE CARE

Provider ID: 394308

553 F ST  
CHULA VISTA, CA 91910

Phone: (619) 426-8611

Fax: (619) 240-7378

After Hours Phone: (619)  
426-8611

Accepting New Patients: No  
Hours: M-F 9AM-5:30PM  
NPI: 1376946277

Website: <http://southbaypostacute.com>

Credentials and/or  
certifications:

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish, Filipino, Pilipino  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CORONADO

#### VILLA CORONADO CONVALESCENT

Provider ID: 172644

233 PROSPECT PL

CORONADO, CA 92118

Phone: (619) 552-3900

Fax: (619) 522-3939

After Hours Phone: (619)  
552-3900

Accepting New Patients: No  
NPI: 1184607418

Website: [www.sharp.com/hospitals/coronado/departments/long-term-care.cfm](http://www.sharp.com/hospitals/coronado/departments/long-term-care.cfm)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### EL CAJON

#### AVOCADO POST ACUTE

Provider ID: 171985

510 E WASHINGTON AVE  
EL CAJON, CA 92020

Phone: (619) 440-1211

Fax: (619) 956-3929

After Hours Phone: (619)  
440-1211

Accepting New Patients: No  
NPI: 1568484517

Website: [www.avacadopostacute.com](http://www.avacadopostacute.com)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### COTTONWOOD CANYON HEALTHCARE CENTER

Provider ID: 171983

 1391 E MADISON AVE  
EL CAJON, CA 92021

 Phone: (619) 444-1107

Fax: (619) 444-1403

 After Hours Phone: (619) 444-1107

Accepting New Patients: No  
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

 After Hours Phone: (619) 441-8745

Accepting New Patients: No  
NPI: 1700973963

 Website: [www.countryhills.c](http://www.countryhills.c)

om  
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: No  
NPI: 1063974285

 Website: N/A

Credentials and/or certifications:


Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC

Provider ID: 286282

 1340 E MADISON AVE  
EL CAJON, CA 92021

 Phone: (619) 447-1020

Fax: (619) 447-1024

 After Hours Phone: (619) 447-1020

Accepting New Patients: No  
NPI: 1346516937

 Website: N/A  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### MAGNOLIA POST ACUTE CARE

Provider ID: 380518

 635 S MAGNOLIA AVE  
EL CAJON, CA 92020

 Phone: (616) 442-8826

Fax: (619) 442-0288

 After Hours Phone: (616) 442-8826

Accepting New Patients: No  
NPI: 1316340227

 Website: N/A  
Credentials and/or

certifications:

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)


### PROVIDER

#### PARKSIDE HEALTH AND WELLNESS CENTER

Provider ID: 349923

 444 W LEXINGTON AVE  
EL CAJON, CA 92020

 Phone: (619) 442-7744

 After Hours Phone: (619)  
442-7744


Accepting New Patients: No

NPI: 1447653340

 Website: <http://parksidehealth.net>

Credentials and/or certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### SAN DIEGO POST ACUTE CENTER

Provider ID: 173508

 1201 S ORANGE AVE  
EL CAJON, CA 92020

 Phone: (619) 441-1988

Fax: (619) 441-7416

 After Hours Phone: (619)  
441-1988

Accepting New Patients: No

NPI: 1285061085

 Website: <http://sdpostacute.com>

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


#### 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: No

NPI: 1073916987

 Website: <http://sometersubacute.com>

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

#### VICTORIA POST ACUTE CARE


Provider ID: 387720

 654 S ANZA ST  
EL CAJON, CA 92020

 Phone: (619) 440-5005

 After Hours Phone: (619)  
440-5005

Accepting New Patients: No  
NPI: 1326441239

 Website: <http://victoriapostacute.com>

Credentials and/or certifications:


 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

#### VICTORIA POST ACUTE CARE

Provider ID: 387720

 654 S ANZA ST  
EL CAJON, CA 92020

 Phone: (619) 440-5005

 After Hours Phone: (619)  
440-5005

Accepting New Patients: No

NPI: 1326441239

 Website: [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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

EL CAJON, CA 92020  
 Phone: (619) 442-0544  
 After Hours Phone: (619) 442-0544

Accepting New Patients: No  
 NPI: 1023048295

 Website: <http://villalaspalmascares.com>  
 Credentials and/or certifications:

 Site English Spoken: Y  
 Cultural Competency: N




American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


### 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: No  
 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: No  
 Hours: M-F 8AM-5PM  
 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


#### THE DORTHY AND JOSEPH GOLDBERG HEALTHCARE CENTER


Provider ID: 172000

 211 SAXONY RD  
 ENCINITAS, CA 92024  
 Phone: (760) 632-0081  
 Fax: (760) 516-2016

 After Hours Phone: (760) 632-0081

Accepting New Patients: No  
 Hours: M-F 7AM-4PM  
 NPI: 1659482032

 Website: N/A  
 Credentials and/or certifications:


 Site English Spoken: Y  
 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: No  
 Hours: M-F 8AM-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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### LIFE CARE CENTER OF ESCONDIDO

Provider ID: 172010

1980 FELICITA RD  
ESCONDIDO, CA 92025

Phone: (760) 741-6109

After Hours Phone: (760) 741-6109

Accepting New Patients: No

NPI: 1386681286

Website: <http://lifecarecenterofescondido.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

After Hours Phone: (760) 746-1100

Accepting New Patients: No

NPI: 1255337440

Website: <http://palomarheightsrehab.com>

Credentials and/or certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PALOMAR VISTA HEALTHCARE CTR

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: No

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: No

Hours: M-F 8AM-5PM

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: No

Hours: M-F 8AM-5PM

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

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### VIA RIO HOUSE

Provider ID: 662930

1262 VIA ENCINOS DR  
FALLBROOK, CA 92028

Phone: (760) 547-1976

Fax: (760) 721-9872

After Hours Phone: (760)  
547-1976

Accepting New Patients: No

NPI: 1962488007

Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### 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: No

Hours: M-F 8AM-5PM

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: No

Hours: M-F 7:30AM-4PM

NPI: 1588067482

Website: <http://thecoveatljolla.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: No

NPI: 1356345706

Website: [www.lifegen.net/arborhills/](http://www.lifegen.net/arborhills/)

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(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: No

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

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### 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: No  
NPI: 1457345001

Website: [countrymanorlamesa.com](http://countrymanorlamesa.com)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### GROSSMONT HOSPITAL DP SNF

Provider ID: 172643

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 740-4110

After Hours Phone: (619)  
740-4110

Accepting New Patients: No  
NPI: 1417930249

Website: [www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm](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: No  
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

### HILLDALE HABILITATION CENTER

Provider ID: 527671

7979 LA MESA BLVD  
LA MESA, CA 91942

Phone: (619) 465-8010

Fax: (619) 465-8348

After Hours Phone: (619)  
465-8010

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1073736427

Website: N/A

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  
AVE  
LA MESA, CA 91941

Phone: (619) 465-1313

Fax: (619) 465-8429

After Hours Phone: (619)  
465-1313

Accepting New Patients: No  
NPI: 1003852666

Website: <http://lamesahealthcare.com>

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N


Accessibility: CONTACT  
PROVIDER


### PARKWAY HILLS NURSING & REHAB

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

Provider ID: 417047


 7760 PARKWAY DR  
LA MESA, CA 91942

 Phone: (619) 469-0124


Fax: (619) 828-7654

 After Hours Phone: (619)  
469-0124


Accepting New Patients: No

 Hours: M-TH 9AM-5PM  
F 5AM-5PM

NPI: 1174926448

 Website: N/A  
Credentials and/or  
certifications:

 Site English Spoken: Y

 Site Languages(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: No  
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: No  
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: No

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: No  
 Hours: M-F 9AM-5PM

NPI: 1235133687

 Website: [www.lifegen.net/friendshipmanor/](http://www.lifegen.net/friendshipmanor/)  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### PARADISE VALLEY HEALTH CARE CENTER

Provider ID: 171106

2575 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 470-6700

After Hours Phone: (619)  
470-6700

Accepting New Patients: No  
NPI: 1275513293

Website: <http://pvhcc.com>  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### WINDSOR GARDENS CONV CTR OF SAN DIEGO

Provider ID: 172011

220 E 24TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 474-6741

Fax: (619) 474-1925

After Hours Phone: (619)  
474-6741

Accepting New Patients: No  
NPI: 1730176538

Website: [www.windsorcare.com](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: No  
NPI: 1265462436

Website: [WWW.LAPALOM  
AHEALTHCARE.COM](http://WWW.LAPALOM<br/>AHEALTHCARE.COM)

Credentials and/or  
certifications:

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish, Armenian, Korean,  
Tagalog

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### MCNEALY HOUSE

Provider ID: 662925

4602 ALLENDE AVE  
OCEANSIDE, CA 92057

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)  
721-1706

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: No  
NPI: 1962488007

Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### POWAY



#### BOULDER CREEK POST ACUTE


Provider ID: 276987

12696 MONTE VISTA RD  
POWAY, CA 92064


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

 Phone: (858) 487-6242  
 Fax: (858) 487-4282


 After Hours Phone: (858) 487-6242

Accepting New Patients: No

 Hours: M-F 8AM-5:30PM  
 NPI: 1073902672

 Website: <http://bouldercrekpa.com>

Credentials and/or certifications:



 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### POWAY HEALTHCARE CENTER


Provider ID: 171989

 15632 POMERADO RD  
 POWAY, CA 92064


 Phone: (858) 485-5153  
 Fax: (858) 485-7694


 After Hours Phone: (858) 485-5153

Accepting New Patients: No  
 NPI: 1407035512

 Website: <http://powaycare.com>

Credentials and/or certifications:



 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


### THE VILLAS AT POWAY

Provider ID: 172642


 15615 POMERADO RD  
 POWAY, CA 92064

 Phone: (858) 613-4545  
 After Hours Phone: (858) 613-4545

Accepting New Patients: No  
 NPI: 1619947090

 Website: [www.palomarhealth.org/skilled-nursing/villa-pomerado](http://www.palomarhealth.org/skilled-nursing/villa-pomerado)

Credentials and/or certifications:

 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

### SAN DIEGO

#### ACCESS TO INDEPENDENCE

Provider ID: 417267

 8885 RIO SAN DIEGO DR  
 STE 131


SAN DIEGO, CA 92108  
 Phone: (619) 293-3500  
 Fax: (619) 704-2054


 After Hours Phone: (619) 293-3500

Accepting New Patients: No  
 Hours: M-F 8AM-5PM  
 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: No

 Hours: SU-SA 9AM-5PM  
 NPI: 1487640066

 Website: <http://arroyovistacare.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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)


 3520 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 291-5270  
 After Hours Phone: (619) 291-5270

Accepting New Patients: No  
NPI: 1578521274

 Website: <http://balboahc.com>

Credentials and/or certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken: Mandarin, Spanish, Tagalog, Vietnamese

Cultural Competency: N


American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

### BRIGHTON PLACE SAN DIEGO

Provider ID: 402624

 1350 EUCLID AVE  
SAN DIEGO, CA 92105

 Phone: (619) 263-2166

 After Hours Phone: (619) 263-2166

Accepting New Patients: No  
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: No  
NPI: 1083727093

 Website: <http://carmelmountain.net>

Credentials and/or certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken: Tagalog, Armenian, Mandarin, Spanish, Russian, Korean, Vietnamese

Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

#### GOLDEN HILL POST ACUTE

Provider ID: 614821


 1201 34TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 232-2946


Fax: (619) 702-7358

 After Hours Phone: (619) 232-2946

Accepting New Patients: No  
NPI: 1598229437

 Website: N/A  
Credentials and/or certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

#### 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: No  
 Hours: M-F 8AM-5PM  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### 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: No

NPI: 1881684900

Website: [www.jacobhealthcare.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

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: No  
NPI: 1669875563

Website: <http://missionhillspostacute.com>

Credentials and/or  
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### RADY CHILDRENS

### CONVALESCENT HOSPITAL

Provider ID: 172200

8022 BIRMINGHAM DR  
SAN DIEGO, CA 92123

Phone: (858) 966-5833

Fax: (858) 966-8558

After Hours Phone: (858)  
966-5833

Accepting New Patients: No  
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: No  
NPI: 1255499174

Website: <http://reovista.com>

Credentials and/or  
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### ST PAULS HEALTH CARE CENTER

Provider ID: 288531

235 NUTMEG ST  
SAN DIEGO, CA 92103

Phone: (619) 677-3895

After Hours Phone: (619)  
677-3895

Accepting New Patients: No  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

Provider ID: 262151

 3202 DUKE ST  
SAN DIEGO, CA 92110  
 Phone: (619) 224-4141  
 After Hours Phone: (619)  
224-4141

Accepting New Patients: No  
NPI: 1538174990

 Website: N/A  
Credentials and/or



certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### THE SPRINGS AT PACIFIC REGENT

Provider ID: 172008

 3884 NOBEL DR  
SAN DIEGO, CA 92122  
 Phone: (858) 625-8700  
Fax: (858) 625-8777

 After Hours Phone: (858)  
625-8700

Accepting New Patients: No  
NPI: 1003198342

 Website: N/A  
Credentials and/or

certifications:



Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

### UNIVERSITY CARE CENTER

Provider ID: 172024

 5602 UNIVERSITY AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 583-1993  
Fax: (619) 501-3559

 After Hours Phone: (619)  
583-1993

Accepting New Patients: No  
NPI: 1871522672

 Website: <http://universitycarecenter.com>

Credentials and/or  
certifications:



Site English Spoken: Y  
 Site Language(s) Spoken:  
Tagalog, Mandarin,  
Russian, Vietnamese, Farsi,  
Spanish

Cultural Competency: N  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### VILLA RANCHO BERNARDO CARE CENTER

Provider ID: 172009

 15720 BERNARDO CENTER  
DR  
SAN DIEGO, CA 92127  
 Phone: (858) 672-3900  
Fax: (858) 672-9247

 After Hours Phone: (858)  
672-3900

Accepting New Patients: No

NPI: 1518063437

 Website: [www.villaranchobernardo.com](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: No  
NPI: 1811963028

 Website: <https://windsorgoldenhill.com>

Credentials and/or  
certifications:

Site English Spoken: Y  
 Site Language(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### 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: No  
NPI: 1962488007

Website: N/A  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### 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: No  
Hours: SU-SA 8AM-5PM  
NPI: 1184628554

Website: [www.lifegen.net/Sstanfordcourt/](http://www.lifegen.net/Sstanfordcourt/)  
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: No  
NPI: 1518974542

Website: N/A  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### BRIGHTON PLACE SPRING VALLEY

Provider ID: 417094

9009 CAMPO RD  
SPRING VALLEY, CA 91977

Phone: (619) 460-2711

After Hours Phone: (619)  
460-2711

Accepting New Patients: No  
NPI: 1780682021

Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC

Provider ID: 171969

325 KEMPTON ST  
SPRING VALLEY, CA 91977

Phone: (619) 931-1151

Fax: (224) 233-1397

After Hours Phone: (619)  
931-1151

Accepting New Patients: No  
Hours: SU-SA 8AM-5PM  
NPI: 1649375403

Website: [covlivingmountmiguel.org](http://covlivingmountmiguel.org)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC

Provider ID: 171969

325 KEMPTON ST  
SPRING VALLEY, CA 91977

Phone: (619) 931-1151

Fax: (224) 233-1397

After Hours Phone: (619)  
931-1151

Accepting New Patients: No

Hours: SU-SA 8AM-5PM

NPI: 1649375403

Website: [www.mountmiguelcovenantvillage.org](http://www.mountmiguelcovenantvillage.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: No

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: No

NPI: 1962488007

Website: N/A  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

#### 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: No

NPI: 1962488007

Website: N/A

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### 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: No

Hours: SU-SA 8:30AM-5PM

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

724-8222

Accepting New Patients: No

🕒 Hours: SU-SA 9AM-5PM

NPI: 1811942063

🌐 Website: [www.lcca.com](http://www.lcca.com)

Credentials and/or

certifications:

📄 Site English Spoken: Y

📄 Site Language(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: No

NPI: 1962488007

🌐 Website: N/A

Credentials and/or

certifications:

📄 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### MONTGOMERY HOUSE

Provider ID: 662927

📍 1658 MONTGOMERY DR  
VISTA, CA 92084

📞 Phone: (760) 721-1706

Fax: (760) 721-9872

🕒 After Hours Phone: (760)  
721-1706

Accepting New Patients: No

NPI: 1962488007

🌐 Website: N/A

Credentials and/or

certifications:

📄 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### ORIENTE HOUSE

Provider ID: 662928

📍 3081 ORIENTE DR

VISTA, CA 92084

📞 Phone: (760) 721-1706

Fax: (760) 721-9872

🕒 After Hours Phone: (760)  
721-1706

Accepting New Patients: No

NPI: 1962488007

🌐 Website: N/A

Credentials and/or

certifications:

📄 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### SAVA HOME

Provider ID: 669500

📍 263 AHMU TER

VISTA, CA 92084

📞 Phone: (760) 305-7052

Fax: (760) 509-4949

🕒 After Hours Phone: (760)  
305-7052

Accepting New Patients: No

🕒 Hours: M-F 8AM-5PM

NPI: 1962541177

🌐 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: No

NPI: 1093137762

🌐 Website: N/A

Credentials and/or

certifications:

📄 Site English Spoken: Y

Cultural Competency: N


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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

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*American Sign Language (ASL): NPI: 1962488007*


N

 *Accessibility: CONTACT PROVIDER*

### **VISTA HEALTHCARE CENTER**


*Provider ID: 171990*


 247 E BOBIER DR  
VISTA, CA 92084

 *Phone: (760) 945-3033*  
*Fax: (760) 724-3169*

 *After Hours Phone: (760) 945-3033*

*Accepting New Patients: No*

 *Hours: M-F 8AM-5PM*  
*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: No*

 *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: No*

 *Hours: SU-SA 8:30AM-5PM*  
*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## G. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

### CHULA VISTA

#### OPEN ARMS ADHC

Provider ID: 417307

301 E J ST  
CHULA VISTA, CA 91910

Phone: (619) 420-1404

Fax: (619) 420-1408

After Hours Phone: (619) 420-1404

Accepting New Patients: No

Hours: M-F 7AM-3PM

License Number: 060002076

NPI: 1598882169

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N

If Facility has completed cultural competence training: N

Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English Languages: N

Website: <http://openarmsadhc.com>

### EL CAJON

#### EL CAJON ADHC

Provider ID: 637126

854 JACKMAN ST  
EL CAJON, CA 92020

Phone: (619) 328-2112

Fax: (619) 328-0069

After Hours Phone: (619) 328-2112

Accepting New Patients: No

Hours: SU-SA 9AM-3PM

License Number: 550008511

NPI: 1184207631

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N

If Facility has completed cultural competence training: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: N

Website: N/A

#### MAGNOLIA ADULT DAY HEALTH CARE

Provider ID: 408541

490 N MAGNOLIA AVE  
EL CAJON, CA 92020

Phone: (619) 444-1522

Fax: (619) 444-1516

After Hours Phone: (619) 444-1522

Accepting New Patients: No

Hours: M-F 8AM-4PM

License Number: 60000821

NPI: 1487864468

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): Facility has access to skilled

N

Language line interpreter services: N

If Facility has completed cultural competence training: N

N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: N

Website: <http://magnoliaadhc.com>

Website: <http://magnoliaadhc.com>

#### WESTERN ADHC

Provider ID: 417305

240 S MAGNOLIA AVE  
EL CAJON, CA 92020

Phone: (619) 631-7222

Fax: (619) 631-9228

After Hours Phone: (619) 631-7222

Accepting New Patients: No

Site Languages(s) Spoken: Spanish, Arabic, Tagalog, Farsi

Hours: M-F 7AM-3:30PM

NPI: 1821125550

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: Y

If Facility has completed cultural competence training: N

N

Facility has access to skilled

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## G. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

medical interpreters on site?: N  
 Interpreter Non-English  
 Languages: Y  
 Website: <https://westernadhc.wordpress.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: No  
 NPI: 1093921900  
 Accessibility: CONTACT PROVIDER  
 American Sign Language (ASL): N  
 Language line interpreter services: N  
 If Facility has completed cultural competence training: 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  
 After Hours Phone: (619) 474-1822  
 Accepting New Patients: No  
 License Number: 060000582  
 NPI: 1396476388  
 Accessibility: CONTACT PROVIDER  
 American Sign Language (ASL): N  
 Language line interpreter services: N  
 If Facility has completed cultural competence training: 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: No  
 License Number: 60000822  
 NPI: 1568659977  
 Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N  
 Language line interpreter services: N  
 If Facility has completed cultural competence training: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English  
 Languages: N  
 Website: N/A

### SAN DIEGO

#### CASA PACIFICA ADHCC

Provider ID: 417303  
 1424 30TH ST STE C  
 SAN DIEGO, CA 92154  
 Phone: (619) 424-8181  
 After Hours Phone: (619) 424-8181  
 Accepting New Patients: No  
 NPI: 1609920305  
 Accessibility: CONTACT PROVIDER  
 American Sign Language (ASL): N  
 Language line interpreter services: N  
 If Facility has completed cultural competence training: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English  
 Languages: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## G. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos


 Website: [www.casa-pacific.com](http://www.casa-pacific.com)

### LOVING CARE ADHC

Provider ID: 419961

 2565 CAMINO DEL RIO S  
STE 201

SAN DIEGO, CA 92108

 Phone: (619) 718-9777


Fax: (619) 569-2855

 After Hours Phone: (619)  
718-9777

Accepting New Patients: No

 Hours: SU-SA 8:30AM-4PM

NPI: 1346455961

 Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N

If Facility has completed  
cultural competence training:

N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English


Languages: N

 Website: [www.lovingcareadhc.com](http://www.lovingcareadhc.com)

### SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE

Provider ID: 539018


 4428 CONVOY ST STE 288  
SAN DIEGO, CA 92111


 Phone: (858) 244-4555

Fax: (858) 724-3302

 After Hours Phone: (858)  
244-4555

Accepting New Patients: No

 Site Language(s) Spoken:  
Vietnamese, Mandarin,  
Spanish

 Hours: M-F 8AM-5PM

License Number: 550005837

NPI: 1396201828

 Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: Y

If Facility has completed  
cultural competence training:

N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English

Languages: Y

 Website: [Sandiegofamilycircle.com](http://Sandiegofamilycircle.com)

Accepting New Patients: No  
License Number: 060000832

NPI: 1528271186

 Accessibility: CONTACT  
PROVIDER

American Sign Language (ASL):  
N

Language line interpreter  
services: N


If Facility has completed  
cultural competence training:

N

Facility has access to skilled  
medical interpreters on site?: N

Interpreter Non-English

Languages: N

 Website: [www.americareadhc.com](http://www.americareadhc.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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## H. Servicios de apoyo en el hogar (IHSS) del condado


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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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental


## ALPINE

### KHALEEL, AMMAR

Provider Gender: Male

License Number: LCS110302


NPI: 1841744208


 Provider English Spoken: Y

 Arabic

Cultural Competency: N

AMMAR KHALEEL

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

### TORRES, RANDALL

Provider Gender: Male


License Number: PSY31823


NPI: 1871696435


 Provider English Spoken: Y

Cultural Competency: N

RANDALL P TORRES

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901


 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 12\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


## CAMPO

### CASTLEBERRY, DANI

Provider Gender: Female

License Number: LCS95022

NPI: 1053706853

 Provider English Spoken: Y


 Spanish

Cultural Competency: N

DANI E CASTLEBERRY

 1388 BUCKMAN SPRINGS  
RD

CAMPO, CA 91906

 Phone: (619) 662-4100


Fax: (619) 478-9164

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:

Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## CHULA VISTA

### BAYLON, ALDO

Provider Gender: Male

License Number: PSY29904

NPI: 1649429150


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

ALDO BAYLON

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 14\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


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# I. Directorio de salud mental

 Hours: M-F 8AM-8PM  
SA 8AM-4PM

## CASTLEBERRY, DANI

Provider Gender: Female  
License Number: LCS95022  
NPI: 1053706853


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

DANI E CASTLEBERRY

 780 BAY BLVD STE 200  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 240-7825

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-8PM  
SA 8AM-4PM

## 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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## GOULD, HILARY


Provider Gender: Female  
License Number: PSY31088  
NPI: 1104297696

 Provider English Spoken: Y


Cultural Competency: N

HILARY GOULD

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 271-0260

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-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: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender  
restriction

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: Yes

Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-8PM  
SA 8AM-4PM

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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) 425-1184

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental

## SHIELDS, SEBASTIAN

Provider Gender: Male

License Number: MFC124495


NPI: 1558895342

 Provider English Spoken: Y  
 Spanish


Cultural Competency: N

SEBASTIAN L SHIELDS

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## TROYER, EMILY

Provider Gender: Female


License Number: A149101

NPI: 1326484437

 Provider English Spoken: Y  
Cultural Competency: N

EMILY A TROYER

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-8PM  
SA 8AM-4PM

## WIJAYARATNE, IMANIE

Provider Gender: Female


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) 245-1184

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## EL CAJON

### ARAIZA, ERNESTINA

Provider Gender: Female


License Number: PSY32549

NPI: 1568608636


 Provider English Spoken: Y  
Cultural Competency: N

ERNESTINA ARAIZA

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### ARNOLD, REBECCA

Provider Gender: Female

License Number: MFC95778


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental


NPI: 1225580350

 Provider English Spoken: Y  
Cultural Competency: N


REBECCA L ARNOLD

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 270-3600


 Fax: (360) 462-2746

 After Hours Phone: (619)  
270-3600

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:  
Japanese, Spanish, Italian,  
Chinese, Farsi, Arabic,  
Mandarin

TDD: U

Min/Max Age: 4\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## 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) 270-3600


 Fax: (360) 462-2746

 After Hours Phone: (619)  
270-3600

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Japanese, Spanish, Italian,  
Chinese, Farsi, Arabic,  
Mandarin


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## CASEY, SHANNON

Provider Gender: Female

License Number: PSY31889

NPI: 1548873755


 Provider English Spoken: Y


 Sign Language

Cultural Competency: N

SHANNON K CASEY

 215 W MADISON AVE  
EL CAJON, CA 92020

 Phone: (760) 737-6935

 Fax: (760) 741-2782

 After Hours Phone: (760)  
737-6935

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 9AM-7PM

## CASEY, SHANNON

Provider Gender: Female

License Number: PSY31889

NPI: 1548873755


 Provider English Spoken: Y


 Sign Language

Cultural Competency: N

SHANNON K CASEY

 215 W MADISON AVE  
EL CAJON, CA 92020

 Phone: (760) 737-6935

 Fax: (760) 741-2782

 After Hours Phone: (760)  
737-6935

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-7PM

## CRUZ, GUADALUPE


Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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: (360) 462-2746

 After Hours Phone: (619)  
440-2751

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 13\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

## MANUEL, FRANCESCA

Provider Gender: Female

License Number: LCS107210

NPI: 1275097081


 Provider English Spoken: Y

Cultural Competency: N

FRANCESCA A MANUEL


 215 W MADISON AVE

EL CAJON, CA 92020

 Phone: (619) 667-6125

Fax: (619) 590-9036

 After Hours Phone: (619)  
667-6125

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken:

Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


 Hours: M-F 8AM-5PM

## MAXWELL-JUNGE, MELISSA

Provider Gender: Female

License Number: LCS90791

NPI: 1275182826


 Provider English Spoken: Y

Cultural Competency: N

MELISSA K MAXWELL-JUNGE

 215 W MADISON AVE

EL CAJON, CA 92020

 Phone: (619) 667-6125

Fax: (619) 590-9036

 After Hours Phone: (619)  
667-6125

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


## POSTLETHWAITE,

### ALEJANDRA

Provider Gender: Female

License Number: A88938

NPI: 1750566915

 Provider English Spoken: Y






 Spanish

Cultural Competency: N






ALEJANDRA POSTLETHWAITE



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental







 855 E MADISON AVE  
EL CAJON, CA 92020  
 Phone: (619) 440-2751  
Fax: (858) 633-4692  
 After Hours Phone: (619)  
440-2751  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


## SADDA, REEM

Provider Gender: Female  
License Number: A163129  
NPI: 1871921833  
 Provider English Spoken: Y  
 Arabic  
Cultural Competency: N  
REEM J SADDA  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\None  
Gender Restriction: No Gender

restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM





## WEAVER, AMANDA

Provider Gender: Female  
License Number: MFC105361  
NPI: 1174266423  
 Provider English Spoken: Y  
Cultural Competency: N  
AMANDA R WEAVER  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish

TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER





## WHEELER, KIM

Provider Gender: Female  
License Number: PSY34237

NPI: 1700577434  
 Provider English Spoken: Y  
Cultural Competency: N  
KIM N WHEELER  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 785-3356  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 11\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM



## 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) 736-6744  
 After Hours Phone: (760)  
736-6767



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Language(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## **GOMEZ, JUANITA**

Provider Gender: Female  
License Number: PSY27439  
NPI: 1790915759  
 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N

## **JUANITA GOMEZ**

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Website: N/A


Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
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) 736-6744


 After Hours Phone: (760)  
736-6767

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



## **ESCONDIDO**

## **ARLINGHAUS, RENE**


Provider Gender: Female  
License Number: LCS80909  
NPI: 1568973964

 Provider English Spoken: Y  
Cultural Competency: N

## **RENE M ARLINGHAUS**

 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
Fax: (619) 662-4196


 After Hours Phone: (619)  
662-4100

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 18\None  
Gender Restriction: No Gender  
restriction



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM



## **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) 520-8300  
Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8300

 Website: N/A  
Accepting New Patients: Yes

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# I. Directorio de salud mental


Site English Spoken: Y  
TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER



 Hours: M 7AM-7:30PM  
TU 7AM-4:30PM  
W 7AM-7:30PM  
TH-F 7AM-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: (360) 462-2745

 After Hours Phone: (760) 520-8100

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER

## **BELINSKY, MARIA**

Provider Gender: Female

License Number: LCS69175


NPI: 1760867824


 Provider English Spoken: Y  
 Spanish


Cultural Competency: N

MARIA T BELINSKY

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900  
Fax: (360) 462-2748

 After Hours Phone: (760) 737-6900

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER

## **BELINSKY, MARIA**

Provider Gender: Female

License Number: LCS69175


NPI: 1760867824

 Provider English Spoken: Y  
 Spanish

Cultural Competency: N

MARIA T BELINSKY

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900  
Fax: (858) 633-4693

 After Hours Phone: (760) 690-5900

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER



 Hours: M 9AM-4PM  
W-F 9AM-4PM

## **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: (858) 633-4698

 After Hours Phone: (760) 520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:

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# I. Directorio de salud mental

*Spanish*


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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

## **DOCKERY, LEE**

Provider Gender: Male


License Number: A178136

NPI: 1225526320

 Provider English Spoken: Y  
Cultural Competency: N

LEE M DOCKERY

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300

Fax: (858) 633-4698

 After Hours Phone: (760) 520-8300

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



 Hours: M-F 8AM-5PM

## **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: (360) 462-2745

 After Hours Phone: (760) 520-8100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken: Spanish


TDD: U

Min/Max Age: 14\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-0PM

## **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: Yes

Site English Spoken: Y

 Site Language(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

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# I. Directorio de salud mental

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **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) 741-2660*

 *After Hours Phone: (760) 741-2660*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **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) 741-2642*

 *After Hours Phone: (760) 741-2660*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **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: Yes*

*Site English Spoken: Y*

 *Site Language(s) Spoken: Spanish*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


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

## **MAGOS, DANIEL**

*Provider Gender: Male*

*License Number: LCS88270*


*NPI: 1578983664*

 *Provider English Spoken: Y*  
 *Spanish*

*Cultural Competency: N*

**DANIEL K MAGOS**

 425 N DATE ST  
ESCONDIDO, CA 92025

 *Phone: (760) 520-8300*

*Fax: (858) 633-4698*

 *After Hours Phone: (760) 520-8300*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 18\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT*

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# I. Directorio de salud mental

## 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### POSTLETHWAITE, ALEJANDRA

Provider Gender: Female

License Number: A88938

NPI: 1750566915

Provider English Spoken: Y

Spanish

Cultural Competency: N

ALEJANDRA POSTLETHWAITE

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### RIOS, SIERRA

Provider Gender: Female

License Number: LCS91970

NPI: 1942746128

Provider English Spoken: Y

Spanish

Cultural Competency: N

SIERRA K RIOS

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340

Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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# I. Directorio de salud mental


 Hours: M-F 8AM-5PM

## **ROBLEDO, DAMIAN**

Provider Gender: Male

License Number: LCS66152

NPI: 1376831289


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

DAMIAN ROBLEDO

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (360) 462-2752

 After Hours Phone: (760)  
520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 7AM-7:30PM

TU 7AM-4:30PM

W 7AM-7:30PM


TH-F 7AM-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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **STONE, CALVIN**

Provider Gender: Male

License Number: 20A18127


NPI: 1275995870

 Provider English Spoken: Y

Cultural Competency: N

CALVIN T STONE

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300

Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8300

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

## **STREET, KYLE**

Provider Gender: Male

License Number: 20A21304


NPI: 1457912131

 Provider English Spoken: Y

Cultural Competency: N

KYLE A STREET

 425 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8300


Fax: (858) 633-4698

 After Hours Phone: (760)  
520-8300

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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# I. Directorio de salud mental

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

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: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT


PROVIDER

## THOMAS, PAULA

Provider Gender: Female

License Number: LCS29517

NPI: 1821389966


 Provider English Spoken: Y

Cultural Competency: N

PAULA M THOMAS

 425 N DATE ST

ESCONDIDO, CA 92025

 Phone: (760) 520-8340


Fax: (360) 462-2752

 After Hours Phone: (760) 520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken: Spanish, German, French, Cappadocian Greek, Hindi


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## VALLEZ-BARLAM, ANDREA

Provider Gender: Female

License Number: PSY9962

NPI: 1710902143

 Provider English Spoken: Y

 German, Spanish


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# I. Directorio de salud mental

*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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

## VALLEZ-BARLAM, ANDREA

Provider Gender: Female

License Number: PSY9962

NPI: 1710902143

 Provider English Spoken: Y


 German, Spanish

Cultural Competency: N

ANDREA VALLEZ-BARLAM

 488 E VALLEY PKWY STE  
404

ESCONDIDO, CA 92025

 Phone: (760) 466-9800


Fax: (858) 633-4693

 After Hours Phone: (760)  
466-9800

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken:  
German, Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## VAQUERO, JUANA

Provider Gender: Female

License Number: PSY28364

NPI: 1023459708


 Provider English Spoken: Y

 Spanish

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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

## VENNAM, VAMSIKRISHNA

Provider Gender: Male


License Number: 20A19415

NPI: 1679070569

 Provider English Spoken: Y  
Cultural Competency: N

VAMSIKRISHNA 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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## WOODWORTH, JENNIFER

Provider Gender: Female

License Number: PSY26963

NPI: 1639362494


 Provider English Spoken: Y  
Cultural Competency: N

JENNIFER WOODWORTH


 425 N DATE ST  
ESCONDIDO, CA 92025

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# I. Directorio de salud mental

 Phone: (760) 520-8340  
Fax: (858) 633-4698

 After Hours Phone: (760) 520-8340

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


## FALLBROOK

### GILROY, LAURA

Provider Gender: Female

License Number: LCS27123

NPI: 1437427978


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

LAURA L GILROY

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 457-4700

 After Hours Phone: (760) 451-4720

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 7\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### MAGEE, ANNA

Provider Gender: Female

License Number: LCS107407


NPI: 1194234609

 Provider English Spoken: Y

Cultural Competency: N


ANNA M MAGEE

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720


Fax: (760) 457-4700

 After Hours Phone: (760) 451-4720

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 12\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### MILES, RENEE

Provider Gender: Female


License Number: LCS70204

NPI: 1053763623

 Provider English Spoken: Y  
Cultural Competency: N

RENEE S MILES

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 457-4700

 After Hours Phone: (760) 451-4720

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

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# I. Directorio de salud mental

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



## IMPERIAL BEACH

GONZALEZ, CLAUDIA

Provider Gender: Female


License Number: LCS100328


NPI: 1770055543

 Provider English Spoken: Y  
 Spanish

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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# I. Directorio de salud mental

 *PROVIDER*  
*Hours: M-F 8AM-5PM*

## **BOOTH, CHRISTOPHER**

*Provider Gender: Male*

*License Number: PSY26073*


*NPI: 1568893162*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

CHRISTOPHER R BOOTH

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)*  
*926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

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

## **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: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*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: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

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

## **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: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*


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

## **CHESHER, NICHOLAS**

*Provider Gender: Male*

*License Number: PSY29290*

*NPI: 1124539697*

 *Provider English Spoken: Y*


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# I. Directorio de salud mental

*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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## CRANDAL, BRENT

Provider Gender: Male


License Number: PSY26294

NPI: 1588739452

 Provider English Spoken: Y  
Cultural Competency: N

BRENT R CRANDAL

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## DUARTE, KRISTEN

Provider Gender: Female

License Number: PSY31227


NPI: 1093119364


 Provider English Spoken: Y  
Cultural Competency: N

KRISTEN L DUARTE

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## 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

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# I. Directorio de salud mental


 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
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: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## EICHEN, DAWN


Provider Gender: Female  
License Number: PSY27823  
NPI: 1861043366  
 Provider English Spoken: Y  
Cultural Competency: N  
DAWN M EICHEN  
 8950 VILLA LA JOLLA DR  
STE C212  
LA JOLLA, CA 92037  
 Phone: (858) 246-1654  
Fax: (858) 246-3181  
 After Hours Phone: (858) 246-1654  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None






Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

## FINN, DAPHNA

Provider Gender: Female  
License Number: A152291  
NPI: 1639522725  
 Provider English Spoken: Y  
Cultural Competency: N  
DAPHNA M FINN  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None


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# I. Directorio de salud mental

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **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: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **HUEGE, STEVEN**

*Provider Gender: Male*


*License Number: C141122*

*NPI: 1598716367*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


STEVEN F HUEGE

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



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

## **KHAFAJA, MOHAMAD**

*Provider Gender: Male*

*License Number: A115892*

*NPI: 1780867119*

 *Provider English Spoken: Y*  
 *Arabic*  
*Cultural Competency: N*

MOHAMAD H KHAFAJA

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **LASSWELL, EVE**

*Provider Gender: Female*

*License Number: PSY30220*


*NPI: 1013483635*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

EVE N LASSWELL

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*



*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

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# I. Directorio de salud mental

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*


## **LEDBETTER, ALEX**


*Provider Gender: Male*  
*License Number: 20A20454*  
*NPI: 1073017315*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

ALEX W LEDBETTER

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*



*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

## **LEE, DAVID**


*Provider Gender: Male*  
*License Number: A124329*  
*NPI: 1871884130*


 *Provider English Spoken: Y*  
 *Korean*

*Cultural Competency: N*

DAVID J LEE

 9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **LI, XIA**

*Provider Gender: Female*  
*License Number: A163344*  
*NPI: 1336670413*


 *Provider English Spoken: Y*

 *Mandarin*

*Cultural Competency: N*


XIA LI

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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


## **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: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **MAGINOT-CHESHER, TAMARA**

*Provider Gender: Female*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

License Number: PSY28678


NPI: 1043441165

 Provider English Spoken: Y  
Cultural Competency: N

TAMARA R MAGINOT

CHESHER

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 534-7792

Fax: (619) 471-9017

 After Hours Phone: (858)  
534-7792

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## MARTINEZ, STEPHANIE

Provider Gender: Female

License Number: A152787

NPI: 1699126367


 Provider English Spoken: Y

 Spanish

Cultural Competency: N


STEPHANIE MARTINEZ

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## MAXWELL, BENJAMIN

Provider Gender: Male


License Number: A108124

NPI: 1740415926


 Provider English Spoken: Y  
Cultural Competency: N


BENJAMIN K MAXWELL

 8950 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (858) 534-8019

Fax: (858) 534-6727

 After Hours Phone: (858)  
534-8019

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 9AM-5PM

## MENDEZ, ANDRES

Provider Gender: Male

License Number: PSY28907

NPI: 1841482692

 Provider English Spoken: Y


 Spanish

Cultural Competency: N

ANDRES G MENDEZ

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## MOORE, SHAVON

Provider Gender: Female

License Number: A152789

NPI: 1053682773

 Provider English Spoken: Y


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

*Cultural Competency: N*

SHAVON C MOORE

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 826-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
826-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



 Hours: M-F 8AM-5PM

## NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620


 Provider English Spoken: Y  
 Vietnamese


Cultural Competency: N

HOANG A NGUYEN

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## NGUYEN, HOANG

Provider Gender: Male

License Number: G83977


NPI: 1720011620


 Provider English Spoken: Y  
 Vietnamese

Cultural Competency: N

HOANG A NGUYEN

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (619) 497-6673

 After Hours Phone: (619)  
497-6673

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## PELHAM, WILLIAM

Provider Gender: Male

License Number: PSY33091

NPI: 1306629399

 Provider English Spoken: Y  
Cultural Competency: N

WILLIAM E PELHAM

 8950 VILLA LA JOLLA DR  
STE C101


LA JOLLA, CA 92037

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## QAYOUMI, WALI

Provider Gender: Male

License Number: A168429

NPI: 1093178220

 Provider English Spoken: Y


 French

Cultural Competency: N

WALI Z QAYOUMI

 9350 CAMPUS POINT DR  
STE LLB

LA JOLLA, CA 92037

 Phone: (619) 284-3746

Fax: (888) 579-8781

 After Hours Phone: (619) 284-3746

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): NPI: 1679869556

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## QAYOUMI, WALI

Provider Gender: Male

License Number: A168429

NPI: 1093178220

 Provider English Spoken: Y


 French

Cultural Competency: N


WALI Z QAYOUMI

 9500 GILMAN DR STE  
2069

LA JOLLA, CA 92093

 Phone: (858) 822-5881

Fax: (888) 539-8781

 After Hours Phone: (858) 822-5881

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## REED, KRISTIE


Provider Gender: Female

License Number: PSY30934

 Provider English Spoken: Y  
Cultural Competency: N

KRISTIE L REED

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## REED, KRISTIE

Provider Gender: Female

License Number: PSY30934


NPI: 1679869556

 Provider English Spoken: Y  
Cultural Competency: N

KRISTIE L REED

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental


Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


## **RICHARD, MARLA**


Provider Gender: Female  
License Number: G65188  
NPI: 1578720934

 Provider English Spoken: Y  
Cultural Competency: N  
MARLA G RICHARD

 9300 MEDIAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A


Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **SCHNEEBERGER, ANDRES**

Provider Gender: Male

License Number: C175502


NPI: 1184867376


 Provider English Spoken: Y  
Cultural Competency: N

ANDRES R SCHNEEBERGER


 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **TARLE, STEPHANIE**

Provider Gender: Female

License Number: PSY32155


NPI: 1659920403


 Provider English Spoken: Y  
Cultural Competency: N

STEPHANIE J TARLE

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 *Accessibility: CONTACT PROVIDER*

## **TARVER, LESLIE**

*Provider Gender: Female*

*License Number: A169181*


*NPI: 1811300957*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

LESLIE B TARVER


 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **THOMAS, KELSEY**

*Provider Gender: Female*

*License Number: PSY29738*

*NPI: 1700264264*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

KELSEY R THOMAS

 8950 VILLA LA JOLLA DR

STE 101

LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*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: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*

*restriction*

*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: Yes*

*Site English Spoken: Y*

*TDD: U*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

## **LAKESIDE**

## **BRUNETTO, HEIDI**

*Provider Gender: Female*

*License Number: PSY26809*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental

NPI: 1023250453

 Provider English Spoken: Y  
Cultural Competency: N

HEIDI M BRUNETTO

 10039 VINE ST  
LAKESIDE, CA 92040

 Phone: (619) 390-9975

Fax: (360) 462-2744

 After Hours Phone: (619)  
390-9975

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

## NATIONAL CITY

**CHOI, MIN**

Provider Gender: Female


License Number: MFC135952

NPI: 1871195107

 Provider English Spoken: Y  
Cultural Competency: N

MIN H CHOI

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (619) 356-2726

 After Hours Phone: (844)  
200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

**FLANIGAN, MARILYN**

Provider Gender: Female


License Number: MFC97326

NPI: 1588996912

 Provider English Spoken: Y  
Cultural Competency: N

MARILYN Y FLANIGAN

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM


**KUGEL, SAMUEL**

Provider Gender: Male

License Number: A54412

NPI: 1497813968


 Provider English Spoken: Y

 Portuguese, Spanish

Cultural Competency: N

SAMUEL KUGEL

 502 EUCLID AVE STE 305  
NATIONAL CITY, CA 91950

 Phone: (619) 472-2600

Fax: (619) 472-5721

 After Hours Phone: (619)  
472-2600

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish, Portuguese

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

**LAD, NIKISHA**

Provider Gender: Female

License Number: LCS120676

NPI: 1942857107

 Provider English Spoken: Y  
Cultural Competency: N

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# I. Directorio de salud mental

NIKISHA J LAD

2400 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8AM-5PM  
M-F 8AM-5PM

## SACHS, MELISSA

Provider Gender: Female

License Number: LCS76968

NPI: 1649760356

Provider English Spoken: Y  
Cultural Competency: N

MELISSA R SACHS

2400 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## SIMMONS, ROBERT

Provider Gender: Male

License Number: LCS117787

NPI: 1689269631

Provider English Spoken: Y  
Cultural Competency: N

ROBERT M SIMMONS

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 434-9853

After Hours Phone: (844)  
200-2426

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-6PM  
F 8AM-5PM

## OCEANSIDE

### ACOSTA, AZUCENA

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496







Provider English Spoken: Y  
Spanish

Cultural Competency: N

AZUCENA ACOSTA



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental





 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TU 8AM-5PM  
W 8AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM



## ACOSTA, AZUCENA

Provider Gender: Female  
License Number: LCS98304  
NPI: 1255937496

 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N



## AZUCENA ACOSTA

 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A  
Accepting New Patients: Yes





Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## ACOSTA, AZUCENA

Provider Gender: Female  
License Number: LCS98304  
NPI: 1255937496

 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N



## AZUCENA ACOSTA

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM


SA 9AM-4PM

## BELL, JENNIFER

Provider Gender: Female  
License Number: 20A20702  
NPI: 1154614956

 Provider English Spoken: Y  
Cultural Competency: N

## JENNIFER L BELL

 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 5\80

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

## BELL, JENNIFER

Provider Gender: Female  
License Number: 20A20702  
NPI: 1154614956

 Provider English Spoken: Y  
Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

JENNIFER L BELL

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 5\80

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

## BELL, JENNIFER

Provider Gender: Female

License Number: 20A20702

NPI: 1154614956

Provider English Spoken: Y

Cultural Competency: N

JENNIFER L BELL

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Chinese, Farsi

TDD: U

Min/Max Age: 5\80

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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

## 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) 736-6744

After Hours Phone: (760)  
736-6767

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM

## CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664



NPI: 1932359445

Provider English Spoken: Y



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental




 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: Yes  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-7PM  
 F 8AM-5PM  
 SA 9AM-4PM



## CHRISTIANSON, WARREN





Provider Gender: Male  
 License Number: 20A9664  
 NPI: 1932359445  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N

WARREN R CHRISTIANSON II  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000



 Website: N/A  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-7PM  
 F 8AM-5PM  
 SA 9AM-4PM

## 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: Yes  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-7PM  
 F 8AM-5PM  
 SA 9AM-4PM

## CHRISTIANSON, WARREN

Provider Gender: Male  
 License Number: 20A9664  
 NPI: 1932359445  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 WARREN R CHRISTIANSON II

 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Website: N/A  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-7PM  
 F 8AM-5PM  
 SA 9AM-4PM

## CHRISTIANSON, WARREN

Provider Gender: Male


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental

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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM

## 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) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M 9AM-6:15PM  
W 9AM-6PM

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 4\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 9AM-7PM  
F 9AM-5PM  
SA 9AM-4PM

## CRUZ, VANESSA

Provider Gender: Female

License Number: LCS87166

NPI: 1285170662


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 *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: Yes*


*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*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: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 9AM-7PM  
F 9AM-5PM  
SA 9AM-4PM*

## **DOUGHERTY, CHRISTINE**

*Provider Gender: Female*


*License Number: LCS26686*

*NPI: 1003194960*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

CHRISTINE A DOUGHERTY

 517 N HORNE ST  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*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: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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) 736-6744

 After Hours Phone: (760) 736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

## MENDEZ, ADRIANA

Provider Gender: Female

License Number: LCS86435


NPI: 1356777361

 Provider English Spoken: Y  
 Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## MENDEZ, ADRIANA

Provider Gender: Female

License Number: LCS86435


NPI: 1356777361

 Provider English Spoken: Y  
 Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## **MENDEZ, ADRIANA**

Provider Gender: Female

License Number: LCS86435

NPI: 1356777361

 Provider English Spoken: Y


 Spanish

Cultural Competency: N

ADRIANA J MENDEZ

 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

## **MEYERHOF, GRETA**

Provider Gender: Female

License Number: MFC32299


NPI: 1487196333

 Provider English Spoken: Y  
Cultural Competency: N

GRETA R MEYERHOF


 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **MEYERHOF, GRETA**

Provider Gender: Female

License Number: MFC32299

NPI: 1487196333


 Provider English Spoken: Y

Cultural Competency: N

GRETA R MEYERHOF


 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **MONTEZ, REBECCA**


Provider Gender: Female

License Number: LCS26869

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

NPI: 1396047809


 Provider English Spoken: Y

 Spanish

Cultural Competency: N


REBECCA MONTEZ

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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) 736-6744

 After Hours Phone: (760)  
736-6767

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

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: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 18\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM



TU 10AM-7PM  
W-F 8AM-5PM  
SA 9AM-4PM

## **PATEL, MITESH**


Provider Gender: Male  
License Number: A181164  
NPI: 1568880292

 Provider English Spoken: Y  
Cultural Competency: N

MITESH K PATEL

 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760) 631-5000

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 18\None  
Gender Restriction: No Gender restriction


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM  
SA 9AM-4PM


## **PATEL, MITESH**

Provider Gender: Male  
License Number: A181164  
NPI: 1568880292

 Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760) 631-5000

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 18\None  
Gender Restriction: No Gender restriction



American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM  
SA 9AM-4PM


## **SANCHEZ, ADRIANA**

Provider Gender: Female  
License Number: LCS97093  
NPI: 1609450451

 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N

ADRIANA SANCHEZ




 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892



 After Hours Phone: (760)

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# I. Directorio de salud mental

631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-4PM


## 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: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## SANCHEZ, ADRIANA

Provider Gender: Female  
License Number: LCS97093  
NPI: 1609450451  
 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N

## ADRIANA SANCHEZ

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N







 Accessibility: CONTACT PROVIDER

## SLOAN, CRISTINA


Provider Gender: Female  
License Number: MFC137279  
NPI: 1912456377  
 Provider English Spoken: Y  
Cultural Competency: N

## CRISTINA I SLOAN






 517 N HORNE ST

OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## SLOAN, CRISTINA

Provider Gender: Female  
License Number: MFC137279  
NPI: 1912456377  
 Provider English Spoken: Y  
Cultural Competency: N

## CRISTINA I SLOAN

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

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# I. Directorio de salud mental

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## SLOAN, CRISTINA

Provider Gender: Female


License Number: MFC137279

NPI: 1912456377


 Provider English Spoken: Y  
Cultural Competency: N

CRISTINA I SLOAN

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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# I. Directorio de salud mental

American Sign Language (ASL):  818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Accessibility: CONTACT  
PROVIDER

## WILSON, CARLENE

Provider Gender: Female


License Number: LCS74685

NPI: 1508327081

 Provider English Spoken: Y  
Cultural Competency: N

CARLENE WILSON

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  4700 N RIVER RD  
OCEANSIDE, CA 92057

 Accessibility: CONTACT  
PROVIDER

## WILSON, CARLENE

Provider Gender: Female


License Number: LCS74685

NPI: 1508327081

 Provider English Spoken: Y  
Cultural Competency: N

CARLENE WILSON

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

## WILSON, CARLENE

Provider Gender: Female


License Number: LCS74685

NPI: 1508327081

 Provider English Spoken: Y  
Cultural Competency: N

CARLENE WILSON

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

## POWAY

### KULKARNI, NISHAT

Provider Gender: Male


License Number: A187134

NPI: 1669034732

 Provider English Spoken: Y  
Cultural Competency: N

NISHAT KULKARNI

 13010 POWAY RD  
POWAY, CA 92064

 Phone: (858) 218-3000


Fax: (360) 462-2742

 After Hours Phone: (858)  
218-3000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### MODHWADIA, MAMTA

Provider Gender: Female

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# I. Directorio de salud mental

License Number: A113990

NPI: 1043353667

Provider English Spoken: Y

German, Gujarati

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: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 16\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

## POSTLETHWAITE,

### ALEJANDRA

Provider Gender: Female

License Number: A88938

NPI: 1750566915

Provider English Spoken: Y

Spanish

Cultural Competency: N

ALEJANDRA POSTLETHWAITE

13010 POWAY RD

POWAY, CA 92064

Phone: (858) 218-3000

Fax: (360) 462-2742

After Hours Phone: (858)  
218-3000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## VALLEZ-BARLAM, ANDREA

Provider Gender: Female

License Number: PSY9962

NPI: 1710902143

Provider English Spoken: Y

German, Spanish

Cultural Competency: N

ANDREA VALLEZ-BARLAM

13010 POWAY RD

POWAY, CA 92064

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858)  
218-3000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

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# I. Directorio de salud mental

## SAN DIEGO

### 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) 810-8700

Fax: (858) 633-4680

🕒 After Hours Phone: (858) 810-8700

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### ABERCROMBIE, SHERI

Provider Gender: Female

License Number: PSY18536

NPI: 1932292422

☐ Provider English Spoken: Y

Cultural Competency: N

SHERI ABERCROMBIE

📍 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

🕒 After Hours Phone: (858) 279-0925

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-4PM

### ARONLEE, TRACY

Provider Gender: Female

License Number: LCS83778

NPI: 1619304748

☐ Provider English Spoken: Y

Cultural Competency: N

TRACY S ARONLEE

📍 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

🕒 After Hours Phone: (858) 279-0925

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 2\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

### ARONLEE, TRACY

Provider Gender: Female

License Number: LCS83778

NPI: 1619304748

☐ Provider English Spoken: Y

Cultural Competency: N

TRACY S ARONLEE

📍 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

Fax: (858) 633-4680

🕒 After Hours Phone: (858) 810-8700

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 2\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### BANKS, SARAH

Provider Gender: Female

License Number: PSY30296

NPI: 1164701132

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental


 *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: Yes*


*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **BANKS, SARAH**

*Provider Gender: Female*


*License Number: PSY30296*

*NPI: 1164701132*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


SARAH J BANKS

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*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: Yes*


*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **BARRON, KAVITA**

*Provider Gender: Female*

*License Number: A155596*


*NPI: 1821418542*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

KAVITA BARRON

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

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

## **BASS, GURGIANA**

*Provider Gender: Female*


*License Number: PSY24750*

*NPI: 1639325277*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


GURGIANA BASS

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 810-8700*

*Fax: (858) 633-4680*

 *After Hours Phone: (858) 810-8700*

 *Website: N/A*

*Accepting New Patients: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental


Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **BASS, GURGIANA**

Provider Gender: Female


License Number: PSY24750


NPI: 1639325277

 Provider English Spoken: Y  
Cultural Competency: N

GURGIANA BASS

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4:30PM  
TU 8AM-0PM  
W 8AM-4:30PM  
TH 8AM-0PM

## **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: Yes

Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish

TDD: U

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# I. Directorio de salud mental


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **CEBALLOS, JACQUELINE**

Provider Gender: Female


License Number: LCS110194

NPI: 1093350258

 Provider English Spoken: Y  
Cultural Competency: N

JACQUELINE 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: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **CEBALLOS, JACQUELINE**

Provider Gender: Female


License Number: LCS110194

NPI: 1093350258


 Provider English Spoken: Y  
Cultural Competency: N

JACQUELINE CEBALLOS

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-9025


Fax: (858) 633-4680

 After Hours Phone: (858) 279-9025

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **CHOI, MIN**

Provider Gender: Female

License Number: MFC135952


NPI: 1871195107

 Provider English Spoken: Y  
Cultural Competency: N

MIN H CHOI

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender


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# I. Directorio de salud mental

restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM

## **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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **CIOBANU, COSMINA**

Provider Gender: Female


License Number: A137628

NPI: 1285049932


 Provider English Spoken: Y  
Cultural Competency: N

COSMINA S CIOBANU

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-8164

 After Hours Phone: (858)  
576-1700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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# I. Directorio de salud mental

## **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) 234-0206

 After Hours Phone: (619)  
234-2158

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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) 662-4158

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **DEACON, CASSIE**

Provider Gender: Female

License Number: LCS94105


NPI: 1720452998

 Provider English Spoken: Y  
Cultural Competency: N

CASSIE C DEACON

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 279-0925


Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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 9AM-4PM

## **DEACON, CASSIE**

Provider Gender: Female

License Number: LCS94105


NPI: 1720452998

 Provider English Spoken: Y  
Cultural Competency: N

CASSIE C DEACON

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700


Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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# I. Directorio de salud mental

 Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

## **DIAZ, JAENAI**

Provider Gender: Female

License Number: LCS80689

NPI: 1508241811


Provider English Spoken: Y

Spanish

Cultural Competency: N


JAENAI DIAZ

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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) 234-0206

 After Hours Phone: (619)  
234-2158

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

## **DOLNAK, DOUGLAS**

Provider Gender: Male

License Number: 20A6059


NPI: 1316147085

Provider English Spoken: Y

Cultural Competency: N

DOUGLAS R DOLNAK

 10737 CAMINO RUIZ  
SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (619) 474-4008

 After Hours Phone: (844)  
200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

## **DOSS, KATIE**

Provider Gender: Female


License Number: LCS112693

NPI: 1134825979

Provider English Spoken: Y  
Cultural Competency: N

KATIE L DOSS

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **DOSS, KATIE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

*Provider Gender: Female*


*License Number: LCS112693*

*NPI: 1134825979*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


**KATIE L DOSS**

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*


*Fax: (858) 633-4680*

 *After Hours Phone: (858)*  
*279-0925*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


 *Site Languages(s) Spoken:*  
*Spanish*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

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

## **DSOUZA, NICOLE**

*Provider Gender: Male*


*License Number: LCS101958*

*NPI: 1225462799*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

**NICOLE A DSOUZA**

 330 LEWIS ST  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*


*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

## **DUNN-PIRIO, ANASTASIE**

*Provider Gender: Female*


*License Number: A157861*

*NPI: 1700177136*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

**ANASTASIE M DUNN-PIRIO**

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 *Phone: (619) 543-3500*

*Fax: (888) 539-8781*

 *After Hours Phone: (619)*  
*543-3500*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*


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

## **ESTAVILLO, SAUL**

*Provider Gender: Male*

*License Number: MFC102610*

*NPI: 1528330073*


 *Provider English Spoken: Y*

 *Spanish*

*Cultural Competency: N*

**SAUL J ESTAVILLO**

 286 EUCLID AVE STE 309  
SAN DIEGO, CA 92114

 *Phone: (619) 527-7390*

*Fax: (619) 527-7394*

 *After Hours Phone: (619)*  
*527-7390*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 *Site Languages(s) Spoken:*  
*Spanish*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

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

## **ESTAVILLO, SAUL**



*Provider Gender: Male*

*License Number: MFC102610*

*NPI: 1528330073*

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# I. Directorio de salud mental


 *Provider English Spoken: Y*  
 *Spanish*

*Cultural Competency: N*

SAUL J ESTAVILLO

 3045 BEYER BLVD STE  
D101

SAN DIEGO, CA 92154

 *Phone: (619) 662-4161*


*Fax: (619) 662-4109*

 *After Hours Phone: (619)*  
*662-4161*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 *Site Languages(s) Spoken:*  
*Spanish*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

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

## **FIRESTONE, MICHELLE**

*Provider Gender: Female*

*License Number: PSY33081*


*NPI: 1114687803*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

MICHELLE E FIRESTONE

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*

*Fax: (858) 633-4680*

 *After Hours Phone: (858)*

*279-0925*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*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: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT*  
*PROVIDER*

## **FITZGERALD, MICHAEL**

*Provider Gender: Male*

*License Number: A73710*


*NPI: 1336393578*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

MICHAEL W FITZGERALD

 16918 DOVE CANYON RD  
STE 100

SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

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

## **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

SAN DIEGO, CA 92126  
☎ Phone: (844) 200-2426  
☎ Fax: (858) 578-4417  
🕒 After Hours Phone: (844) 200-2426  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-6PM

## 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) 563-0250  
☎ Fax: (858) 633-4681  
🕒 After Hours Phone: (619) 563-0250  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\None  
Gender Restriction: No Gender

restriction  
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: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM

## FRY, LIANE

Provider Gender: Female  
License Number: MFC42570  
NPI: 1003110917  
☑ Provider English Spoken: Y

Cultural Competency: N  
LIANE M FRY  
📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
☎ Phone: (619) 662-4100  
☎ Fax: (619) 595-0258  
🕒 After Hours Phone: (619) 662-4100  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 12\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM

## GARCIA, RICHARD

Provider Gender: Male  
License Number: LCS28742  
NPI: 1881198554  
☑ Provider English Spoken: Y  
Cultural Competency: N  
RICHARD R GARCIA  
📍 2630 1ST AVE  
SAN DIEGO, CA 92103  
☎ Phone: (619) 234-2158  
☎ Fax: (619) 234-0206  
🕒 After Hours Phone: (619) 234-2158  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

## GARCIA, JENNI

Provider Gender: Female

License Number: LPCC10346

NPI: 1437775863


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

JENNI GARCIA

 3025 BEYER BLVD  
SAN DIEGO, CA 92154

 Phone: (619) 662-4100


Fax: (619) 662-4119

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## GIAMONA, KRISTEN

Provider Gender: Female

License Number: PSY28419


NPI: 1376824383

 Provider English Spoken: Y


Cultural Competency: N

KRISTEN M GIAMONA

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

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) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## GOMEZ, JUANITA

Provider Gender: Female

License Number: PSY27439

NPI: 1790915759


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

JUANITA GOMEZ

 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p> 3025 BEYER BLVD            SAN DIEGO, CA 92154   <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 662-4119</i></p>	<p><i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>
<p><b>GULOTTA, SAMANTHA</b>  <i>Provider Gender: Female</i>  <i>License Number: MFC134199</i>  <i>NPI: 1790407732</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i></p>	<p> <i>After Hours Phone: (619) 662-4100</i>   <i>Website: N/A</i>  <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Y</i>  <i>TDD: U</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i></p>	<p> <i>Hours: M-F 8AM-5PM</i>  <b>KAYE, WALTER</b>  <i>Provider Gender: Male</i>  <i>License Number: A24819</i>  <i>NPI: 1922076223</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i></p>
<p><b>SAMANTHA L GULOTTA</b>   9909 MIRA MESA BLVD            STE 200            SAN DIEGO, CA 92131   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>   <i>Website: N/A</i>  <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Y</i>  <i>TDD: U</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b>WALTER H KAYE</b>   4510 EXECUTIVE DR            SAN DIEGO, CA 92121   <i>Phone: (858) 534-8019</i>   <i>After Hours Phone: (858) 534-8019</i>   <i>Website: N/A</i>  <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Y</i>  <i>TDD: U</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i></p>
<p><b>HERNANDEZ, SILVIA</b>  <i>Provider Gender: Female</i>  <i>License Number: MFC51787</i>  <i>NPI: 1982821179</i>   <i>Provider English Spoken: Y</i>   <i>Spanish</i>  <i>Cultural Competency: N</i>  <b>SILVIA E HERNANDEZ</b></p>	<p><b>JOSHI, YASH</b>  <i>Provider Gender: Male</i>  <i>License Number: A147156</i>  <i>NPI: 1598151433</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>YASH B JOSHI</b>   200 W ARBOR DR            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>   <i>Website: N/A</i>  <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Y</i>  <i>TDD: U</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i></p>	<p> <i>Hours: M-F 8AM-5PM</i>  <b>KHAFAJA, MOHAMAD</b>  <i>Provider Gender: Male</i>  <i>License Number: A115892</i>  <i>NPI: 1780867119</i>   <i>Provider English Spoken: Y</i>   <i>Arabic</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

*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: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **KHAMISA, SORAIYA**

*Provider Gender: Female*


*License Number: LCS81951*


*NPI: 1811254386*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

SORAIYA N KHAMISA

 4520 EXECUTIVE DR STE A  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*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: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 2\None*

*Gender Restriction: No Gender  
restriction*

*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) 633-4680*

 After Hours Phone: (858)  
810-8700

 Website: N/A

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 2\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*


 Accessibility: CONTACT  
PROVIDER

## **LABIB, MICHAEL**

*Provider Gender: Male*

*License Number: PSY34180*


*NPI: 1609055797*

 *Provider English Spoken: Y*  
*Arabic*

*Cultural Competency: N*

MICHAEL LABIB

 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173

 Phone: (619) 662-4100

*Fax: (619) 785-3384*

 After Hours Phone: (619)  
662-4100


 Website: N/A

*Accepting New Patients: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

Site English Spoken: Y


 Site Languages(s) Spoken: Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## LIDLAW, JOHN

Provider Gender: Male

License Number: MFC44560


NPI: 1689790073


 Provider English Spoken: Y  
Cultural Competency: N

JOHN K LIDLAW

 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: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## LEBENSOHN CHIALVO, FLORENCIA

Provider Gender: Female

License Number: PSY30776

NPI: 1134788730


 Provider English Spoken: Y  
Cultural Competency: N

FLORENCIA LEBENSOHN CHIALVO

 9333 GENESEE AVE STE 200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## LEDBETTER, ALEX

Provider Gender: Male

License Number: 20A20454


NPI: 1073017315


 Provider English Spoken: Y  
Cultural Competency: N

ALEX W LEDBETTER

 6655 ALVARADO RD

SAN DIEGO, CA 92120

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender

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# I. Directorio de salud mental

restriction

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

## LEE, DAVID

Provider Gender: Male

License Number: A124329

NPI: 1871884130


 Provider English Spoken: Y


 Korean


Cultural Competency: N

DAVID J LEE

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## LINKE, SARAH

Provider Gender: Female

License Number: PSY27116

NPI: 1487026415

 Provider English Spoken: Y

Cultural Competency: N

SARAH E LINKE

 4910 DIRECTORS PL STE  
250

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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# I. Directorio de salud mental


 Hours: M-F 8AM-5PM


## **LIU, TIMOTHY**

Provider Gender: Male

License Number: A105535

NPI: 1720262801


 Provider English Spoken: Y

 Chinese, Mandarin, Yue Chinese


Cultural Competency: N


TIMOTHY C LIU

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


## **LIU, TIMOTHY**

Provider Gender: Male

License Number: A105535

NPI: 1720262801


 Provider English Spoken: Y

 Chinese, Mandarin, Yue Chinese

Cultural Competency: N

TIMOTHY C LIU

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender  
restriction

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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **MALAK, LAWRENCE**

Provider Gender: Male

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# I. Directorio de salud mental


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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 14\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

## 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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## MCCULLUM, TIFFANY

Provider Gender: Female

License Number: PSY29329

NPI: 1528306206

 Provider English Spoken: Y


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# I. Directorio de salud mental

*Cultural Competency: N*

TIFFANY MCCULLUM

 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: Yes*

*Site English Spoken: Y*


*TDD: U*

*Min/Max Age: 13\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

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

## **MILLER, MIKAELA**

*Provider Gender: Female*


*License Number: A181565*

*NPI: 1639752355*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

MIKAELA G MILLER

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

 Website: N/A

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 *Site Languages(s) Spoken: N*  
*Spanish*


*TDD: U*

*Min/Max Age: 14\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*



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

## **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: Yes*

*Site English Spoken: Y*

 *Site Languages(s) Spoken: N*  
*Spanish*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

 *Accessibility: CONTACT  
PROVIDER*

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

## **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: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 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: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None


Gender Restriction: No Gender

restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## MUHAMMAD, LAMA

Provider Gender: Female

License Number: A156500

NPI: 1558701623


 Provider English Spoken: Y

 Arabic

Cultural Competency: N

LAMA MUHAMMAD

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620


 Provider English Spoken: Y


 Vietnamese


Cultural Competency: N

HOANG A NGUYEN

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM


## NING, GRACE

Provider Gender: Female

License Number: PSY27293

NPI: 1598911315


 Provider English Spoken: Y

 Chinese, Mandarin

Cultural Competency: N

GRACE J NING

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

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# I. Directorio de salud mental

American Sign Language (ASL): MARC A NORMAN

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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL): HENRY J ORFF

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **NORMAN, MARC**


Provider Gender: Male


License Number: PSY16278

NPI: 1922169101

 Provider English Spoken: Y  
Cultural Competency: N

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-2827

 After Hours Phone: (619)  
543-2827

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

## **PATTERSON-HYATT, KIMBERLY**

Provider Gender: Female

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# I. Directorio de salud mental

License Number: PSY31903


NPI: 1780997742

 Provider English Spoken: Y  
Cultural Competency: N

KIMBERLY G

PATTERSON-HYATT

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **PRINCE, RENEE**

Provider Gender: Female

License Number: PSY32206


NPI: 1467737908

 Provider English Spoken: Y  
Cultural Competency: N

RENEE K PRINCE


 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (619) 474-4008

 After Hours Phone: (844)  
200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER


 Hours: M-F 8AM-6PM

## **QAYOUMI, WALI**

Provider Gender: Male

License Number: A168429

NPI: 1093178220

 Provider English Spoken: Y


 French

Cultural Competency: N

WALI Z QAYOUMI

 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

 Phone: (619) 294-3746

Fax: (888) 539-8781

 After Hours Phone: (619)  
294-3746

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **RADOJEVIC, NATASHA**

Provider Gender: Female

License Number: PSY28495

NPI: 1821365008

 Provider English Spoken: Y  
Cultural Competency: N


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# I. Directorio de salud mental


NATASHA RADOJEVIC

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU

8:30AM-5:30PM

TH-F 8:30AM-5:30PM

## RADOJEVIC, NATASHA

Provider Gender: Female

License Number: PSY28495


NPI: 1821365008

 Provider English Spoken: Y


Cultural Competency: N

NATASHA RADOJEVIC

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU

8:30AM-5:30PM

TH-F 8:30AM-5:30PM


## RIBEIRO CALDAS


### DOMINGUES, ISABEL

Provider Gender: Female

License Number: A132160

NPI: 1023367216

 Provider English Spoken: Y


 French, Portuguese,  
Spanish

Cultural Competency: N

ISABEL A RIBEIRO CALDAS

DOMINGUES

 350 DICKINSON ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## RICHARD, MARLA

Provider Gender: Female

License Number: G65188

NPI: 1578720934


 Provider English Spoken: Y

Cultural Competency: N

MARLA G RICHARD

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## RICHARD, MARLA

Provider Gender: Female

License Number: G65188

NPI: 1578720934

 Provider English Spoken: Y

Cultural Competency: N

MARLA G RICHARD



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# I. Directorio de salud mental


 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL): NPI: 1477967784

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## SACHS, MELISSA


Provider Gender: Female  
License Number: LCS76968  
NPI: 1649760356  
 Provider English Spoken: Y  
Cultural Competency: N  
MELISSA R SACHS

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender


restriction



American Sign Language (ASL): NPI: 1043653249


N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

## SALO, STEPHANIE

Provider Gender: Female  
License Number: PSY26290



 Provider English Spoken: Y  
Cultural Competency: N  
STEPHANIE P SALO

 4290 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 17\None  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL): N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM



## 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: Yes  
Site English Spoken: Y  
TDD: U


Min/Max Age: 0\19  
Gender Restriction: No Gender  
restriction

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

## 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

246-0794  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

## 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: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## SCHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313


NPI: 1710234273


 Provider English Spoken: Y  
Cultural Competency: N

KRISTON B SCHELLINGER

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (858) 246-1979

 After Hours Phone: (858)  
246-1979

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender

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# I. Directorio de salud mental

restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

## SERIO, TAYLOR

Provider Gender: Female


License Number: LCS107050

NPI: 1093217382

 Provider English Spoken: Y  
Cultural Competency: N

TAYLOR L SERIO

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## SERIO, TAYLOR

Provider Gender: Female


License Number: LCS107050

NPI: 1093217382

 Provider English Spoken: Y  
Cultural Competency: N

TAYLOR L SERIO

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## SILVEY, CHRISTOPHER

Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N



 Accessibility: CONTACT  
PROVIDER

## **SUAREZ, ROBERTO**

Provider Gender: Male

License Number: MFC25098

NPI: 1386785160


 Provider English Spoken: Y  
 Spanish

Cultural Competency: N


ROBERTO SUAREZ

 3025 BEYER BLVD

SAN DIEGO, CA 92154

 Phone: (619) 662-4100

Fax: (619) 662-4119

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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) 234-0206

 After Hours Phone: (619)  
234-2158

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **TARLE, STEPHANIE**

Provider Gender: Female

License Number: PSY32155

NPI: 1659920403

 Provider English Spoken: Y  
Cultural Competency: N

STEPHANIE J TARLE

 6655 ALVARADO RD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781  
📞 After Hours Phone: (800) 926-8273  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

## 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) 234-0206  
📞 After Hours Phone: (619) 234-2158  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
Cultural Competency: N  
TUAN TO

♿ Accessibility: CONTACT PROVIDER

## TO, TUAN

Provider Gender: Male  
License Number: PSY30204  
NPI: 1255696183  
☐ Provider English Spoken: Y  
☐ Vietnamese  
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: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 5\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

## TO, TUAN

Provider Gender: Male  
License Number: PSY30204  
NPI: 1255696183  
☐ Provider English Spoken: Y  
☐ Vietnamese

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
☎ Phone: (858) 810-8700  
☎ Fax: (858) 633-4680

📞 After Hours Phone: (858) 810-8700

🌐 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 5\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

## TO, TUAN

Provider Gender: Male  
License Number: PSY30204  
NPI: 1255696183  
☐ Provider English Spoken: Y  
☐ Vietnamese

Cultural Competency: N  
TUAN TO

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925  
☎ Fax: (858) 633-4680

📞 After Hours Phone: (858) 279-0925

🌐 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): NPI: 1326484437

N

 Accessibility: CONTACT PROVIDER

## TROYER, EMILY

Provider Gender: Female


License Number: A149101

NPI: 1326484437

 Provider English Spoken: Y  
Cultural Competency: N

EMILY A TROYER

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619) 563-0250

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

## TROYER, EMILY

Provider Gender: Female

License Number: A149101


NPI: 1326484437

 Provider English Spoken: Y  
Cultural Competency: N

EMILY A TROYER

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058


Fax: (858) 633-4682

 After Hours Phone: (619) 280-2058

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

## TWAMLEY, ELIZABETH

Provider Gender: Female


License Number: PSY19150

NPI: 1700089141


 Provider English Spoken: Y  
Cultural Competency: N

ELIZABETH W TWAMLEY

 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: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-W 8:30AM-5PM  
TH 8:30AM-9PM  
F 8:30AM-5PM

## WEISSMAN, CORY

Provider Gender: Male

License Number: A174625


NPI: 1528720661

 Provider English Spoken: Y  
Cultural Competency: N

CORY R WEISSMAN

 16918 DOVE CANYON RD  
STE 100

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## 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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\19

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## YAGUDAYEVA, RAISA

Provider Gender: Female

License Number: 20A14848

NPI: 1942555990

 Provider English Spoken: Y  
 Russian


Cultural Competency: N

RAISA YAGUDAYEVA

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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

## ZAYAS, MARIO

Provider Gender: Male


License Number: MFC111273

NPI: 1275943557

 Provider English Spoken: Y  
 Spanish


Cultural Competency: N


MARIO E ZAYAS

 3025 BEYER BLVD STE E-101  
SAN DIEGO, CA 92154

 Phone: (619) 662-4100

Fax: (619) 662-4119

 After Hours Phone: (619) 662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




# I. Directorio de salud mental

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 9AM-7PM  
W-F 9AM-6PM

## ZIMMERMAN, JENNIFER

Provider Gender: Female


License Number: LCS28729

NPI: 1811449077

 Provider English Spoken: Y  
Cultural Competency: N

JENNIFER A ZIMMERMAN

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## ZIMMERMAN, JENNIFER

Provider Gender: Female


License Number: LCS28729

NPI: 1811449077

 Provider English Spoken: Y  
Cultural Competency: N

JENNIFER A ZIMMERMAN

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-9676

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-9676

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## 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) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## ARIELLA, LYND A

Provider Gender: Female


License Number: PSY19450

NPI: 1073518965

 Provider English Spoken: Y  
Cultural Competency: N

LYND A R ARIELLA

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental


 Site Languages(s) Spoken: Spanish


TDD: U

Min/Max Age: 5\50

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## CABREJOS, CLAUDIO

Provider Gender: Male

License Number: A71653

NPI: 1033133483

 Provider English Spoken: Y


 Portuguese, Spanish

Cultural Competency: N

CLAUDIO O CABREJOS

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## 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) 736-6744

 After Hours Phone: (760) 736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## IMAM, SYED

Provider Gender: Male

License Number: PSY27695

NPI: 1447428271

 Provider English Spoken: Y


 Hindi, Urdu

Cultural Competency: N

SYED IMAM

 150 VALPRED A RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767


Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 15\None

Gender Restriction: No Gender

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental

restriction

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## 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) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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

## SOLORIO JR, ROBERTO

Provider Gender: Male


License Number: LCS102729

NPI: 1972088185

 Provider English Spoken: Y  
Cultural Competency: N

ROBERTO SOLORIO JR

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):



N  
 Accessibility: CONTACT  
PROVIDER

## TONG, GARRICK

Provider Gender: Male

License Number: A102192


NPI: 1831361278

 Provider English Spoken: Y  
 Cantonese

Cultural Competency: N

GARRICK G TONG

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 4\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER



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

## 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) 736-6744

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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# I. Directorio de salud mental

American Sign Language (ASL): License Number: A166646  
N

 Accessibility: CONTACT PROVIDER


## SAN YSIDRO

### BALTRUS, JUSTINEANN

Provider Gender: Female

License Number: MFC132018


NPI: 1285040709


 Provider English Spoken: Y

 Tagalog

Cultural Competency: N

JUSTINEANN A BALTRUS

 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


Fax: (619) 600-4870

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### CRAWFORD-DAY, ANN

Provider Gender: Female

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) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


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

### DEPAOLO, AMANDA

Provider Gender: Female

License Number: LCS99056


NPI: 1215420138

 Provider English Spoken: Y

Cultural Competency: N

AMANDA L DEPAOLO

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FONTANA, LOUIS

Provider Gender: Male

License Number: G49072

NPI: 1780734343


 Provider English Spoken: Y

 Spanish

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: Yes

Site English Spoken: Y

TDD: U

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


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

## **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) 600-4870

 After Hours Phone: (619)  
662-4100

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## **JAMES, CHRISTINE**

Provider Gender: Female

License Number: 20A13931


NPI: 1679834022

 Provider English Spoken: Y

Cultural Competency: N

CHRISTINE E JAMES

 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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## **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: Yes

Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): License Number: LCS86171  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-8PM  
SA 8AM-2PM*

## **JIMENEZ, NANCY**


*Provider Gender: Female*


*License Number: MFC141209*

*NPI: 1568023596*

 *Provider English Spoken: Y  
Cultural Competency: N*

*NANCY JIMENEZ*

 *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: Yes*

*Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Spanish*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*

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


## **LOPEZ, MARIBEL**


*Provider Gender: Female*

*License Number: LCS86171  
NPI: 1669180600*

 *Provider English Spoken: Y  
Spanish*

*Cultural Competency: N  
MARIBEL, LOPEZ*

 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*


 *Phone: (619) 662-4100  
Fax: (619) 205-6305*

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

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Spanish*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-8PM  
SA 8AM-2PM*


## **PETERSEN, KATE**


*Provider Gender: Female*

*License Number: MFC130200  
NPI: 1598237281*

 *Provider English Spoken: Y  
Cultural Competency: N*

*KATE PETERSEN*

 *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: Yes  
Site English Spoken: Y*


 *Site Languages(s) Spoken:  
Spanish*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

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

## **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: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


## VALLEY CENTER

### PLASCENCIA, CINDY

Provider Gender: Female

License Number: MFC113536

NPI: 1952723736


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

CINDY PLASCENCIA

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750

 After Hours Phone: (760) 742-9919

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-TH 8AM-2PM  
F 8AM-5PM  
SA 9AM-6PM

### ACOSTA, AZUCENA

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

AZUCENA ACOSTA

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

### BELL, JENNIFER

Provider Gender: Female

License Number: 20A20702


NPI: 1154614956

 Provider English Spoken: Y

Cultural Competency: N

JENNIFER L BELL

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Chinese, Farsi, Estonian, Vietnamese, Hindi, Tagalog, French, Korean, Marathi, Spanish, Telugu

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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

## BELL, JENNIFER

Provider Gender: Female

License Number: 20A20702

NPI: 1154614956

Provider English Spoken: Y  
Cultural Competency: N

JENNIFER L BELL

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Chinese, Farsi, Estonian, Vietnamese, Hindi, Tagalog, French, Korean,

Marathi, Spanish, Telugu

TDD: U

Min/Max Age: 5\80

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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

## BELL, JENNIFER

Provider Gender: Female

License Number: 20A20702

NPI: 1154614956

Provider English Spoken: Y  
Cultural Competency: N

JENNIFER L BELL

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Lithuanian, Urdu, Chinese, Vietnamese, Farsi, Tagalog, Arabic, Spanish

TDD: U

Min/Max Age: 5\80

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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

## CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445

Provider English Spoken: Y

Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-TH 8AM-7PM F 8AM-5PM SA 9AM-4PM

## CHRISTIANSON, WARREN

Provider Gender: Male


License Number: 20A9664

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental

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: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Chinese, Korean, Marathi,  
French, Estonian, Telugu,  
Farsi, Vietnamese, Hindi,  
Spanish, Tagalog

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM

## CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445


 Provider English Spoken: Y

 Spanish


Cultural Competency: N

WARREN R CHRISTIANSON II

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM

## 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: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Chinese, Korean, Marathi,  
French, Estonian, Telugu,  
Farsi, Vietnamese, Hindi,  
Spanish, Tagalog


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-7PM  
F 8AM-5PM  
SA 9AM-4PM

## CRUZ, VANESSA

Provider Gender: Female


License Number: LCS87166

NPI: 1285170662


 Provider English Spoken: Y  
Cultural Competency: N

VANESSA Y CRUZ

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 4\None

Gender Restriction: No Gender

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental

restriction

American Sign Language (ASL): License Number: LCS87166

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-7PM  
F 9AM-5PM  
SA 9AM-4PM

## CRUZ, VANESSA

Provider Gender: Female


License Number: LCS87166

NPI: 1285170662

 Provider English Spoken: Y  
Cultural Competency: N

VANESSA Y CRUZ

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-7PM  
F 9AM-5PM  
SA 9AM-4PM

## 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: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Vietnamese, Chinese,  
Estonian, Farsi, French,  
Hindi, Korean, Marathi,  
Spanish, Tagalog, Telugu

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-8PM  
W 9AM-7PM  
TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM

## 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: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Vietnamese, Chinese,  
Estonian, Farsi, French,  
Hindi, Korean, Marathi,  
Spanish, Tagalog, Telugu

TDD: U


Min/Max Age: 4\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-8PM  
W 9AM-7PM  
TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM

## DOUGHERTY, CHRISTINE

Provider Gender: Female

License Number: LCS26686

NPI: 1003194960


 Provider English Spoken: Y  
Cultural Competency: N

CHRISTINE A DOUGHERTY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Language(s) Spoken:  
Chinese, Estonian, Farsi,  
French, Hindi, Korean,  
Marathi, Spanish, Telugu,  
Vietnamese, Tagalog


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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

## DOUGHERTY, CHRISTINE

Provider Gender: Female


License Number: LCS26686

NPI: 1003194960

 Provider English Spoken: Y  
Cultural Competency: N

CHRISTINE A DOUGHERTY

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)

631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-8PM  
SA 9AM-4PM

## MEYERHOF, GRETA

Provider Gender: Female

License Number: MFC32299

NPI: 1487196333





 Provider English Spoken: Y  
Cultural Competency: N

GRETA R MEYERHOF






 134 GRAPEVINE RD


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental






VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
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: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

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  
 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A






Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

## NEVILLE, MARGARET

Provider Gender: Female  
License Number: LCS82407  
NPI: 1073682407  
 Provider English Spoken: Y  
Cultural Competency: N  
MARGARET R NEVILLE

 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Language(s) Spoken: Arabic, Chinese, Lithuanian, Farsi, Spanish, Tagalog, Urdu, Vietnamese  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-4PM

## PATEL, MITESH



Provider Gender: Male  
License Number: A181164  
NPI: 1568880292  
 Provider English Spoken: Y  
Cultural Competency: N  
MITESH K PATEL  
 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 18\None  
Gender Restriction: No Gender restriction




American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM  
SA 9AM-4PM

## **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: Yes  
Site English Spoken: Y  
TDD: U



Min/Max Age: 18\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER  
 Hours: M 8AM-5PM  
TU 10AM-7PM  
W-F 8AM-5PM  
SA 9AM-4PM

## **SANCHEZ, ADRIANA**

Provider Gender: Female  
License Number: LCS97093  
NPI: 1609450451

 Provider English Spoken: Y  
 Spanish  
Cultural Competency: N  
ADRIANA SANCHEZ

 134 GRAPEVINE RD  
VISTA, CA 92083  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000  
 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

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

 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **SLOAN, CRISTINA**

Provider Gender: Female  
License Number: MFC137279  
NPI: 1912456377

 Provider English Spoken: Y  
Cultural Competency: N  
CRISTINA I SLOAN

 1000 VALE TERRACE DR  
VISTA, CA 92084  
 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000


 Website: N/A

Accepting New Patients: Yes

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# I. Directorio de salud mental

Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **SLOAN, CRISTINA**

Provider Gender: Female


License Number: MFC137279

NPI: 1912456377

 Provider English Spoken: Y  
Cultural Competency: N


CRISTINA I SLOAN

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **SLOAN, CRISTINA**

Provider Gender: Female


License Number: MFC137279

NPI: 1912456377

 Provider English Spoken: Y  
Cultural Competency: N

CRISTINA I SLOAN

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

## **SMITH, SONYA**

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857


 Provider English Spoken: Y


 Spanish

Cultural Competency: N

SONYA L SMITH

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **SMITH, SONYA**

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857


 Provider English Spoken: Y

 Spanish

Cultural Competency: N

SONYA L SMITH

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

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# I. Directorio de salud mental

---

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## WILSON, CARLENE


Provider Gender: Female


License Number: LCS74685

NPI: 1508327081

 Provider English Spoken: Y  
Cultural Competency: N

CARLENE WILSON

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

## WILSON, CARLENE

Provider Gender: Female

License Number: LCS74685


NPI: 1508327081

 Provider English Spoken: Y

Cultural Competency: N

CARLENE WILSON

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### ALPINE

#### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

#### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

#### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

#### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

#### BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

#### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)

445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

#### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

#### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None














Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.








## J. Directorio de proveedores de la vista: servicios oculares y de la vista





<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M 9AM-5PM TU 10AM-6PM W 9AM-5PM TH 8AM-5PM F 9AM-4PM</p>	<p>W 9AM-5PM TH 8AM-5PM F 9AM-4PM</p> <p><b>KALBAKJI, NATALY, OD</b></p> <p>Provider Gender: Female</p> <p>License Number: 34943</p> <p>NPI: 1700556438</p> <p>Provider English Spoken: Y</p> <p> Arabic</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 1620 ALPINE BLVD STE 117 ALPINE, CA 91901</p> <p> Phone: (619) 445-2687</p> <p> Fax: (619) 445-0801</p> <p> After Hours Phone: (619) 445-2687</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p>	<p>NPI: 1760473797</p> <p>Provider English Spoken: Y</p> <p> Spanish</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 1620 ALPINE BLVD STE 117 ALPINE, CA 91901</p> <p> Phone: (619) 445-2687</p> <p> Fax: (619) 445-0801</p> <p> After Hours Phone: (619) 445-2687</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p>
<p><b>DYER, SHARON, OD</b></p> <p>Provider Gender: Female</p> <p>License Number: 33450</p> <p>NPI: 1063866887</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 1620 ALPINE BLVD STE 117 ALPINE, CA 91901</p> <p> Phone: (619) 445-2687</p> <p> Fax: (619) 445-0801</p> <p> After Hours Phone: (619) 445-2687</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p>	<p> Arabic</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 1620 ALPINE BLVD STE 117 ALPINE, CA 91901</p> <p> Phone: (619) 445-2687</p> <p> Fax: (619) 445-0801</p> <p> After Hours Phone: (619) 445-2687</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M 9AM-5PM TU 10AM-6PM W 9AM-5PM TH 8AM-5PM F 9AM-4PM</p>	<p>ACUITY EYE GROUP</p> <p> 1620 ALPINE BLVD STE 117 ALPINE, CA 91901</p> <p> Phone: (619) 445-2687</p> <p> Fax: (619) 445-0801</p> <p> After Hours Phone: (619) 445-2687</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M 9AM-5PM TU 10AM-6PM W 9AM-5PM TH 8AM-5PM F 9AM-4PM</p>
<p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M 9AM-5PM TU 10AM-6PM</p>	<p><b>KATZMAN, BARRY, MD</b></p> <p>Provider Gender: Male</p> <p>License Number: A34834</p>	<p><b>KHALIL, VADY, OD</b></p> <p>Provider Gender: Male</p> <p>License Number: 35137</p> <p>NPI: 1275263584</p> <p>Provider English Spoken: Y</p> <p> Arabic</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 1620 ALPINE BLVD STE 117</p>



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista





ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

### **KHIEU, TINA, OD**

Provider Gender: Female  
 License Number: 34777  
 NPI: 1962031617  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None







Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

### **MARR, RYAN, OD**

Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within

1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435


NPI: 1235366782

Provider English Spoken: Y


 Indonesian, Spanish  
Cultural Competency: Y

ACUITY EYE GROUP


 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM


### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976


NPI: 1316199326

Provider English Spoken: Y


 Gujarati, Hindi, Spanish  
Cultural Competency: Y

ACUITY EYE GROUP


 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603


NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP


 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### **PRABHU, SUJATA, MD**

Provider Gender: Female

License Number: A115965


NPI: 1982872552

Provider English Spoken: Y


 Spanish  
Cultural Competency: Y

ACUITY EYE GROUP


 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista


restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990


NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP


 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667


Provider English Spoken: Y

 Spanish

Cultural Competency: Y

ACUITY EYE GROUP


 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615


NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP


 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### BONITA

### CHA, DANIEL, OD

Provider Gender: Male

License Number: 14779

NPI: 1386078020

Provider English Spoken: Y

 Spanish

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Cultural Competency: Y*

EYECARE OF BONITA

4502 BONITA RD  
BONITA, CA 91902

Phone: (619) 479-7334

Fax: (619) 475-3456

After Hours Phone: (619)  
479-7334

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 8AM-6:30PM  
W 8AM-6PM  
TH 12:30AM-6PM  
F 8AM-6PM  
SA 9AM-2PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: TU 9AM-5PM  
W 10AM-6PM  
TH 9AM-5PM  
F 8AM-4PM  
SA 9AM-3PM

### CHULA VISTA

**CASTILLEJOS, MARIA, MD**

Provider Gender: Female

License Number: A37652

NPI: 1043395098

Provider English Spoken: Y

Spanish

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 271-7044

After Hours Phone: (619)  
422-1471

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
French, Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 8AM-5PM  
TU 7AM-5PM  
W-F 8AM-5PM

**CASTILLEJOS, DAVID, MD**

Provider Gender: Male

License Number: A44482

NPI: 1558446401

Provider English Spoken: Y

French, Portuguese,  
Spanish, Tagalog

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 271-7044

After Hours Phone: (619)  
422-1471

Accepting New Patients: Yes

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

- Site English Spoken: Y  
 Site Languages(s) Spoken: French, Spanish, Tagalog  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M 8AM-5PM  
 TU 7AM-5PM  
 W-F 8AM-5PM
- CHAN, KWOK FUNG, OD**  
 Provider Gender: Male  
 License Number: 35087  
 NPI: 1407508385  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 VILLA OPTOMETRY INC  
 523 TELEGRAPH CANYON RD  
 CHULA VISTA, CA 91910  
 Phone: (619) 482-2020  
 Fax: (619) 482-2671  
 After Hours Phone: (619) 482-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction
- American Sign Language (ASL): 1/2 mile from Site): 1U  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 9AM-6PM  
 W 11AM-6PM  
 TH-F 9AM-6PM
- CHISHOLM, KAREN, OD**  
 License Number: 35450  
 NPI: 1568155190  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 OTAY RANCH EYEWORKS OPTOMETRY  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915  
 Phone: (619) 421-6600  
 Fax: (619) 421-6006  
 After Hours Phone: (619) 421-6600  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Arabic, Hindi, Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within
- Hours: SU 10AM-4PM  
 M-F 9AM-7PM  
 SA 9AM-5PM
- 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: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M 9AM-5PM  
 TU 9AM-6PM  
 W 9AM-5PM  
 TH 9AM-6PM  
 F 8AM-4PM  
 SA 9AM-2PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **KALRA, ANKUR, OD**

Provider Gender: Male

License Number: 11898

NPI: 1124195789

Provider English Spoken: Y

 Hindi


Cultural Competency: Y

OTAY RANCH EYEWORKS


OPTOMETRY

 1741 EASTLAKE PKWY STE 101

CHULA VISTA, CA 91915


 Phone: (619) 421-6600

Fax: (619) 421-6006

 After Hours Phone: (619) 421-6600

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Arabic, Hindi, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: SU 10AM-4PM  
M-F 9AM-7PM  
SA 9AM-5PM

### **KEDDINGTON, JOAN, OD**

Provider Gender: Female

License Number: 6263

NPI: 1992872691

Provider English Spoken: Y

 Spanish


Cultural Competency: Y

OTAY RANCH EYEWORKS


OPTOMETRY

 1741 EASTLAKE PKWY STE 101

CHULA VISTA, CA 91915


 Phone: (619) 421-6600

Fax: (619) 421-6006

 After Hours Phone: (619) 421-6600

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Arabic, Hindi, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: SU 10AM-4PM  
M-F 9AM-7PM  
SA 9AM-5PM

### **KING, MARY, OD**

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y


 Spanish

Cultural Competency: Y


OTAY RANCH EYEWORKS  
OPTOMETRY

 1741 EASTLAKE PKWY STE 101

CHULA VISTA, CA 91915


 Phone: (619) 421-6600

Fax: (619) 421-6006

 After Hours Phone: (619) 421-6600

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Arabic, Hindi, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: SU 10AM-4PM  
M-F 9AM-7PM  
SA 9AM-5PM

### **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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (866) 254-5707

☎ After Hours Phone: (619) 427-2020

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TH 9AM-6PM  
F 9AM-5PM

### 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: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:

Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: SU 10AM-4PM  
M-F 9AM-7PM

SA 9AM-5PM

### NGUYEN, TRACY, OD

Provider Gender: Female

License Number: 10859

NPI: 1265596621

Provider English Spoken: Y

☐ Vietnamese

Cultural Competency: Y

ESSENTIAL EYECARE

OPTOMETRY

📍 345 F ST STE 240

CHULA VISTA, CA 91910

☎ Phone: (858) 467-0655

Fax: (619) 425-9797

☎ After Hours Phone: (858) 467-0655

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TH 10AM-3PM

### PHAM, NINA, OD

Provider Gender: Female

License Number: 35360

NPI: 1598403867

Provider English Spoken: Y

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE MED GROUP

📍 342 F ST

CHULA VISTA, CA 91910

☎ Phone: (619) 422-1471

Fax: (619) 271-7044

☎ After Hours Phone: (619) 422-1471

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: French, Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M 8AM-5PM  
TU 7AM-5PM

W-F 8AM-5PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **PLUCINIK, STANLEY, OD**

*Provider Gender: Male*

*License Number: 35255*


*NPI: 1124751417*

*Provider English Spoken: Y*


*Cultural Competency: Y*

**CASTILLEJOS EYE INSTITUTE**


**MED GROUP**

 342 F ST

CHULA VISTA, CA 91910


 *Phone: (619) 422-1471*

*Fax: (619) 271-7044*

 *After Hours Phone: (619) 422-1471*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: French, Spanish, Tagalog*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M 8AM-5PM*

*TU 7AM-5PM*

*W-F 8AM-5PM*

### **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: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: French, Spanish, Tagalog*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*


*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within*

*1/2 mile from Site): 1T*

 *Hours: M 8AM-5PM*

*TU 7AM-5PM*

*W-F 8AM-5PM*

### **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: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Arabic, Hindi, Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*


*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within*

*1/2 mile from Site): 1U*

 *Hours: SU 10AM-4PM*

*M-F 9AM-7PM*

*SA 9AM-5PM*

### **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*

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: SU 10AM-4PM  
M-F 9AM-7PM  
SA 9AM-5PM

### VILLA, ANGELICA, OD

Provider Gender: Female

License Number: 10561

NPI: 1962544965

Provider English Spoken: Y

Spanish

Cultural Competency: Y

VILLA OPTOMETRY INC

523 TELEGRAPH CANYON RD

CHULA VISTA, CA 91910

Phone: (619) 482-2020

Fax: (619) 482-2671

After Hours Phone: (619) 482-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 9AM-6PM  
W 11AM-6PM  
TH-F 9AM-6PM

### CORONADO

#### COCKERHAM, KIMBERLY, MD

Provider Gender: Female

License Number: G86885

NPI: 1366493629

Provider English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES MED CLINIC INC

801 ORANGE AVE STE 204 CORONADO, CA 92118

Phone: (619) 437-4406

Fax: (619) 522-7983

After Hours Phone: (619) 437-4406

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 9AM-4:30PM  
TU 9AM-3PM  
W-TH 9AM-4:30PM

#### GRAY, IGA, MD

Provider Gender: Female

License Number: A174875

NPI: 1033538350

Provider English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES MED CLINIC INC

801 ORANGE AVE STE 204 CORONADO, CA 92118

Phone: (619) 437-4406

Fax: (619) 522-7983

After Hours Phone: (619) 437-4406

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 9AM-4:30PM  
TU 9AM-3PM  
W-TH 9AM-4:30PM

#### KATZMAN, LEE, MD

Provider Gender: Male

License Number: A135673

NPI: 1912297284

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Provider English Spoken: Y  
Cultural Competency: Y  
ALVARADO EYE ASSOCIATES  
MED CLINIC INC

801 ORANGE AVE STE 204  
CORONADO, CA 92118  
Phone: (619) 437-4406  
Fax: (619) 522-7983

After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-4:30PM  
TU 9AM-3PM  
W-TH 9AM-4:30PM

### MANNEN, JOSEPH, OD

Provider Gender: Male

License Number: 33650

NPI: 1851827034

Provider English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

801 ORANGE AVE STE 204  
CORONADO, CA 92118

Phone: (619) 437-4406  
Fax: (619) 522-7983

After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-4:30PM  
TU 9AM-3PM  
W-TH 9AM-4:30PM

### OU, JOCELYN, OD

Provider Gender: Female

License Number: 34063

NPI: 1225518996

Provider English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

801 ORANGE AVE STE 204  
CORONADO, CA 92118

Phone: (619) 437-4406  
Fax: (619) 522-7983

After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-4:30PM  
TU 9AM-3PM  
W-TH 9AM-4:30PM

### YOUNG, ALLA, OD

Provider Gender: Female

License Number: 34191

NPI: 1285085142

Provider English Spoken: Y

Site English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

801 ORANGE AVE STE 204  
CORONADO, CA 92118

Phone: (619) 437-4406  
Fax: (619) 522-7983

After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-4:30PM  
TU 9AM-3PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

W-TH 9AM-4:30PM

### EL CAJON


#### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650


Provider English Spoken: Y

 Spanish, Vietnamese

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

#### ASIS, STEPHANIE, OD

Provider Gender: Female

License Number: 34013


NPI: 1902383540

Provider English Spoken: Y


Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

#### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530


NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

#### BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698


NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 8:30AM-6PM

### **BUTLER, KIM, OD**

Provider Gender: Male

License Number: 6405

NPI: 1467444844


Provider English Spoken: Y

Cultural Competency: Y


KIM J BUTLER OD

 1273 BROADWAY

EL CAJON, CA 92021

 Phone: (619) 579-2345

Fax: (619) 579-0876

 After Hours Phone: (619) 579-2345

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 9AM-5PM  
SA 9AM-12AM

### **CHAN, KWOK FUNG, OD**

Provider Gender: Male

License Number: 35087

NPI: 1407508385


Provider English Spoken: Y

Cultural Competency: Y

WERNER OPTOMETRY

 2650 JAMACHA RD STE 155

EL CAJON, CA 92019


 Phone: (619) 670-6296

Fax: (619) 670-8852

 After Hours Phone: (619) 670-6296

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Italian, Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM  
TU 10AM-5PM  
W-TH 9AM-5PM  
F 8AM-2PM

### **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: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **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: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction


American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 8:30AM-6PM

### 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: Yes


 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### 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: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### 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: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### 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: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **KHALIL, VADY, OD**

*Provider Gender: Male*

*License Number: 35137*

*NPI: 1275263584*

*Provider English Spoken: Y*


*Arabic*

*Cultural Competency: Y*


RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

 *Phone: (619) 440-5400*

*Fax: (619) 440-0239*

 *After Hours Phone: (619)  
440-5400*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-6PM*

### **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: Yes*

*Site English Spoken: Y*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-6PM*

### **MARR, RYAN, OD**

*Provider Gender: Male*

*License Number: 35302*

*NPI: 1235857525*


*Provider English Spoken: Y*

*Cultural Competency: Y*


RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

 *Phone: (619) 440-5400*

*Fax: (619) 440-0239*

 *After Hours Phone: (619)  
440-5400*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-6PM*

### **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: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken:  
Italian, Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M 9AM-5PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

TU 10AM-5PM  
W-TH 9AM-5PM  
F 8AM-2PM

### **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: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **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: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM


### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976


NPI: 1316199326

Provider English Spoken: Y

 Gujarati, Hindi, Spanish  
Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **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: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Public transportation (within

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### 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: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### 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: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### 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: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### 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: Yes

Site English Spoken: Y

Site Language(s) Spoken: Italian, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

1/2 mile from Site): 1T

 Hours: M 9AM-5PM  
TU 10AM-5PM  
W-TH 9AM-5PM  
F 8AM-2PM

### WERNER, R AARON, OD

Provider Gender: Male

License Number: 13478

NPI: 1821259458


Provider English Spoken: Y

 Spanish

Cultural Competency: Y

WERNER OPTOMETRY

 2650 JAMACHA RD STE 155  
EL CAJON, CA 92019


 Phone: (619) 670-6296

Fax: (619) 670-8852

 After Hours Phone: (619)  
670-6296

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Language(s) Spoken:  
Italian, Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M 9AM-5PM  
TU 10AM-5PM  
W-TH 9AM-5PM  
F 8AM-2PM

### ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615


NPI: 1023477262

Provider English Spoken: Y


Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### 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: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642


NPI: 1336211804

Provider English Spoken: Y


Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL): **AOTO, KIM, OD**

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### ENCINITAS

**ADAMS, MONA, OD**

Provider Gender: Female

License Number: 14457

NPI: 1942564521


Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS HOSPITAL  
ENCINITAS

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U


 Hours: M-F 8AM-5PM

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: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

**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: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

**BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530


NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista








*Spanish*  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM








### **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: Yes  
 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within





1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM

### **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: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM  
**CHIU, STEPHAN, MD**  
Provider Gender: Male  
License Number: A172634  
NPI: 1053846956  
Provider English Spoken: Y  
Cultural Competency: Y





























ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

### **DEAN, MOENA, OD**

Provider Gender: Female  
License Number: 33955  
NPI: 1265927578  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141  
Accepting New Patients: Yes  
 Site English Spoken: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

<p> <i>Site Languages(s) Spoken: Spanish</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>  <i>Public transportation (within 1/2 mile from Site): 1T</i>   <i>Hours: M-F 8AM-5PM</i></p>	<p><i>Public transportation (within 1/2 mile from Site): 1T</i>   <i>Hours: M-F 8AM-5PM</i></p> <p><b>HAMOUIE, JUDY, OD</b>  <i>Provider Gender: Female</i>  <i>License Number: 34984</i>  <i>NPI: 1518638287</i>  <i>Provider English Spoken: Y</i>  <i>Cultural Competency: Y</i>            ACUITY EYE GROUP   320 SANTA FE DR STE 104            ENCINITAS, CA 92024   <i>Phone: (760) 943-7141</i>  <i>Fax: (760) 943-0371</i>   <i>After Hours Phone: (760) 943-7141</i>  <i>Accepting New Patients: Yes</i>   <i>Site English Spoken: Y</i>   <i>Site Languages(s) Spoken: Spanish</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>  <i>Public transportation (within 1/2 mile from Site): 1T</i>   <i>Hours: M-F 8AM-5PM</i></p>	<p><i>Cultural Competency: Y</i>            ACUITY EYE GROUP   320 SANTA FE DR STE 104            ENCINITAS, CA 92024   <i>Phone: (760) 943-7141</i>  <i>Fax: (760) 943-0371</i>   <i>After Hours Phone: (760) 943-7141</i>  <i>Accepting New Patients: Yes</i>   <i>Site English Spoken: Y</i>   <i>Site Languages(s) Spoken: Spanish</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>  <i>Public transportation (within 1/2 mile from Site): 1T</i>   <i>Hours: M-F 8AM-5PM</i></p>
<p><b>DYER, SHARON, OD</b>  <i>Provider Gender: Female</i>  <i>License Number: 33450</i>  <i>NPI: 1063866887</i>  <i>Provider English Spoken: Y</i>  <i>Cultural Competency: Y</i>            ACUITY EYE GROUP   320 SANTA FE DR STE 104            ENCINITAS, CA 92024   <i>Phone: (760) 943-7141</i>  <i>Fax: (760) 943-0371</i>   <i>After Hours Phone: (760) 943-7141</i>  <i>Accepting New Patients: Yes</i>   <i>Site English Spoken: Y</i>   <i>Site Languages(s) Spoken: Spanish</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b>HUDSON, HENRY, MD</b>  <i>Provider Gender: Male</i>  <i>License Number: G76091</i>  <i>NPI: 1851349195</i>  <i>Provider English Spoken: Y</i></p>	<p><b>KALBAKJI, NATALY, OD</b>  <i>Provider Gender: Female</i>  <i>License Number: 34943</i>  <i>NPI: 1700556438</i>  <i>Provider English Spoken: Y</i>   <i>Arabic</i>  <i>Cultural Competency: Y</i>            ACUITY EYE GROUP   320 SANTA FE DR STE 104            ENCINITAS, CA 92024   <i>Phone: (760) 943-7141</i>  <i>Fax: (760) 943-0371</i>   <i>After Hours Phone: (760) 943-7141</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104 ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760) 943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### **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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (760) 943-0371

☎ After Hours Phone: (760) 943-7141

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### **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: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### **MOLL, ANGELA, MD**

Provider Gender: Female

License Number: A105472

NPI: 1861648602

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS HOSPITAL ENCINITAS

📍 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024

☎ Phone: (858) 309-7702

Fax: (858) 966-7403

☎ After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

☐ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

☐ Indonesian, Spanish Cultural Competency: Y

ACUITY EYE GROUP

📍 320 SANTA FE DR STE 104 ENCINITAS, CA 92024

☎ Phone: (760) 943-7141

Fax: (760) 943-0371

☎ After Hours Phone: (760) 943-7141

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### **O HALLORAN, HENRY, MD**

Provider Gender: Male

License Number: A73282

NPI: 1235287947

Provider English Spoken: Y

☐ German, Spanish Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

RADY CHILDRENS HOSPITAL  
ENCINITAS

477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### SAMUEL, MICHAEL, MD

Provider Gender: Male

License Number: A83237

NPI: 1730175670

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667



Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.








## J. Directorio de proveedores de la vista: servicios oculares y de la vista



 *Spanish*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024  
 *Phone: (760) 943-7141*  
*Fax: (760) 943-0371*  
 *After Hours Phone: (760) 943-7141*  
*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*



**ZHAO, TAILUN, MD**  
*Provider Gender: Male*  
*License Number: C186414*  
*NPI: 1952659203*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP



 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024  
 *Phone: (760) 943-7141*  
*Fax: (760) 943-0371*  
 *After Hours Phone: (760) 943-7141*



*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*

**ZVANUT, DONALD, OD**  
*Provider Gender: Male*  
*License Number: 8642*  
*NPI: 1336211804*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP



 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024  
 *Phone: (760) 943-7141*  
*Fax: (760) 943-0371*  
 *After Hours Phone: (760) 943-7141*



*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*

### 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: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:30AM-4:30PM*

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **BANDAK, DIANA, OD**

Provider Gender: Female

License Number: 34850

NPI: 1235805318

Provider English Spoken: Y

Arabic

Cultural Competency: Y

### ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:30AM-4:30PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None



Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*

### **BEAUDRY, AMANDA, OD**


*Provider Gender: Female*  
*License Number: 33385*  
*NPI: 1477903516*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
RADY CHILDRENS  
SPECIALISTS

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029



 *Phone: (760) 755-7600*  
*Fax: (760) 755-7699*

 *After Hours Phone: (760) 755-7600*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*


*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:30AM-4:30PM*

### **BERGMARK, JAMIE, OD**

*Provider Gender: Female*


*License Number: 33657*  
*NPI: 1669920757*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
RADY CHILDRENS  
SPECIALISTS

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029


 *Phone: (760) 755-7600*  
*Fax: (760) 755-7699*


 *After Hours Phone: (760) 755-7600*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-4:30PM*

### **BHATIA, SHAGUN, MD**


*Provider Gender: Female*  
*License Number: A154902*  
*NPI: 1104237353*

*Provider English Spoken: Y*  
*Cultural Competency: Y*

RADY CHILDRENS  
SPECIALISTS


 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029


 *Phone: (760) 755-7600*  
*Fax: (760) 755-7699*


 *After Hours Phone: (760) 755-7600*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*


 *Hours: M-F 8:30AM-4:30PM*


### **BINDER, NICHOLAS, MD**

*Provider Gender: Male*  
*License Number: A124698*  
*NPI: 1306076716*

*Provider English Spoken: Y*  
*Cultural Competency: Y*



ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

 *Phone: (760) 743-5872*  
*Fax: (760) 743-5879*


 *After Hours Phone: (760) 743-5872*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
 *Site Language(s) Spoken: Spanish*  
*Min/Max Age: 0\None*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Gender Restriction: No Gender restriction  Hours: M-F 8AM-5PM

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### CHANG, TOM, MD

Provider Gender: Male


License Number: A69909


NPI: 1609848969

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

### CHAU, VIVIAN, OD

Provider Gender: Female

License Number: 35427

NPI: 1558052951

Provider English Spoken: Y


 Chinese

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### DUONG, KIM, OD

Provider Gender: Female

License Number: 34222

NPI: 1114448651

Provider English Spoken: Y


 Vietnamese Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

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


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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### HAMOUIE, JUDY, OD

Provider Gender: Female

License Number: 34984

NPI: 1518638287


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender


restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### HSU, CHRISTOPHER, MD

Provider Gender: Male

License Number: A65973

NPI: 1336167618


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

 Arabic

Cultural Competency: Y


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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### KARAPETIAN, ELENA, OD

Provider Gender: Female

License Number: 34514

NPI: 1184250417


Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y


 Arabic

Cultural Competency: Y

### ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **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: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

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

### **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: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F  
8:30AM-4:30PM*

### **KWAK, ANGELA, OD**

*Provider Gender: Female*

*License Number: 13692*

*NPI: 1255564860*

*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: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

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

### **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: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Spanish, Vietnamese*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*


*N*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-TH 9AM-5:30PM  
F 9AM-1PM*

### LEE, JASON, OD

*Provider Gender: Male*

*License Number: 14881*

*NPI: 1679985584*

*Provider English Spoken: Y*

 *Spanish*


*Cultural Competency: Y*

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

 *Phone: (760) 755-7600*

*Fax: (760) 755-7699*

 *After Hours Phone: (760)  
755-7600*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *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: Yes*


 *Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Spanish*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

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

### MCGRAW, JOSEPH, MD

*Provider Gender: Male*

*License Number: A155228*

*NPI: 1588624852*

*Provider English Spoken: Y*


*Cultural Competency: Y*

ACUITY EYE GROUP

 700 W EL NORTE PKWY

STE 200

ESCONDIDO, CA 92026


 *Phone: (760) 743-5872*

*Fax: (760) 743-5879*

 *After Hours Phone: (760)  
743-5872*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

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

### MOLL, ANGELA, MD

*Provider Gender: Female*

*License Number: A105472*

*NPI: 1861648602*

*Provider English Spoken: Y*


*Cultural Competency: Y*

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

 *Phone: (760) 755-7600*

*Fax: (760) 755-7699*


 *After Hours Phone: (760)  
755-7600*

*Accepting New Patients: Yes*


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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T


 Hours: M-F 8:30AM-4:30PM



### MORRISON REYES, JOSHUA, MD

Provider Gender: Male  
 License Number: A125435  
 NPI: 1235366782

Provider English Spoken: Y  
 Indonesian, Spanish Cultural Competency: Y

#### ACUITY EYE GROUP


 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026

 Phone: (760) 743-5872  
 Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Language(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T


 Hours: M-F 8AM-5PM



### 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: Yes


 Site English Spoken: Y  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 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: Yes


 Site English Spoken: Y  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-4:30PM

### PANSARA, MEGHA, MD

Provider Gender: Female  
 License Number: A143429  
 NPI: 1184983728

Provider English Spoken: Y

 Gujarati Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

RADY CHILDRENS

SPECIALISTS

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

**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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

**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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **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) 888-2181

After Hours Phone: (760)  
738-9931

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU 9:30AM-5PM  
TH 10AM-6PM

F 9:30AM-5PM

### **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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### **TRAN, ALEXANDER, OD**

Provider Gender: Male

License Number: 14136

NPI: 1902414790

Provider English Spoken: Y

Cultural Competency: Y

### RADY CHILDRENS

### SPECIALISTS

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None



Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista









 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:30AM-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: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Arabic, French, Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-TU 9AM-6PM W-TH 9AM-8PM*


### **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: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*  
**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: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*  
**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: Yes*  
 *Site English Spoken: Y*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction




*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1T  
 *Hours:* M-F 8AM-5PM



### ZVANUT, DONALD, OD

*Provider Gender:* Male  
*License Number:* 8642  
*NPI:* 1336211804  
*Provider English Spoken:* Y  
*Cultural Competency:* Y

### ACUITY EYE GROUP


 700 W EL NORTE PKWY  
 STE 200  
 ESCONDIDO, CA 92026  
 *Phone:* (760) 743-5872  
*Fax:* (760) 743-5879  
 *After Hours Phone:* (760) 743-5872

*Accepting New Patients:* Yes

 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction

*American Sign Language (ASL):* N

 *Accessibility:* CONTACT

**PROVIDER**  
*Public transportation (within 1/2 mile from Site):* 1T  
 *Hours:* M-F 8AM-5PM

### FALLBROOK



### ARCHIBALD, JOHN, OD

*Provider Gender:* Male  
*License Number:* 11813  
*NPI:* 1902893357  
*Provider English Spoken:* Y  
*Cultural Competency:* Y



### INLAND EYE SPECIALISTS

 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028  
 *Phone:* (760) 728-5728  
*Fax:* (760) 728-5934  
 *After Hours Phone:* (760) 728-5728

*Accepting New Patients:* Yes

 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction

*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1U  
 *Hours:* M-F 8AM-5PM


### COLEMAN, BROOKE, OD

*Provider Gender:* Female  
*License Number:* 13551

*NPI:* 1700040748



*Provider English Spoken:* Y  
*Cultural Competency:* Y  
**INLAND EYE SPECIALISTS**

 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028

 *Phone:* (760) 728-5728  
*Fax:* (760) 728-5934

 *After Hours Phone:* (760) 728-5728

*Accepting New Patients:* Yes

 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Spanish


*Min/Max Age:* 0\None

*Gender Restriction:* No Gender restriction

*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER

*Public transportation (within 1/2 mile from Site):* 1U

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


### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 After Hours Phone: (760) 728-5728

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### COOPER, MICHAEL, OD

Provider Gender: Male

License Number: 10476


NPI: 1164586244

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

 521 E ELDER ST STE 102 FALLBROOK, CA 92028


 Phone: (760) 728-5728

Fax: (760) 728-5934

 After Hours Phone: (760) 728-5728

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): **GEORGE, BRUCE, OD**  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 1PM-5PM

TU-W 9AM-6PM

TH-F 9AM-5PM

SA 9AM-1PM

### GEORGE, KENDALL, OD

Provider Gender: Male









License Number: 34270



NPI: 1619529948






Provider English Spoken: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *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: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M 1PM-5PM*  
*TU-W 9AM-6PM*  
*TH-F 9AM-5PM*  
*SA 9AM-1PM*








**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: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-5PM*

**TEW, JOHN, MD**  
*Provider Gender: Male*  
*License Number: A83206*  
*NPI: 1174593354*  
*Provider English Spoken: Y*  
 *Portuguese*  
*Cultural Competency: Y*  
**INLAND EYE SPECIALISTS**  
 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028  
 *Phone: (760) 728-5728*  
*Fax: (760) 728-5934*  
 *After Hours Phone: (760) 728-5728*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender*

*restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-5PM*


### IMPERIAL BEACH

**HANONO, ABRAHAM, OD**  
*Provider Gender: Male*  
*License Number: 14900*  
*NPI: 1356754741*  
*Provider English Spoken: Y*  
 *Hebrew, Spanish*  
*Cultural Competency: Y*  
**IMPERIAL BEACH OPTOMETRY INC APC**  
 894 PALM AVE STE B  
 IMPERIAL BEACH, CA 91932  
 *Phone: (619) 424-9333*  
*Fax: (619) 424-3356*  
 *After Hours Phone: (619) 424-9333*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 9AM-6PM

### HANONO, HELFON, OD

Provider Gender: Male

License Number: 6681

NPI: 1619942034


Provider English Spoken: Y


 Spanish

Cultural Competency: Y

IMPERIAL BEACH

OPTOMETRY INC APC

 894 PALM AVE STE B  
IMPERIAL BEACH, CA  
91932


 Phone: (619) 424-9333

Fax: (619) 424-3356

 After Hours Phone: (619)  
424-9333

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 9AM-6PM

### LA JOLLA

### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

 Phone: (858) 457-3010

Fax: (858) 457-0028

 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Tagalog


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### CHIU, STEPHAN, MD

Provider Gender: Male

License Number: A172634

NPI: 1053846956


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037


 Phone: (858) 457-3010

Fax: (858) 457-0028

 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Tagalog


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### CODEN, DANIEL, MD

Provider Gender: Male

License Number: G57587

NPI: 1942317508


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

 Phone: (858) 457-3010

Fax: (858) 457-0028



 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista




 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: M-F 8AM-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: Yes




 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: M-F 8AM-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: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: M-F 8AM-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: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: M-F 8AM-4:30PM  
 SA 8AM-2PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (858) 732-0921

☎ After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

☑ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-4:30PM

### HOO, PAMELA, OD

Provider Gender: Female

License Number: 11033

NPI: 1275566010

Provider English Spoken: Y

☑ Spanish

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR STE 1B

LA JOLLA, CA 92037

☎ Phone: (858) 534-6290

Fax: (858) 732-0921

☎ After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

☑ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): **HUDSON, HENRY, MD**

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-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: Yes

☑ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM SA 8AM-2PM

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

☎ After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

☑ Site English Spoken: Y

☑ Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290  
Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### 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: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009

NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290  
Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

SA 8AM-2PM

### JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009

NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290  
Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Arabic

Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

Arabic

Cultural Competency: Y

### ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Yes N

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### KIM, PHILIP, OD

Provider Gender: Male

License Number: 33893

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

### UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM SA 8AM-2PM

### KIM, PHILIP, OD

Provider Gender: Male

License Number: 33893

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### KULISCHAK, JOHN, OD

Provider Gender: Male

License Number: 9279

NPI: 1740205236

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### LAM, ANNE, OD

Provider Gender: Female

License Number: 12810

NPI: 1174550768

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Provider English Spoken: Y*

*Cultural Competency: Y*

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

☎ *Phone: (858) 534-6290*

*Fax: (858) 732-0921*

🕒 *After Hours Phone: (858)  
534-6290*

*Accepting New Patients: Yes*

📄 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M-F 8AM-4:30PM*

### **LUSBY, FRANKLIN, MD**

*Provider Gender: Male*

*License Number: G41830*

*NPI: 1265526180*

*Provider English Spoken: Y*

*Cultural Competency: Y*

LUSBY VISION INSTITUTE

📍 9850 GENESEE AVE STE  
220

LA JOLLA, CA 92037

☎ *Phone: (858) 459-6200*

*Fax: (858) 459-2025*

🕒 *After Hours Phone: (858)*

459-6200

*Accepting New Patients: Yes*

📄 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M-F 9AM-5PM*

### **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: Yes*

📄 *Site English Spoken: Y*

📄 *Site Languages(s) Spoken:  
Spanish, Tagalog*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F 8AM-4:30PM*

### **MCCLEAN, ESMERALDA, OD**

*Provider Gender: Female*

*License Number: 15001*

*NPI: 1962817981*

*Provider English Spoken: Y*

📄 *Spanish*

*Cultural Competency: Y*

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

☎ *Phone: (858) 534-6290*

*Fax: (858) 732-0921*

🕒 *After Hours Phone: (858)  
534-6290*

*Accepting New Patients: Yes*

📄 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M-F 8AM-4:30PM*

### **MIZOGUCHI, LIANNE, OD**

*Provider Gender: Female*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

License Number: 10104  
NPI: 1619900313

Provider English Spoken: Y  
Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-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: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### MOOR, TRACY, OD

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y  
Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### 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: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

☐ Indonesian, Spanish  
Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

🕒 After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-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: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-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: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-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: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-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: Yes

🇺🇸 Site English Spoken: Y

🇪🇸 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-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: Yes

🇺🇸 Site English Spoken: Y

🇪🇸 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

🇪🇸 Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

📞 Phone: (858) 457-3010

Fax: (858) 457-0028

🕒 After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

🇺🇸 Site English Spoken: Y

🇪🇸 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### VO, ANDREW MINH, OD

Provider Gender: Male

License Number: 33869

NPI: 1790291565

Provider English Spoken: Y

🇻🇳 Vietnamese

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR STE 1B

LA JOLLA, CA 92037

📞 Phone: (858) 534-6290




Fax: (858) 732-0921

🕒 After Hours Phone: (858) 534-6290

Accepting New Patients: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-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: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U


 Hours: M-F 8AM-4:30PM  
 SA 8AM-2PM

### 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: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction




American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-4:30PM  
 SA 8AM-2PM

### 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: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-4:30PM

### ZAIDI, NOORINA, OD

Provider Gender: Female  
 License Number: 35615  
 NPI: 1023477262  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### ZHAO, TAILUN, MD

Provider Gender: Male

License Number: C186414

NPI: 1952659203


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

 Phone: (858) 457-3010

Fax: (858) 457-0028

 After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

 Phone: (858) 457-3010

Fax: (858) 457-0028

 After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### ASIS, STEPHANIE, OD

Provider Gender: Female

License Number: 34013

NPI: 1902383540


Provider English Spoken: Y


Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530


NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **BAUMANN, DANIELA, OD**

*Provider Gender: Female*

*License Number: 34530*


*NPI: 1982232146*

*Provider English Spoken: Y*


*Cultural Competency: Y*

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942


 *Phone: (619) 465-2020*

*Fax: (619) 698-1189*

 *After Hours Phone: (619) 465-2020*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

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

### **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: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

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

### **BUI, TINA, OD**

*Provider Gender: Female*

*License Number: 33435*


*NPI: 1497107312*


*Provider English Spoken: Y*

 *Vietnamese*


*Cultural Competency: Y*

### BUITIQUE OPTOMETRY

 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: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish, Vietnamese*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 9AM-5PM  
SA 9AM-2PM*

### **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: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish*

*Min/Max Age: 0\None*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 9AM-5:30PM  
W 8AM-5PM  
TH 9AM-6PM  
F 8AM-1PM

### CHANG, TOM, MD

Provider Gender: Male

License Number: A69909


NPI: 1609848969

Provider English Spoken: Y


Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### CHIU, STEPHAN, MD

Provider Gender: Male


License Number: A172634


NPI: 1053846956

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### COCKERHAM, KIMBERLY, MD

Provider Gender: Female

License Number: G86885

NPI: 1366493629

Provider English Spoken: Y






Cultural Competency: Y

ALVARADO EYE ASSOCIATES MED CLINIC INC


 7877 PARKWAY DR STE 100

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## J. Directorio de proveedores de la vista: servicios oculares y de la vista




LA MESA, CA 91942  
 Phone: (619) 460-3711  
 Fax: (619) 460-2184  
 After Hours Phone: (619) 460-3711  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8:30AM-4:30PM

### CONRAD, RANDALL, OD

Provider Gender: Male  
 License Number: 6423  
 NPI: 1962617464  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y

### ALVARADO EYE ASSOCIATES MED CLINIC INC

 7877 PARKWAY DR STE 100  
 LA MESA, CA 91942  
 Phone: (619) 460-3711  
 Fax: (619) 460-2184  
 After Hours Phone: (619) 460-3711  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None




Gender Restriction: No Gender restriction  
 American Sign Language (ASL):  Hours: M-F 8AM-5PM  
 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

### EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP




 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



### DEAN, MOENA, OD

Provider Gender: Female  
 License Number: 33955  
 NPI: 1265927578  
 Provider English Spoken: Y  
 Cultural Competency: Y

### ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes


 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### DYER, SHARON, OD

Provider Gender: Female  
 License Number: 33450  
 NPI: 1063866887

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### DYER, SHARON, OD

*Provider Gender: Female*

*License Number: 33450*

*NPI: 1063866887*

*Provider English Spoken: Y*

*Cultural Competency: Y*

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### GOLLOGLY, HEIDRUN, MD

*Provider Gender: Female*

*License Number: A134761*

*NPI: 1477879823*

*Provider English Spoken: Y*

*German, French, Spanish Cultural Competency: Y*

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

*Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

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

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*PROVIDER*  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **GRAY, IGA, MD**

Provider Gender: Female  
License Number: A174875  
NPI: 1033538350  
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: Yes  
📄 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 8:30AM-4:30PM

### **HAIGHT, BRUCE, MD**

Provider Gender: Male  
License Number: G41117  
NPI: 1427029628

Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 7339 EL CAJON BLVD STE J LA MESA, CA 91942  
📞 Phone: (619) 722-8460  
Fax: (619) 722-8465  
🕒 After Hours Phone: (619) 722-8460  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F 8AM-5PM

### **HAIGHT, BRUCE, MD**

Provider Gender: Male  
License Number: G41117  
NPI: 1427029628  
Provider English Spoken: Y  
Cultural Competency: Y  
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
📍 5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942  
📞 Phone: (619) 465-2020

Fax: (619) 698-1189  
🕒 After Hours Phone: (619) 465-2020  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 8AM-5PM

### **HAMOUIE, JUDY, OD**

Provider Gender: Female  
License Number: 34984  
NPI: 1518638287  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP  
📍 7339 EL CAJON BLVD STE J LA MESA, CA 91942  
📞 Phone: (619) 722-8460  
Fax: (619) 722-8465  
🕒 After Hours Phone: (619) 722-8460  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### HAN, SULKI, OD

Provider Gender: Female

License Number: 34171

NPI: 1750802195

Provider English Spoken: Y


Korean

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### HIXSON, THOMAS, OD

Provider Gender: Male

License Number: 7490

NPI: 1528072683


Provider English Spoken: Y

Cultural Competency: Y

LA MESA VISION CARE

 8007 LA MESA BLVD

LA MESA, CA 91942

 Phone: (619) 466-5665

Fax: (619) 466-5688

 After Hours Phone: (619) 466-5665

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 8AM-4PM

TU 9AM-6PM

W 8AM-4PM

TH 9AM-6PM

F 9AM-5PM

SA 8AM-1PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943


NPI: 1700556438


Provider English Spoken: Y

Arabic


Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

NPI: 1700556438

Provider English Spoken: Y


 Arabic

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8:30AM-4:30PM

### KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y


 Spanish

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584


Provider English Spoken: Y

 Arabic

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y


 Arabic

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777

NPI: 1962031617


Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777

NPI: 1962031617


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **LEE, SALLY, DO**

Provider Gender: Female

License Number: 20A8088

NPI: 1457468514

Provider English Spoken: Y


 Spanish, Chinese

Cultural Competency: Y

SAN DIEGO EYE

PROFESSIONALS

 8291 LA MESA BLVD LA MESA, CA 91942


 Phone: (619) 583-4295

Fax: (619) 393-1133

 After Hours Phone: (619) 583-4295

Accepting New Patients: Yes



 Site English Spoken: Y

 Site Languages(s) Spoken:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*German, Spanish, Chinese*  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: TU-F 9AM-5PM SA 9AM-5PM

### LEVY, PHILLIP, OD


Provider Gender: Male  
 License Number: 4884  
 NPI: 1528189115  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 BUIIQUE OPTOMETRY

 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: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction




American Sign Language (ASL):  
 N

 Accessibility: CONTACT



PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 9AM-5PM SA 9AM-2PM

### MANNEN, JOSEPH, OD

Provider Gender: Male  
 License Number: 33650  
 NPI: 1851827034  
 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: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 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  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP



 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes


Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM






### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista



 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

### **MCGRAW, JOSEPH, MD**



Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942

 Phone: (619) 722-8460  
 Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes


 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM



### **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: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### **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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish  
Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE  
J  
LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:30AM-4:30PM

### **PANDYA, BHUMIKA, OD**

Provider Gender: Female

License Number: 35025

NPI: 1063182822

Provider English Spoken: Y

🗳 Gujarati, 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: Yes

🗳 Site English Spoken: Y

🗳 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

🗳 Gujarati, Hindi, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

📞 Phone: (619) 722-8460

Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

🗳 Site English Spoken: Y

🗳 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

📞 Phone: (619) 722-8460

Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

🗳 Site English Spoken: Y

🗳 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

### **PETERS, JAMIE, OD**

Provider Gender: Female

License Number: 10724

NPI: 1073691077

Provider English Spoken: Y

🗳 Spanish

Cultural Competency: Y

VISION SOLUTIONS

OPTOMETRY

📍 8235 UNIVERSITY AVE

LA MESA, CA 91942

📞 Phone: (619) 461-4913

Fax: (888) 509-6483

🕒 After Hours Phone: (619) 461-4913

Accepting New Patients: Yes

🗳 Site English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

- Site Languages(s) Spoken:* American Sign Language (ASL): | *Hours:* M-F 8AM-5PM Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* 1/2 mile from Site): 1T  
 N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1T  
*Hours:* M-TU 9AM-5:30PM  
 W 8AM-5PM  
 TH 9AM-6PM  
 F 8AM-1PM
- PRABHU, SUJATA, MD**  
*Provider Gender:* Female  
*License Number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Y  
 Spanish  
*Cultural Competency:* Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:* (619) 722-8460  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1T  
*Hours:* M-F 8AM-5PM
- QUACH, PHUC, OD**  
*Provider Gender:* Male  
*License Number:* 12891  
*NPI:* 1770617805  
*Provider English Spoken:* Y  
 Spanish, Vietnamese  
*Cultural Competency:* Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:* (619) 722-8460  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1T  
*Hours:* M-F 8AM-5PM
- PRABHU, SUJATA, MD**  
*Provider Gender:* Female  
*License Number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Y  
 Spanish  
*Cultural Competency:* Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:* (619) 465-2020  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Public transportation (within 1/2 mile from Site):* 1U
- SAMUEL, MICHAEL, MD**  
*Provider Gender:* Male  
*License Number:* A83237  
*NPI:* 1730175670  
*Provider English Spoken:* Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Cultural Competency: Y  
EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020  
Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### SCOTT, JEFFREY, OD

Provider Gender: Male

License Number: 34978

NPI: 1568813434

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE  
J  
LA MESA, CA 91942

Phone: (619) 722-8460  
Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### TILLMAN, SYLVIA, OD

Provider Gender: Female

License Number: 9726

NPI: 1174730824

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE  
J  
LA MESA, CA 91942

Phone: (619) 722-8460  
Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### 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

722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### TU, BEVERLY, OD

Provider Gender: Female


License Number: 34108


NPI: 1053892794

Provider English Spoken: Y

 Spanish, Vietnamese Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177


NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### VINH, JOHN, OD

Provider Gender: Male


License Number: 14177


NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798


NPI: 1477968667


Provider English Spoken: Y

 Spanish

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942














 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

<p>Accepting New Patients: Yes  <input type="checkbox"/> Site English Spoken: Y  <input type="checkbox"/> Site Languages(s) Spoken: Spanish            Min/Max Age: 0\None            Gender Restriction: No Gender restriction            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER            Public transportation (within 1/2 mile from Site): 1T   Hours: M-F 8AM-5PM</p>	<p>restriction            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER            Public transportation (within 1/2 mile from Site): 1U   Hours: M-F 8AM-5PM</p>	<p> Hours: M-F 8AM-5PM</p>
<p><b>VIVIRITO, MARY, OD</b>            Provider Gender: Female            License Number: 33798            NPI: 1477968667            Provider English Spoken: Y  <input type="checkbox"/> Spanish            Cultural Competency: Y            EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP   5565 GROSSMONT CENTER DR # 551            LA MESA, CA 91942   Phone: (619) 465-2020            Fax: (619) 698-1189   After Hours Phone: (619) 465-2020            Accepting New Patients: Yes  <input type="checkbox"/> Site English Spoken: Y  <input type="checkbox"/> Site Languages(s) Spoken: Spanish            Min/Max Age: 0\None            Gender Restriction: No Gender restriction</p>	<p><b>WONG, SHARON, OD</b>            Provider Gender: Female            License Number: 15137            NPI: 1497159552            Provider English Spoken: Y  <input type="checkbox"/> Spanish            Cultural Competency: Y            ACUITY EYE GROUP   7339 EL CAJON BLVD STE J            LA MESA, CA 91942   Phone: (619) 722-8460            Fax: (619) 722-8465   After Hours Phone: (619) 722-8460            Accepting New Patients: Yes  <input type="checkbox"/> Site English Spoken: Y  <input type="checkbox"/> Site Languages(s) Spoken: Spanish            Min/Max Age: 0\None            Gender Restriction: No Gender restriction            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER            Public transportation (within 1/2 mile from Site): 1T</p>	<p><b>YOUNG, ALLA, OD</b>            Provider Gender: Female            License Number: 34191            NPI: 1285085142            Provider English Spoken: Y  <input type="checkbox"/> Russian            Cultural Competency: Y            ALVARADO EYE ASSOCIATES MED CLINIC INC   7877 PARKWAY DR STE 100            LA MESA, CA 91942   Phone: (619) 460-3711            Fax: (619) 460-2184   After Hours Phone: (619) 460-3711            Accepting New Patients: Yes  <input type="checkbox"/> Site English Spoken: Y            Min/Max Age: 0\None            Gender Restriction: No Gender restriction            American Sign Language (ASL): N  <input type="checkbox"/> Accessibility: CONTACT PROVIDER            Public transportation (within 1/2 mile from Site): 1U   Hours: M-F 8:30AM-4:30PM</p>
	<p><b>ZAIDI, NOORINA, OD</b>            Provider Gender: Female            License Number: 35615            NPI: 1023477262            Provider English Spoken: Y            Cultural Competency: Y</p>	

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)

722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### LAKESIDE

#### FLEMING, JOHN, OD

Provider Gender: Male

License Number: 8461

NPI: 1033192133

Provider English Spoken: Y

Cultural Competency: Y

#### JOHN C FLEMING OD

9710 WINTER GARDENS  
BLVD STE A

LAKESIDE, CA 92040

Phone: (619) 443-1075

Fax: (619) 443-9382

After Hours Phone: (619)  
443-1075

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM  
F 9AM-4PM

#### 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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM  
F 9AM-4PM

#### 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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM  
F 9AM-4PM

### 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: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*PROVIDER*  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 8AM-4:30PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female  
License Number: 34530  
NPI: 1982232146  
Provider English Spoken: Y  
Cultural Competency: Y

### **WEST COAST EYE CARE**

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
☎ Phone: (619) 470-2700  
📠 Fax: (619) 267-8221  
🕒 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes  
📄 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female  
License Number: 34530  
NPI: 1982232146  
Provider English Spoken: Y

Cultural Competency: Y  
**ACUITY EYE GROUP**  
📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
☎ Phone: (619) 472-1010  
📠 Fax: (619) 479-5233

🕒 After Hours Phone: (619) 472-1010  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### **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: Yes  
📄 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 8AM-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: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM*

### **DEAN, MOENA, OD**

*Provider Gender: Female*

*License Number: 33955*


*NPI: 1265927578*

*Provider English Spoken: Y*

*Cultural Competency: Y*

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 *Phone: (619) 470-2700*

*Fax: (619) 267-8221*

 *After Hours Phone: (619) 470-2700*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

### **DYER, SHARON, OD**

*Provider Gender: Female*

*License Number: 33450*


*NPI: 1063866887*

*Provider English Spoken: Y*

*Cultural Competency: Y*

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 *Phone: (619) 470-2700*

*Fax: (619) 267-8221*

 *After Hours Phone: (619) 470-2700*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

### **DYER, SHARON, OD**

*Provider Gender: Female*

*License Number: 33450*


*NPI: 1063866887*

*Provider English Spoken: Y*


*Cultural Competency: Y*

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950


 *Phone: (619) 472-1010*

*Fax: (619) 479-5233*

 *After Hours Phone: (619) 472-1010*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Language(s) Spoken: Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM*

### **GOLLOGLY, HEIDRUN, MD**

*Provider Gender: Female*

*License Number: A134761*

*NPI: 1477879823*


*Provider English Spoken: Y*

 *German, French, Spanish*


*Cultural Competency: Y*

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 *Phone: (619) 472-1010*

*Fax: (619) 479-5233*

 *After Hours Phone: (619) 472-1010*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Language(s) Spoken:*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Spanish*  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 8AM-6PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-5PM

### HAIGHT, BRUCE, MD

Provider Gender: Male  
 License Number: G41117  
 NPI: 1427029628  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 Phone: (619) 472-1010  
 Fax: (619) 479-5233  
 After Hours Phone: (619) 472-1010  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 8AM-6PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-5PM

### HUDSON, HENRY, MD

Provider Gender: Male  
 License Number: G76091  
 NPI: 1851349195  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 Phone: (619) 472-1010  
 Fax: (619) 479-5233  
 After Hours Phone: (619) 472-1010  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 8AM-6PM  
 W 8:30AM-5PM  
 TH 8AM-6PM

F 8AM-5PM


### 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: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-4:30PM  
 KALBAKJI, NATALY, OD  
 Provider Gender: Female  
 License Number: 34943  
 NPI: 1700556438  
 Provider English Spoken: Y  
 Arabic  
 Cultural Competency: Y  
 ACUITY EYE GROUP

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 472-1010  
Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### **KALBAKJI, NATALY, OD**

Provider Gender: Female

License Number: 34943


NPI: 1700556438


Provider English Spoken: Y

Arabic

Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)

470-2700

Accepting New Patients: Yes


Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-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: Yes

Site English Spoken: Y


Site Language(s) Spoken:  
Arabic, Hindi, Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: SU 10AM-4PM  
M-F 9AM-6PM  
SA 9AM-5PM

### **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: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **KEDDINGTON, JOAN, OD**

*Provider Gender: Female*

*License Number: 6263*

*NPI: 1992872691*

*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: Y*

**LUSTRO EYEWORKS**

**OPTOMETRY**

1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

*Phone: (619) 477-2159*

*Fax: (619) 477-2128*

*After Hours Phone: (619)  
477-2159*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken:  
Arabic, Hindi, Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

*Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

*Hours: SU 10AM-4PM  
M-F 9AM-6PM  
SA 9AM-5PM*

### **KHALIL, VADY, OD**

*Provider Gender: Male*

*License Number: 35137*

*NPI: 1275263584*

*Provider English Spoken: Y*

*Arabic*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

2240 E PLAZA BLVD STE  
FG

NATIONAL CITY, CA 91950

*Phone: (619) 470-2700*

*Fax: (619) 267-8221*

*After Hours Phone: (619)  
470-2700*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

*Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

*Hours: M-F 8AM-4:30PM*

### **KHALIL, VADY, OD**

*Provider Gender: Male*

*License Number: 35137*

*NPI: 1275263584*

*Provider English Spoken: Y*

*Arabic*

*Cultural Competency: Y*

**ACUITY EYE GROUP**

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

*Phone: (619) 472-1010*

*Fax: (619) 479-5233*

*After Hours Phone: (619)  
472-1010*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

*Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

*Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM*

### **KHIEU, TINA, OD**

*Provider Gender: Female*

*License Number: 34777*

*NPI: 1962031617*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**ACUITY EYE GROUP**

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

*Phone: (619) 472-1010*

*Fax: (619) 479-5233*

*After Hours Phone: (619)  
472-1010*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777


NPI: 1962031617

Provider English Spoken: Y


Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### **KING, MARY, OD**

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y


 Spanish

Cultural Competency: Y


LUSTRO EYEWORKS

OPTOMETRY

 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950


 Phone: (619) 477-2159

Fax: (619) 477-2128

 After Hours Phone: (619) 477-2159

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Arabic, Hindi, Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: SU 10AM-4PM  
M-F 9AM-6PM  
SA 9AM-5PM

### **LEE, AUSTIN, OD**

Provider Gender: Male

License Number: 14519


NPI: 1922356914

Provider English Spoken: Y

Cultural Competency: Y

VIVE OPTOMETRY

 1033 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 477-2771

Fax: (619) 477-1680

 After Hours Phone: (619) 477-2771

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: TU 10AM-5PM  
W-F 9:30AM-5PM

### **LEE, SALLY, DO**

Provider Gender: Female

License Number: 20A8088

NPI: 1457468514

Provider English Spoken: Y

 Spanish, Chinese

Cultural Competency: Y

SAN DIEGO EYE

PROFESSIONALS

 2345 E 8TH ST STE 111  
NATIONAL CITY, CA 91950

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

☎ Phone: (619) 583-4295  
 Fax: (619) 825-7300  
 🕒 After Hours Phone: (619) 583-4295  
 Accepting New Patients: Yes  
 📄 Site English Spoken: Y  
 📄 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 🕒 Hours: TH-F 9AM-5PM

### MARLAY, GREG, OD

Provider Gender: Male  
 License Number: 6998  
 NPI: 1306903083  
 Provider English Spoken: Y  
 Cultural Competency: Y

### MARLAY ENTERPRISES

📍 1132 E PLAZA BLVD STE 201  
 NATIONAL CITY, CA 91950  
 ☎ Phone: (619) 477-4166  
 🕒 After Hours Phone: (619) 477-4166  
 Accepting New Patients: Yes  
 📄 Site English Spoken: Y  
 📄 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender

restriction  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 🕒 Hours: M 10AM-6PM  
 W 10AM-6PM  
 F 10AM-6PM  
 SA 10AM-2PM

### MARR, RYAN, OD

Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y

WEST COAST EYE CARE  
 📍 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950  
 ☎ Phone: (619) 470-2700  
 Fax: (619) 267-8221  
 🕒 After Hours Phone: (619) 470-2700  
 Accepting New Patients: Yes  
 📄 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### MARR, RYAN, OD

Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y

ACUITY EYE GROUP  
 📍 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 ☎ Phone: (619) 472-1010  
 Fax: (619) 479-5233  
 🕒 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

📄 Site English Spoken: Y  
 📄 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 🕒 Hours: M-TU 8AM-6PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-5PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### 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: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### MENDOZA, RAYMUNDO, OD

Provider Gender: Male

License Number: 8150

NPI: 1306837760

Provider English Spoken: Y

Site Spanish

Cultural Competency: Y

NATIONAL CITY EYECARE

2403 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Phone: (619) 475-2184

Fax: (619) 475-3917

After Hours Phone: (619)  
475-2184

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TU 10AM-5PM  
TH-F 10AM-5PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish  
Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N


Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 8AM-4:30PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782


Provider English Spoken: Y

 Indonesian, Spanish

Cultural Competency: Y

### ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950


 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### NGUYEN, THERESA, OD

Provider Gender: Female

License Number: 35530TLG

NPI: 1609555713


Provider English Spoken: Y

Cultural Competency: Y

### LUSTRO EYEWORKS

### OPTOMETRY

 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950


 Phone: (619) 477-2159

Fax: (619) 477-2128

 After Hours Phone: (619)  
477-2159

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Arabic, Hindi, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: SU 10AM-4PM  
M-F 9AM-6PM  
SA 9AM-5PM

### PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y


 Gujarati, Hindi, Spanish

Cultural Competency: Y


### WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG

NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### PATEL, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434


Provider English Spoken: Y

Cultural Competency: Y

### WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG

NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): Provider Gender: Male  
N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

### **PRABHU, SUJATA, MD**

*Provider Gender: Female*

*License Number: A115965*

*NPI: 1982872552*

*Provider English Spoken: Y*


 *Spanish*

*Cultural Competency: Y*


WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG


NATIONAL CITY, CA 91950

 *Phone: (619) 470-2700*

*Fax: (619) 267-8221*

 *After Hours Phone: (619) 470-2700*

*Accepting New Patients: Yes*


 *Site English Spoken: Y  
Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

### **SCOTT, JEFFREY, OD**

*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: Yes*


 *Site English Spoken: Y  
Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-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: Yes*


 *Site English Spoken: Y  
Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-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: Yes*

 *Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### TOUBIA, ELIAS, OD


Provider Gender: Male  
License Number: 33758  
NPI: 1740701481

Provider English Spoken: Y

 Arabic  
Cultural Competency: Y

LUSTRO EYEWORKS  
OPTOMETRY


 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

 Phone: (619) 477-2159

Fax: (619) 477-2128

 After Hours Phone: (619)  
477-2159

Accepting New Patients: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: SU 10AM-4PM  
M-F 9AM-6PM  
SA 9AM-5PM


### 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: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### VINH, JOHN, OD

Provider Gender: Male  
License Number: 14177


NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950


 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

NATIONAL CITY, CA 91950

☎ Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

🗨 Site English Spoken: Y

🗨 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### 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: Yes

🗨 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### WU, EVA, OD

Provider Gender: Female

License Number: 14743

NPI: 1073954442

Provider English Spoken: Y

🗨 Spanish, Chinese

Cultural Competency: Y

VIVE OPTOMETRY

📍 1033 HIGHLAND AVE  
NATIONAL CITY, CA 91950

☎ Phone: (619) 477-2771

Fax: (619) 477-1680

🕒 After Hours Phone: (619) 477-2771

Accepting New Patients: Yes

🗨 Site English Spoken: Y

🗨 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT

PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: TU 10AM-5PM  
W-F 9:30AM-5PM

### ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG

NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

🗨 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### OCEANSIDE

#### KASAI, SARAH, OD

Provider Gender: Female

License Number: 34226


NPI: 1023406238


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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM  
W 10AM-7PM  
TH 9AM-6PM  
F 9AM-5PM

#### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM  
W 10AM-7PM  
TH 9AM-6PM  
F 9AM-5PM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM  
W 10AM-7PM  
TH 9AM-6PM  
F 9AM-5PM

### 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: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM  
SA 8AM-11AM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 8AM-5PM  
TU-TH 9AM-6PM  
F 8AM-5PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Phone: (858) 309-7702

Fax: (858) 966-8901

 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 7AM-5PM

### **AOTO, KIM, OD**

Provider Gender: Female

License Number: 14524


NPI: 1780935650

Provider English Spoken: Y

 Spanish, Vietnamese Cultural Competency: Y

WEST COAST EYE CARE


 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858) 565-8822


Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10AM-6PM

TU 8:30AM-5PM

W 7:30AM-4PM

TH 9:30AM-5PM

F 8AM-4PM


### **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: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM

TU 8AM-5PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-4PM

### **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: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM  
SA 8:30AM-2PM

### **BANSAL, PREETI, MD**

Provider Gender: Female

License Number: A90890

NPI: 1871664631

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Provider English Spoken: Y


 Spanish

Cultural Competency: Y


RADY CHILDRENS

SPECIALISTS

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-8901

 After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 7AM-5PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530


NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530


NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **BEAUDRY, AMANDA, OD**

Provider Gender: Female

License Number: 33385

NPI: 1477903516


Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS


 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-8901

 After Hours Phone: (858)  
309-7702

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 7AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **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: Yes*

 *Site English Spoken: Y  
Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F 7AM-5PM*

### **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: Yes*

 *Site English Spoken: Y  
Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F 7AM-5PM*


### **BINDER, NICHOLAS, MD**

*Provider Gender: Male  
License Number: A124698  
NPI: 1306076716*

*Provider English Spoken: Y  
Cultural Competency: Y*


### **WEST COAST EYE CARE**

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 *Phone: (619) 697-4600  
Fax: (619) 697-2410*

 *After Hours Phone: (619)  
697-4600*

*Accepting New Patients: Yes*

 *Site English Spoken: Y  
Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M 7:30AM-4:30PM  
TU 8AM-5PM*

*W 8:30AM-5PM*

*TH 8AM-6PM*

*F 8AM-4PM*


### **BINDER, NICHOLAS, MD**

*Provider Gender: Male  
License Number: A124698  
NPI: 1306076716*

*Provider English Spoken: Y  
Cultural Competency: Y*


### **WEST COAST EYE CARE**

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 *Phone: (858) 565-8822  
Fax: (858) 565-2449*

 *After Hours Phone: (858)  
565-8822*

*Accepting New Patients: Yes*

 *Site English Spoken: Y  
Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M 10AM-6PM  
TU 8:30AM-5PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 8AM-5PM  
TU-TH 9AM-6PM  
F 8AM-5PM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### CAO, STEPHANIE, OD

Provider Gender: Female


License Number: 35158


NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE OPTOMETR

 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108


 Phone: (619) 291-2020

Fax: (888) 210-5799

 After Hours Phone: (619) 291-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 10AM-7PM  
SA 10AM-7PM

### 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

297-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 9:30AM-6PM  
 SA 9AM-3PM

### CHAIN, PEI CHI, OD

Provider Gender: Female  
 License Number: 34439  
 NPI: 1730676727  
 Provider English Spoken: Y  
 Spanish, Chinese  
 Cultural Competency: Y  
 SPOTLIGHT OPTOMETRY  
 7835 HIGHLANDS VLG PL  
 D 106  
 SAN DIEGO, CA 92129  
 Phone: (858) 250-0052  
 Fax: (858) 788-0287  
 After Hours Phone: (858) 250-0052  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): 1/2 mile from Site): 1T  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 9AM-5PM  
 W 10AM-6PM  
 F 9AM-5PM  
 SA 9AM-1PM  
 Hours: M-W 9AM-5PM  
 TH 9AM-1:30PM  
 F 9AM-5PM  
 SA 9AM-1PM

### 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: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within

### 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: Yes

Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM  
 SA 8:30AM-2PM

### COOPER, MICHAEL, OD

Provider Gender: Male  
 License Number: 10476

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM  
SA 8:30AM-2PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 10AM-7PM  
SA 10AM-7PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10AM-6PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **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: Yes

Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM  
SA 8:30AM-2PM

### **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: Yes

Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 7AM-5PM

### **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: Yes

Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **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: Yes

Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction


American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM*

### **GIANG, STEVEN, OD**

*Provider Gender: Male*

*License Number: 34489*


*NPI: 1730710104*

*Provider English Spoken: Y*

*Cultural Competency: Y*

JASMINE P NGUYEN OD INC

 4029 43RD ST STE 300  
SAN DIEGO, CA 92105


 *Phone: (619) 284-3937*

*Fax: (619) 284-3938*

 *After Hours Phone: (619)  
284-3937*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Language(s) Spoken:  
Spanish, Vietnamese*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F 9AM-5PM  
SA 9AM-1PM*

### **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*

 *After Hours Phone: (619)  
590-1994*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: TH-F 9AM-5PM*

### **HO, AMIEE, OD**

*Provider Gender: Female*

*License Number: 14527*

*NPI: 1396009478*


*Provider English Spoken: Y*

*Cultural Competency: Y*

HILLCREST EYE

CENTER-UCSD

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 *Phone: (619) 543-6244*

*Fax: (619) 295-5034*

 *After Hours Phone: (619)  
543-6244*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F 8AM-4PM*

### **HO, AMIEE, OD**

*Provider Gender: Female*

*License Number: 14527*


*NPI: 1396009478*

*Provider English Spoken: Y*

*Cultural Competency: Y*

UC SAN DIEGO HEALTH

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 *Phone: (858) 534-6290*

*Fax: (858) 732-0921*

 *After Hours Phone: (858)  
534-6290*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*



*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*







*N*



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-5PM*

### HOANG, KEVIN, OD





*Provider Gender: Male*  
*License Number: 34401*  
*NPI: 1790339216*  
*Provider English Spoken: Y*  
 *Spanish*  
*Cultural Competency: Y*  
**JASMINE P NGUYEN OD INC**  
 4029 43RD ST STE 300  
 SAN DIEGO, CA 92105  
 *Phone: (619) 284-3937*  
*Fax: (619) 284-3938*  
 *After Hours Phone: (619) 284-3937*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Language(s) Spoken: Spanish, Vietnamese*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 9AM-5PM SA 9AM-1PM*



### HOFFMAN, STEVEN, OD

*Provider Gender: Male*  
*License Number: 34561*  
*NPI: 1033736079*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*

### JASMINE P NGUYEN OD INC

 4029 43RD ST STE 300  
 SAN DIEGO, CA 92105  
 *Phone: (619) 284-3937*  
*Fax: (619) 284-3938*  
 *After Hours Phone: (619) 284-3937*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Language(s) Spoken: Spanish, Vietnamese*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 9AM-5PM SA 9AM-1PM*

### HOM, GREGORY, OD


*Provider Gender: Male*  
*License Number: 9694*  
*NPI: 1154473916*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*

### GREGORY G HOM OD

 11230 SORRENTO VLY RD


STE 145

SAN DIEGO, CA 92121

 *Phone: (858) 535-9835*  
*Fax: (858) 535-1266*

 *After Hours Phone: (858) 535-9835*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-TH 9AM-5PM F 9AM-4PM*

### 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: Yes*

 *Site English Spoken: Y*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-4PM

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091


NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619)  
697-4600


Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-4PM

### HUSTANA, LARA, OD

Provider Gender: Female

License Number: 11472

NPI: 1235161597

Provider English Spoken: Y


French

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (619) 543-6244

Fax: (619) 295-5034

 After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-4PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-4PM  
TU 7AM-1PM  
W-TH 10AM-6PM  
F 10AM-3PM  
SA 9AM-2PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 4844 UNIVERSITY AVE STE A  
SAN DIEGO, CA 92105

 Phone: (619) 283-1303

Fax: (619) 283-1666

 After Hours Phone: (619) 283-1303

Accepting New Patients: Yes


Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog, Vietnamese

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9:30AM-6PM  
W 9:30AM-6PM  
TH-F 10AM-6PM  
SA 9AM-3PM

### JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009


NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

UC SAN DIEGO HEALTH

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009

NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610

SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

### 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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Arabic

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2

SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2

SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

**PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

**KATZMAN, BARRY, MD**  
Provider Gender: Male  
License Number: A34834  
NPI: 1760473797  
Provider English Spoken: Y  
🗣 Spanish  
Cultural Competency: Y  
WEST COAST EYE CARE  
📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
📞 Phone: (619) 697-4600  
Fax: (619) 697-2410  
📞 After Hours Phone: (619) 697-4600  
Accepting New Patients: Yes  
🗣 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM

F 8AM-4PM  
**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: Yes  
🗣 Site English Spoken: Y  
🗣 Site Languages(s) Spoken: Spanish, Vietnamese  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-F 9AM-5PM  
SA 9AM-1PM

**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: Yes  
🗣 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### **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: Yes

 Site English Spoken: Y

 Site Language(s) Spoken: Bengali, Hindi, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TH 8AM-5PM  
F 8AM-4PM

### **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: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10AM-6PM

TU 8:30AM-5PM

W 7:30AM-4PM

TH 9:30AM-5PM

F 8AM-4PM

### **KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777


NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE


 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### **KHINDA, SUNEHA, OD**

Provider Gender: Female

License Number: 35494

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

NPI: 1750066726

Provider English Spoken: Y

Cultural Competency: Y

EYELUX OPTOMETRY

16615 DOVE CANYON RD  
STE 105

SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)  
487-7900

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM  
SA 8:30AM-2PM

### KIM, PHILIP, OD

Provider Gender: Male

License Number: 33893

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

### 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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

Accessibility: CONTACT

PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 7AM-5PM

### KULISCHAK, JOHN, OD

Provider Gender: Male

License Number: 9279

NPI: 1740205236

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

### LAM, ANNE, OD

Provider Gender: Female

License Number: 12810

NPI: 1174550768

Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Cultural Competency: Y*

HILLCREST EYE  
CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

### LARSEN, STEVEN, OD

Provider Gender: Male

License Number: 7687

NPI: 1629194782

Provider English Spoken: Y

Spanish

Cultural Competency: Y

UPTOWN OPTOMETRY

4096 PARK BLVD  
SAN DIEGO, CA 92103

Phone: (619) 291-5505

Fax: (619) 291-4404

After Hours Phone: (619)  
291-5505

Accepting New Patients: Yes

Site English Spoken: Y N

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: TU-F 9AM-3PM  
SA 10AM-2PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TU 9AM-5PM  
W 10AM-6PM  
TH 9AM-5PM  
F 10AM-6PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### 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: Yes

📄 Site English Spoken: Y

📄 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F 10AM-7PM  
SA 10AM-7PM

### LAU, KUEN CHINE, OD

Provider Gender: Male

License Number: 11166

NPI: 1821001645

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

📍 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

📞 Phone: (619) 297-2020

Fax: (888) 210-5799

🕒 After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

📄 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F 9:30AM-6PM  
SA 9AM-3PM

### 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: Yes

📄 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 7AM-5PM

### LIN, HENRY, OD

Provider Gender: Male

License Number: 11368

NPI: 1861405664

Provider English Spoken: Y

📄 Spanish, Chinese

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

📍 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

📞 Phone: (619) 297-2020

Fax: (888) 210-5799

🕒 After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

📄 Site English Spoken: Y




















Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## J. Directorio de proveedores de la vista: servicios oculares y de la vista

<p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Public transportation (within 1/2 mile from Site): 1T</i></p> <p> <i>Hours: M-F 9:30AM-6PM SA 9AM-3PM</i></p>	<p><i>SA 10AM-7PM</i></p> <p><b>LIN, HENRY, OD</b></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: 11368</i></p> <p><i>NPI: 1861405664</i></p> <p><i>Provider English Spoken: Y</i></p> <p> <i>Spanish, Chinese</i></p> <p><i>Cultural Competency: Y</i></p> <p>OPTOM-EYES VISION CARE OPTOMETRY</p> <p> 5638 MISSION CENTER RD STE 103 SAN DIEGO, CA 92108</p> <p> <i>Phone: (619) 295-2900</i></p> <p><i>Fax: (888) 210-5799</i></p> <p> <i>After Hours Phone: (619) 295-2900</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Y</i></p> <p> <i>Site Languages(s) Spoken: Spanish</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>Gender Restriction: No Gender restriction</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Public transportation (within 1/2 mile from Site): 1U</i></p> <p> <i>Hours: M-F 9AM-5:30PM SA 9AM-3PM</i></p>	<p><i>NPI: 1053309005</i></p> <p><i>Provider English Spoken: Y</i></p> <p> <i>Spanish, Tagalog</i></p> <p><i>Cultural Competency: Y</i></p> <p>SEE KLEER EYECARE CENTER</p> <p> 9580 BLACK MOUNTAIN RD STE J SAN DIEGO, CA 92126</p> <p> <i>Phone: (858) 536-8952</i></p> <p><i>Fax: (858) 536-8951</i></p> <p> <i>After Hours Phone: (858) 536-8952</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Y</i></p> <p> <i>Site Languages(s) Spoken: Spanish, Tagalog</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>Gender Restriction: No Gender restriction</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Public transportation (within 1/2 mile from Site): 1T</i></p> <p> <i>Hours: M-TH 11AM-6PM F 1PM-5PM SA 9AM-1PM</i></p>
<p><b>LIN, HENRY, OD</b></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: 11368</i></p> <p><i>NPI: 1861405664</i></p> <p><i>Provider English Spoken: Y</i></p> <p> <i>Spanish, Chinese</i></p> <p><i>Cultural Competency: Y</i></p> <p>FASHION VALLEY EYE CARE OPTOMETR</p> <p> 7007 FRIARS RD STE 351 SAN DIEGO, CA 92108</p> <p> <i>Phone: (619) 291-2020</i></p> <p><i>Fax: (888) 210-5799</i></p> <p> <i>After Hours Phone: (619) 291-2020</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Y</i></p> <p> <i>Site Languages(s) Spoken: Spanish</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>Gender Restriction: No Gender restriction</i></p> <p><i>American Sign Language (ASL): N</i></p>	<p><b>LLANES, BENJAMIN, OD</b></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: 8782</i></p>	<p><b>MARR, RYAN, OD</b></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: 35302</i></p> <p><i>NPI: 1235857525</i></p> <p><i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: Y</i></p> <p>WEST COAST EYE CARE</p> <p> 6945 EL CAJON BLVD</p>
<p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Public transportation (within 1/2 mile from Site): 1T</i></p> <p> <i>Hours: M-F 10AM-7PM</i></p>		





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## J. Directorio de proveedores de la vista: servicios oculares y de la vista


SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone: (619) 697-4600  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM  
 TU 8AM-5PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-4PM

### MARR, RYAN, OD

Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858) 565-8822  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None


Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10AM-6PM  
 TU 8:30AM-5PM  
 W 7:30AM-4PM  
 TH 9:30AM-5PM  
 F 8AM-4PM

### MCCLEAN, ESMERALDA, OD


Provider Gender: Female  
 License Number: 15001  
 NPI: 1962817981  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y

### HILLCREST EYE



CENTER-UCSD  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6244  
 Fax: (619) 295-5034  
 After Hours Phone: (619) 543-6244  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-4PM

### MCCLEAN, ESMERALDA, OD

Provider Gender: Female  
 License Number: 15001  
 NPI: 1962817981  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 UC SAN DIEGO HEALTH

 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (858) 534-6290  
 Fax: (858) 732-0921  
 After Hours Phone: (858) 534-6290  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

### MCGRAW, JOSEPH, MD

Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Cultural Competency: Y*

WEST COAST EYE CARE

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)  
565-8822

*Accepting New Patients: Yes*

 Site English Spoken: Y

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N

 Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

 Hours: M 10AM-6PM

TU 8:30AM-5PM

W 7:30AM-4PM

TH 9:30AM-5PM

F 8AM-4PM

### **MCGRAW, JOSEPH, MD**

*Provider Gender: Male*

*License Number: A155228*


*NPI: 1588624852*

*Provider English Spoken: Y*

*Cultural Competency: Y*

WEST COAST EYE CARE

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115


 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619)


697-4600

*Accepting New Patients: Yes*


 Site English Spoken: Y  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N  
 Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-4PM

### **MIZOGUCHI, LIANNE, OD**

*Provider Gender: Female*

*License Number: 10104*

*NPI: 1619900313*


*Provider English Spoken: Y*

*Cultural Competency: Y*

HILLCREST EYE

CENTER-UCSD


 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (619) 543-6244

Fax: (619) 295-5034

 After Hours Phone: (619)  
543-6244

*Accepting New Patients: Yes*


 Site English Spoken: Y  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N  
 Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1T*

 Hours: M-F 8AM-4PM

### **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: Yes*

 Site English Spoken: Y  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

N  
 Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

 Hours: M-F 7AM-5PM

### **MOOR, TRACY, OD**

*Provider Gender: Female*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

### MOOR, TRACY, OD

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

UC SAN DIEGO HEALTH

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)

534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10AM-6PM

TU 8:30AM-5PM

W 7:30AM-4PM

TH 9:30AM-5PM

F 8AM-4PM

### 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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM

TU 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### NGUYEN, THANH, OD

Provider Gender: Female

License Number: 13126

NPI: 1992813323

Provider English Spoken: Y


 Vietnamese

Cultural Competency: Y

### SABRE SPRINGS OPTOMETRY

 12650 SABRE SPGS PKWY  
STE 203

SAN DIEGO, CA 92128


 Phone: (858) 748-1265

Fax: (844) 269-9527

 After Hours Phone: (858)  
748-1265

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Vietnamese


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-TU 9AM-5PM  
W 10AM-6PM  
TH 9AM-5PM  
F 10AM-6PM

### NGUYEN, BRUCE, OD

Provider Gender: Male

License Number: 14156

NPI: 1376839019

Provider English Spoken: Y


 Vietnamese

Cultural Competency: Y


### CLAIREMONT OPTOMETRY

 10715 TIERRASANTA BLVD  
STE F

SAN DIEGO, CA 92124


 Phone: (858) 279-6500

Fax: (858) 225-7174

 After Hours Phone: (858)  
279-6500

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Vietnamese


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-W 9AM-6PM  
TH-F 9AM-5PM  
SA 8AM-3PM

### NGUYEN, BRUCE, OD

Provider Gender: Male

License Number: 14156

NPI: 1376839019

Provider English Spoken: Y


 Vietnamese

Cultural Competency: Y

### SD VISION CARE OPTOMETRY

 3807 FAIRMOUNT AVE STE  
200

SAN DIEGO, CA 92105

 Phone: (619) 508-5678

Fax: (619) 501-0686

 After Hours Phone: (619)  
508-5678

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

### NGUYEN, KELVIN, OD

Provider Gender: Male

License Number: 11085

NPI: 1518923572

Provider English Spoken: Y


 Spanish

Cultural Competency: Y

### SD 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 9AM-5PM  
 SA 9AM-1PM

### NGUYEN, THANH, OD

Provider Gender: Female

License Number: 13126

NPI: 1992813323

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
 SAN DIEGO, CA 92105

Phone: (619) 284-3937

Fax: (619) 284-3938

After Hours Phone: (619) 284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 9AM-5PM  
 SA 9AM-1PM

### O HALLORAN, HENRY, MD

Provider Gender: Male

License Number: A73282

NPI: 1235287947

Provider English Spoken: Y

German, Spanish

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

7910 FROST ST STE 200  
 SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 7AM-5PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (619) 697-2410

☎ After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

☐ Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

☐ Gujarati, Hindi, Spanish  
Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822  
Fax: (858) 565-2449

☎ After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

☐ Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822  
Fax: (858) 565-2449

☎ After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

☐ Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600  
Fax: (619) 697-2410

☎ After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

☐ Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### PHAM, TONY, OD

Provider Gender: Male

License Number: 12348

NPI: 1841271434

Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

### MIRA MESA EYECARE

6755 MIRA MESA BLVD STE 141

SAN DIEGO, CA 92121

Phone: (858) 535-8282

Fax: (858) 535-0537

After Hours Phone: (858) 535-8282

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 9:30AM-6PM TH-F 9:30AM-6PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 10AM-6PM

TU 10AM-2PM

W-TH 10AM-6PM

F 9AM-2PM

SA 9AM-2PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: SU-SA 9AM-6PM

### PRABHU, SUJATA, MD

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

Spanish

Cultural Competency: Y

### WEST COAST EYE CARE

4344 CONVOY ST STE C2 SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858) 565-8822

Accepting New Patients: Yes


Site English Spoken: Y

Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Gender Restriction: No Gender restriction  
Public transportation (within 1/2 mile from Site): 1U

American Sign Language (ASL):  Hours: M 7:30AM-4:30PM  
TU 8AM-5PM

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### PRABHU, SUJATA, MD

Provider Gender: Female

License Number: A115965

NPI: 1982872552


Provider English Spoken: Y

 Spanish

Cultural Competency: Y

WEST COAST EYE CARE

 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 Phone: (619) 697-4600

Fax: (619) 697-2410

 After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes


 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 9AM-5:30PM

SA 9AM-3PM

### SHULKIN, MITCHELL, OD

Provider Gender: Male

License Number: 8153

NPI: 1770531865


Provider English Spoken: Y

Cultural Competency: Y

NORTH COUNTY OPTOMETRY

 11835 CARMEL MTN RD  
STE 1313

SAN DIEGO, CA 92128


 Phone: (858) 674-1276

Fax: (858) 674-5863

 After Hours Phone: (858)  
674-1276

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-4PM

TU 7AM-1PM

W-TH 10AM-6PM

F 10AM-3PM

SA 9AM-2PM

### TA, TRANG, OD

Provider Gender: Female

License Number: 12100

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 9AM-5PM  
SA 9AM-1PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### TAM, MAY, OD

Provider Gender: Female

License Number: 11960

NPI: 1548255896

Provider English Spoken: Y

Spanish

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

Phone: (619) 297-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 9:30AM-6PM  
SA 9AM-3PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None



Gender Restriction: No Gender  
restriction

American Sign Language (ASL):






N



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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 10AM-7PM SA 10AM-7PM*

### **TILLMAN, SYLVIA, OD**

*Provider Gender: Female*  
*License Number: 9726*  
*NPI: 1174730824*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**JASMINE P NGUYEN OD INC**  
 4029 43RD ST STE 300  
SAN DIEGO, CA 92105  
 *Phone: (619) 284-3937*  
*Fax: (619) 284-3938*  
 *After Hours Phone: (619) 284-3937*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Language(s) Spoken: Spanish, Vietnamese*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 9AM-5PM SA 9AM-1PM*

### **TON-NU, MY LINH, OD**

*Provider Gender: Female*  
*License Number: 34990*  
*NPI: 1245733476*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*

### **WEST COAST EYE CARE**


 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
 *Phone: (619) 697-4600*  
*Fax: (619) 697-2410*  
 *After Hours Phone: (619) 697-4600*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M 7:30AM-4:30PM TU 8AM-5PM W 8:30AM-5PM TH 8AM-6PM F 8AM-4PM*

### **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: Yes*

 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M 10AM-6PM TU 8:30AM-5PM W 7:30AM-4PM TH 9:30AM-5PM F 8AM-4PM*


### **TONNU, ANH, OD**

*Provider Gender: Female*  
*License Number: 11318*  
*NPI: 1679521280*

*Provider English Spoken: Y*

 *Site 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: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U



 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### 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: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U

 Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM

### 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: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 7AM-5PM


### 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: Yes

 Site English Spoken: Y  
 Site Languages(s) Spoken: French, Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

 Hours: M 10AM-3PM  
W 10AM-3PM  
F 10AM-5PM  
SA 9AM-1PM

### VAN HOOSE, MARC, OD

Provider Gender: Male  
License Number: 12667

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 8AM-5PM  
TU-TH 9AM-6PM  
F 8AM-5PM

### 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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### 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: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

### WONG, GORDON, OD

Provider Gender: Male

License Number: 9832

NPI: 1447338447

Provider English Spoken: Y

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: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish



Min/Max Age: 0\None

Gender Restriction: No Gender restriction






American Sign Language (ASL): N



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: TU-F 9AM-3PM SA 10AM-2PM*

### **YU, CAROL, OD**



*Provider Gender: Female*  
*License Number: 34047*  
*NPI: 1639697451*  
*Provider English Spoken: Y*  
 *Spanish, Chinese*  
*Cultural Competency: Y*  
HILLCREST EYE CENTER-UCSD  
 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
 *Phone: (619) 543-6244*  
*Fax: (619) 295-5034*  
 *After Hours Phone: (619) 543-6244*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-4PM*


### **ZAIDI, NOORINA, OD**






*Provider Gender: Female*

*License Number: 35615*  
*NPI: 1023477262*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
 *Phone: (858) 565-8822*  
*Fax: (858) 565-2449*  
 *After Hours Phone: (858) 565-8822*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*





 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M 10AM-6PM TU 8:30AM-5PM W 7:30AM-4PM TH 9:30AM-5PM F 8AM-4PM*

### **ZAIDI, NOORINA, OD**

*Provider Gender: Female*  
*License Number: 35615*  
*NPI: 1023477262*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

 *Phone: (619) 697-4600*  
*Fax: (619) 697-2410*  
 *After Hours Phone: (619) 697-4600*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M 7:30AM-4:30PM TU 8AM-5PM W 8:30AM-5PM TH 8AM-6PM F 8AM-4PM*

### **ZHAO, TAILUN, MD**

*Provider Gender: Male*  
*License Number: C186414*  
*NPI: 1952659203*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
 *Phone: (858) 565-8822*  
*Fax: (858) 565-2449*  
 *After Hours Phone: (858) 565-8822*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Thai


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

#### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Thai


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

#### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Thai


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

#### SKAY, RICHARD, OD

Provider Gender: Male

License Number: 7649

NPI: 1639251945

Provider English Spoken: Y


Cultural Competency: Y


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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 9AM-3PM

**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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:

Spanish, Vietnamese

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): 1/2 mile from Site): 1T

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM

TU 9AM-6PM

W 9AM-5PM

TH 9AM-6PM

F 9AM-5PM

**THAI, AMANDA, OD**

Provider Gender: Female

License Number: 34861


NPI: 1457928558


Provider English Spoken: Y

Cultural Competency: Y

NEW OPTIX OPTOMETRY

 640 GRAND AVE STE 101  
SAN MARCOS, CA 92078


 Phone: (760) 736-0020

 Fax: (760) 736-0019

 After Hours Phone: (760) 736-0020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM

TU 9AM-6PM

W 9AM-5PM

TH 9AM-6PM

F 9AM-5PM

**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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

🕒 Hours: M 9AM-5PM  
TU 9AM-6PM  
W 9AM-5PM  
TH 9AM-6PM  
F 9AM-5PM

### SPRING VALLEY

#### FLEMING, JOHN, OD

Provider Gender: Male

License Number: 8461

NPI: 1033192133

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

📍 9628 CAMPO RD STE C  
SPRING VALLEY, CA 91977

📞 Phone: (619) 463-9318

Fax: (619) 463-9640

🕒 After Hours Phone: (619)  
463-9318

Accepting New Patients: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 9AM-5PM  
TU 9AM-5:30PM  
W-TH 9AM-5PM  
F 9AM-4PM

#### 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: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 9AM-5PM  
TU 9AM-5:30PM  
W-TH 9AM-5PM  
F 9AM-4PM

#### 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: Yes

🗳 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 9AM-5PM  
TU 9AM-5:30PM  
W-TH 9AM-5PM  
F 9AM-4PM

#### KALRA, ANKUR, OD

Provider Gender: Male

License Number: 11898

NPI: 1124195789

Provider English Spoken: Y

🗳 Hindi

Cultural Competency: Y

EYE CARE OPTOMETRY

ASSOCIATES

📍 687 SWEETWATER RD  
SPRING VALLEY, CA 91977

📞 Phone: (619) 466-9444

Fax: (619) 466-9314

🕒 After Hours Phone: (619)  
466-9444

Accepting New Patients: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

<p><input type="checkbox"/> Site English Spoken: Y</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M-F 9AM-6PM SA 9AM-5PM</p>	<p>American Sign Language (ASL):  Hours: M-F 9AM-6PM SA 9AM-5PM</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M-F 9AM-6PM SA 9AM-5PM</p>	<p> Hours: M-F 9AM-6PM SA 9AM-5PM</p>
<p><b>KEDDINGTON, JOAN, OD</b></p> <p>Provider Gender: Female</p> <p>License Number: 6263</p> <p>NPI: 1992872691</p> <p>Provider English Spoken: Y</p> <p><input type="checkbox"/> Spanish</p> <p>Cultural Competency: Y</p> <p>EYE CARE OPTOMETRY ASSOCIATES</p> <p> 687 SWEETWATER RD SPRING VALLEY, CA 91977</p> <p> Phone: (619) 466-9444</p> <p>Fax: (619) 466-9314</p> <p> After Hours Phone: (619) 466-9444</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Y</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p>	<p><b>KING, MARY, OD</b></p> <p>Provider Gender: Female</p> <p>License Number: 13711</p> <p>NPI: 1578792107</p> <p>Provider English Spoken: Y</p> <p><input type="checkbox"/> Spanish</p> <p>Cultural Competency: Y</p> <p>EYE CARE OPTOMETRY ASSOCIATES</p> <p> 687 SWEETWATER RD SPRING VALLEY, CA 91977</p> <p> Phone: (619) 466-9444</p> <p>Fax: (619) 466-9314</p> <p> After Hours Phone: (619) 466-9444</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Y</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p>	<p><b>NGUYEN, THERESA, OD</b></p> <p>Provider Gender: Female</p> <p>License Number: 35530TLG</p> <p>NPI: 1609555713</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>EYE CARE OPTOMETRY ASSOCIATES</p> <p> 687 SWEETWATER RD SPRING VALLEY, CA 91977</p> <p> Phone: (619) 466-9444</p> <p>Fax: (619) 466-9314</p> <p> After Hours Phone: (619) 466-9444</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Y</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M-F 9AM-6PM SA 9AM-5PM</p>
<p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> Site English Spoken: Y</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p>	<p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M-F 9AM-6PM SA 9AM-5PM</p>	<p><b>SOLIS, KEVIN, OD</b></p> <p>Provider Gender: Male</p> <p>License Number: 10420</p> <p>NPI: 1538362116</p>

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-6PM  
SA 9AM-5PM

### 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: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-6PM  
SA 9AM-5PM

### VALLEY CENTER

#### JOYCE, ROBERT, OD

Provider Gender: Male

License Number: 11833

NPI: 1275585127

Provider English Spoken: Y

Spanish

Cultural Competency: Y

VALLEY CENTER OPTOMETRY

29115 VALLEY CENTER RD  
STE E  
VALLEY CENTER, CA 92082

Phone: (760) 751-8771

Fax: (760) 751-8772

After Hours Phone: (760)  
751-8771

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-6PM  
TU-F 9AM-5PM

### LE, TAM, OD

Provider Gender: Female

License Number: 12951

NPI: 1235268707

Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

VALLEY CENTER OPTOMETRY

29115 VALLEY CENTER RD  
STE E  
VALLEY CENTER, CA 92082

Phone: (760) 751-8771

Fax: (760) 751-8772

After Hours Phone: (760)  
751-8771

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL): 1/2 mile from Site): 1T

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-6PM  
TU-F 9AM-5PM

### VISTA

#### DEMLINGER, GLENN, OD

Provider Gender: Male

License Number: 8954

NPI: 1508932518

Provider English Spoken: Y


 Spanish

Cultural Competency: Y


SHADOWRIDGE FAMILY

VISION

 741 SHADOWRIDGE DR  
VISTA, CA 92083


 Phone: (760) 727-1844

Fax: (760) 727-3044

 After Hours Phone: (760)  
727-1844

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within

 Hours: M-TU 9AM-6PM

W 7AM-5PM

TH 9AM-6PM

#### GEORGE, BRUCE, OD

Provider Gender: Male

License Number: 7696

NPI: 1356414551


Provider English Spoken: Y

 Korean, Spanish


Cultural Competency: Y

BRUCE D GEORGE OD

 931 ANZA AVE STE B  
VISTA, CA 92084


 Phone: (760) 758-2340

Fax: (760) 867-2222

 After Hours Phone: (760)  
758-2340

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM

TU-W 9AM-6PM

TH-F 9AM-5PM

#### 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: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM

TU-W 9AM-6PM

TH-F 9AM-5PM

#### TRAN, THAO, OD

Provider Gender: Female

License Number: 12867

NPI: 1962581421

Provider English Spoken: Y

 Vietnamese

Cultural Competency: Y

KINDERSPECS-GOOD EYES


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

---

### OPTOMETRY

 110 CIVIC CENTER DR STE  
204  
VISTA, CA 92084

 Phone: (760) 753-3665

Fax: (408) 969-1653

 After Hours Phone: (760)  
753-3665

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER










Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TH 10AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Tabla de población de enfoque (POF) de ECM

Población de enfoque de ECM			Adulto	Niños y jóvenes
	1	Personas sin hogar	✓	✓
	2	Personas en riesgo de utilización evitable de hospitales o salas de urgencias ( <i>formalmente denominados "altos usuarios"</i> )	✓	✓
	3	Personas con necesidades de trastornos graves de salud mental o por consumo de sustancias	✓	✓
	4	Individuos en transición del encarcelamiento	✓	✓
	5	Adultos que viven en la comunidad y están en riesgo de institucionalización para cuidados a largo plazo (LTC)	✓	
	6	Residentes de centros de enfermería para adultos en transición a la comunidad	✓	
	7	Niños y jóvenes inscritos en California Children's Services (CCS) o CCS Whole Child Model (WCM) con necesidades adicionales más allá de la condición de CCS		✓
	8	Niños y jóvenes que reciben bienestar del menor		✓
	9	Población de enfoque con equidad de natalidad	✓	✓

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

### CORONA

#### TANGELO

1701 N DELILAH ST  
CORONA, CA 92879  
Phone: (904) 671-2995  
After Hours Phone: (904) 671-2995  
Accessibility: CONTACT PROVIDER  
Website: N/A

Community Supports Services:  
Medically-Supportive  
Food/Meals/Medically  
Tailored Meals  
Street Medicine Provider: N  
Email for New Referrals and  
Existing Patients:  
CHRIS.OCONNOR@JOINTANGELO.COM  
Phone for New Referrals and  
Existing Patients: (904) 671-2995

Phone: (323) 203-0070  
After Hours Phone: (323) 203-0070  
Accessibility: CONTACT PROVIDER  
Website: N/A  
ECM Population of Focus:



Community Supports Services:  
Housing Deposits, Housing  
Tenancy and Sustaining  
Services, Housing Transition  
Navigation Services  
Street Medicine Provider: N  
Email for New Referrals and  
Existing Patients:  
ecm@mymedzed.com  
Phone for New Referrals and  
Existing Patients: (323) 203-0070

STE 465  
CULVER CITY, CA 90230  
Phone: (323) 203-0070  
After Hours Phone: (323) 203-0070  
Accessibility: CONTACT PROVIDER  
Website: N/A  
ECM Population of Focus:



Community Supports Services:  
Housing Deposits, Housing  
Tenancy and Sustaining  
Services, Housing Transition  
Navigation Services  
Street Medicine Provider: N  
Email for New Referrals and  
Existing Patients:  
ecm@mymedzed.com  
Phone for New Referrals and  
Existing Patients: (323) 203-0070

### CULVER CITY

#### MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE  
STE 465  
CULVER CITY, CA 90230

#### MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE

### EL CAJON






\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

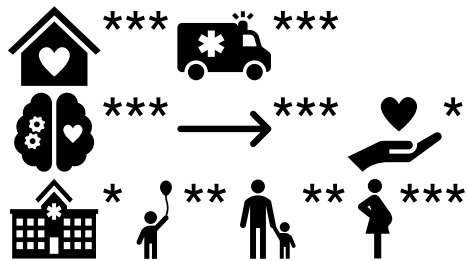
† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

### LA MAESTRA COMMUNITY HEALTH CENTERS






 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
510-4641  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
ECM Population of Focus:

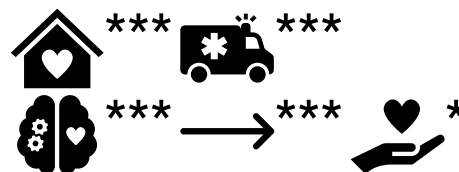


Community Supports Services:  
N/A  
Street Medicine Provider: N  
Email for New Referrals and  
Existing Patients:  
ECM.CS@LAMAESTRA.ORG  
Phone for New Referrals and  
Existing Patients: (619)  
510-4641

Mailing Address: 4060  
FAIRMOUNT AVE; SAN  
DIEGO; CA; 92105  
JI ECM Provider Billing- Direct  
Contract with Correctional  
Facilities; JI ECM Provider  
Billing- FFS (PAVE Enrollment)  
JI ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
510-4641  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
ECM Population of Focus:



Community Supports Services:  
N/A  
Street Medicine Provider: N  
Email for New Referrals and  
Existing Patients:  
ECM.CS@LAMAESTRA.ORG  
Phone for New Referrals and  
Existing Patients: (619)  
510-4641

Mailing Address: 4060  
FAIRMOUNT AVE; SAN  
DIEGO; CA; 92105  
JI ECM Provider Billing- Direct  
Contract with Correctional  
Facilities; JI ECM Provider  
Billing- FFS (PAVE Enrollment)  
JI ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

### EL SEGUNDO





**24HR HOMECARE LLC**  
 200 N PACIFIC COAST


\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

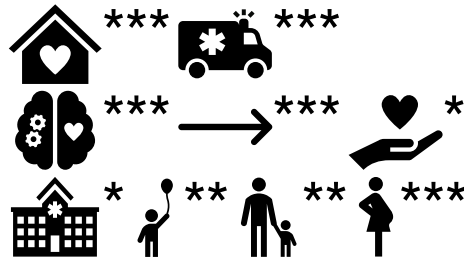
† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

HWY STE 300  
EL SEGUNDO, CA 90245  
 Phone: (310) 906-3683  
 After Hours Phone: (310) 906-3683  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 Community Supports Services: Personal Care and Homemaker Services, Respite Services  
 Street Medicine Provider: N  
 Phone for New Referrals and Existing Patients: (310) 906-3683

 Website: N/A  
 ECM Population of Focus:




Community Supports Services: N/A  
 Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [referrals@sdsdwellnesscollaborative.org](mailto:referrals@sdsdwellnesscollaborative.org)  
 Phone for New Referrals and Existing Patients: (619) 273-3295

Mailing Address: 1084 N EL CAMINO REAL STE B-149; Encinitas; CA; 92024  
 JI ECM Provider Billing- FFS (PAVE Enrollment)  
 JI ECM Provider  
 Services-Pre-Release Services and Participating in Warm Handoffs; JI ECM Provider




Services-Warm Handoffs Only

### ESCONDIDO

#### TITANIUM HEALTHCARE




 500 LA TERRAZA BLVD STE 150  
 ESCONDIDO, CA 92025  
 Phone: (310) 280-5203  
 After Hours Phone: (310) 280-5203  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 Community Supports Services: Housing Deposits, Housing Agency and Sustaining Services, Housing Transition Navigation Services  
 Street Medicine Provider: N  
 Phone for New Referrals and Existing Patients: (310) 280-5203

#### TITANIUM HEALTHCARE

 500 LA TERRAZA BLVD STE 150  
 ESCONDIDO, CA 92025  
 Phone: (310) 280-5203  
 After Hours Phone: (310) 280-5203

### ENCINITAS

#### SAN DIEGO HEALTHCARE QUALITY COLLABORATIVE

 1084 N EL CAMINO REAL STE B149  
 ENCINITAS, CA 92024  
 Phone: (619) 273-3295  
 After Hours Phone: (619) 273-3295  
 Accessibility: CONTACT PROVIDER

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

280-5203  
 🗿 *Accessibility: CONTACT PROVIDER*  
 🌐 *Website: N/A*  
*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider: N*  
*Phone for New Referrals and Existing Patients: (310) 280-5203*

### INTERFAITH COMMUNITY SERVICES

📍 550 W WASHINGTON AVE ESCONDIDO, CA 92025  
 📞 *Phone: (760) 489-6380*  
 🗿 *After Hours Phone: (760) 489-6380*  
 🗿 *Accessibility: CONTACT PROVIDER*  
 🌐 *Website: N/A*  
*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation*

*Services, Recuperative Care (Medical Respite), Short-Term Post-Hospitalization Housing*  
*Street Medicine Provider: N*  
*Phone for New Referrals and Existing Patients: (760) 489-6380*

### IMPERIAL BEACH

#### IMPERIAL BEACH HEALTH CENTER

📍 949 PALM AVE  
 IMPERIAL BEACH, CA 91932  
 📞 *Phone: (619) 429-3733*  
 🗿 *After Hours Phone: (619) 429-3733*  
 🗿 *Accessibility: CONTACT PROVIDER*  
 🌐 *Website: N/A*  
*ECM Population of Focus:*



*Community Supports Services: N/A*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients: tsadlowski@ibclinic.org*  
*Phone for New Referrals and Existing Patients: (619) 429-3733*

### LEMON GROVE

#### SERENE HEALTH

📍 7614 LEMON AVE STE C  
 LEMON GROVE, CA 91945  
 📞 *Phone: (619) 354-1409*  
 🗿 *After Hours Phone: (619) 354-1409*  
 🗿 *Accessibility: CONTACT PROVIDER*  
 🌐 *Website: N/A*  
*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients:*

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños






† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

*andrea@serenehealth.com*  
*Phone for New Referrals and Existing Patients: (619) 354-1409*






### SERENE HEALTH

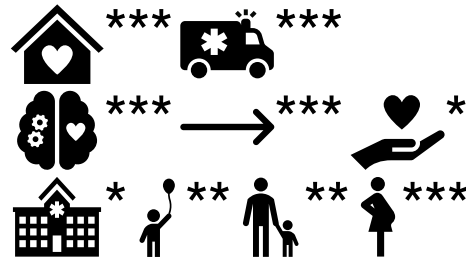
 7614 LEMON AVE STE C  
 LEMON GROVE, CA 91945  
 *Phone: (619) 354-1409*  
 *After Hours Phone: (619) 354-1409*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients: andrea@serenehealth.com*  
*Phone for New Referrals and Existing Patients: (619) 354-1409*

### LA MAESTRA COMMUNITY HEALTH

### CENTERS






 7967 BROADWAY  
 LEMON GROVE, CA 91945  
 *Phone: (619) 510-4641*  
 *After Hours Phone: (619) 510-4641*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*ECM Population of Focus:*

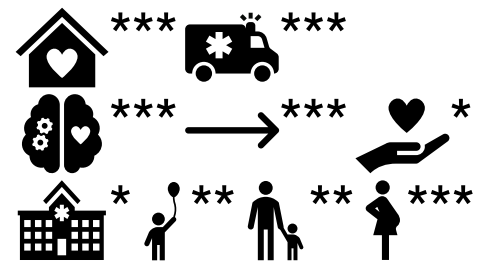


*Community Supports Services: N/A*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG*  
*Phone for New Referrals and Existing Patients: (619) 510-4641*  
*Mailing Address: 4060 FAIRMOUNT AVE; SAN*

*DIEGO;CA;92105*  
*Jl ECM Provider Billing- Direct Contract with Correctional Facilities;Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*

### LA MAESTRA COMMUNITY HEALTH CENTERS

 7967 BROADWAY  
 LEMON GROVE, CA 91945  
 *Phone: (619) 510-4641*  
 *After Hours Phone: (619) 510-4641*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*ECM Population of Focus:*



\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Community Supports Services: N/A

Street Medicine Provider: N  
Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG  
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

### LOS ANGELES

#### EXODUS RECOVERY INC

1902 MARENGO ST STE 107 LOS ANGELES, CA 90033  
Phone: (323) 276-6471  
After Hours Phone: (323) 276-6471

Accessibility: CONTACT PROVIDER

Website: N/A

Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services

Street Medicine Provider: N  
Phone for New Referrals and Existing Patients: (323) 276-6471

#### EXODUS RECOVERY INC

1902 MARENGO ST STE 107 LOS ANGELES, CA 90033  
Phone: (323) 276-6471  
After Hours Phone: (323) 276-6471

Accessibility: CONTACT PROVIDER

Website: N/A

Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services

Street Medicine Provider: N  
Phone for New Referrals and Existing Patients: (323) 276-6471

Existing Patients: (323) 276-6471

#### EXODUS RECOVERY INC

8401 S VERMONT AVE LOS ANGELES, CA 90044  
Phone: (323) 789-6492  
After Hours Phone: (323) 789-6492

Accessibility: CONTACT PROVIDER

Website: N/A

Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services

Street Medicine Provider: N  
Phone for New Referrals and Existing Patients: (323) 789-6492

#### EXODUS RECOVERY INC

8401 S VERMONT AVE LOS ANGELES, CA 90044  
Phone: (323) 789-6492  
After Hours Phone: (323) 789-6492

Accessibility: CONTACT PROVIDER

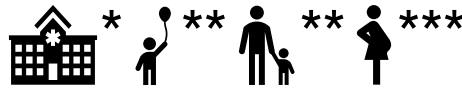
\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.






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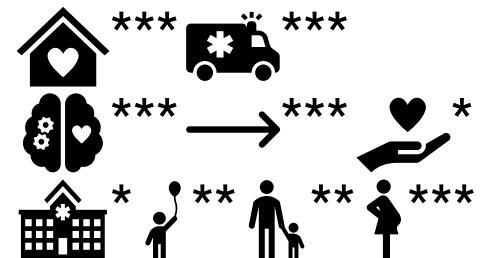
## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

 Website: N/A  
 Community Supports Services:  
 Housing Deposits, Housing  
 Tenancy and Sustaining  
 Services, Housing Transition  
 Navigation Services  
 Street Medicine Provider: N  
 Phone for New Referrals and  
 Existing Patients: (323)  
 789-6492



Community Supports Services:  
 N/A  
 Street Medicine Provider: N  
 Email for New Referrals and  
 Existing Patients:  
 ECM.CS@LAMAESTRA.ORG  
 Phone for New Referrals and  
 Existing Patients: (619)  
 510-4641






 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
 510-4641  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 ECM Population of Focus:

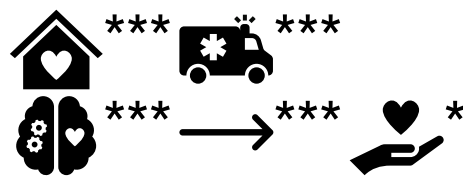


Community Supports Services:  
 N/A  
 Street Medicine Provider: N  
 Email for New Referrals and  
 Existing Patients:  
 ECM.CS@LAMAESTRA.ORG  
 Phone for New Referrals and  
 Existing Patients: (619)  
 510-4641  
 Mailing Address: 4060  
 FAIRMOUNT AVE; SAN  
 DIEGO; CA; 92105

### NATIONAL CITY

#### LA MAESTRA COMMUNITY HEALTH CENTERS

 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
 510-4641  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 ECM Population of Focus:



Mailing Address: 4060  
 FAIRMOUNT AVE; SAN  
 DIEGO; CA; 92105  
 JI ECM Provider Billing- Direct  
 Contract with Correctional  
 Facilities; JI ECM Provider  
 Billing- FFS (PAVE Enrollment)  
 JI ECM Provider  
 Services-Pre-Release Services  
 and Participating in Warm  
 Handoffs

#### LA MAESTRA COMMUNITY HEALTH CENTERS

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.






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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*






### ORINDA

#### PATHWAY HOME SOLUTIONS INC




 2 BIRCH CT  
ORINDA, CA 94563  
 Phone: (209) 601-0734  
 After Hours Phone: (209) 601-0734  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
*Community Supports Services: Environmental Accessibility Adaptations (Home Modifications) Street Medicine Provider: N Phone for New Referrals and Existing Patients: (209) 601-0734*



### REDONDO BEACH

#### EXODUS RECOVERY INC

 923 S CATALINA AVE  
REDONDO BEACH, CA 90277  
 Phone: (424) 282-2255  
 After Hours Phone: (424) 282-2255  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services Street Medicine Provider: N Phone for New Referrals and Existing Patients: (424) 282-2255*






#### EXODUS RECOVERY INC

 923 S CATALINA AVE  
REDONDO BEACH, CA 90277  
 Phone: (424) 282-2255  
 After Hours Phone: (424) 282-2255

 Accessibility: CONTACT PROVIDER  
 Website: N/A  
*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services Street Medicine Provider: N Phone for New Referrals and Existing Patients: (424) 282-2255*

### SACRAMENTO

#### FULL CIRCLE HEALTH NETWORK

 2201 K ST  
SACRAMENTO, CA 95816  
 Phone: (888) 749-8877  
 After Hours Phone: (888) 749-8877  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
*ECM Population of Focus:*

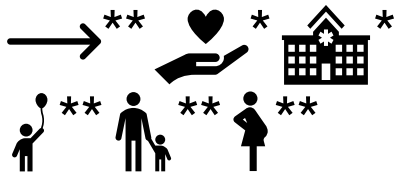


\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)



*Community Supports Services:* N/A  
*Street Medicine Provider:* N  
*Email for New Referrals and Existing Patients:* [network@fullcirclehn.org](mailto:network@fullcirclehn.org)  
*Phone for New Referrals and Existing Patients:* (888) 749-8877  
*Mailing Address:* 2201 K ST; SACRAMENTO; CA; 95816  
*JI ECM Provider Billing- FFS (PAVE Enrollment)*  
*JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*

### SAN DIEGO

#### FATHER JOES VILLAGES

16 15TH ST  
 SAN DIEGO, CA 92101

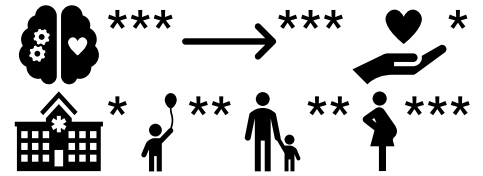
*Phone:* (619) 645-6405  
*After Hours Phone:* (619) 645-6405  
*Accessibility:* CONTACT PROVIDER  
*Website:* N/A

*Community Supports Services:* *Recuperative Care (Medical Respite)*  
*Street Medicine Provider:* N  
*Phone for New Referrals and Existing Patients:* (619) 645-6405

#### FAMILY HEALTH CENTERS OF SAN DIEGO

823 GATEWAY CENTER WAY  
 SAN DIEGO, CA 92102  
*Phone:* (619) 876-4450  
*After Hours Phone:* (619) 876-4450  
*Accessibility:* CONTACT PROVIDER  
*Website:* N/A

*ECM Population of Focus:*



*Community Supports Services:* *Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider:* N  
*Email for New Referrals and Existing Patients:* [CalAIMReferrals@fhcsd.org](mailto:CalAIMReferrals@fhcsd.org)  
*Phone for New Referrals and Existing Patients:* (619) 876-4450  
*Mailing Address:* 823 GATEWAY CENTER WAY; SAN DIEGO; CA; 92102  
*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment)*  
*JI ECM Provider Services-Pre-Release Services and Participating in Warm*

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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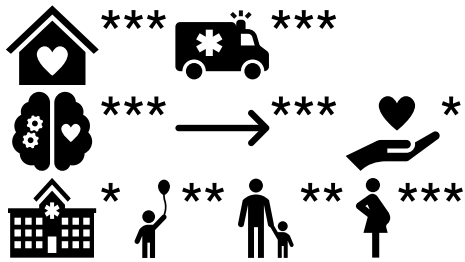
## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Handoffs

### FAMILY HEALTH CENTERS OF SAN DIEGO

 823 GATEWAY CENTER WAY  
SAN DIEGO, CA 92102  
 Phone: (619) 876-4450  
 After Hours Phone: (619) 876-4450  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

ECM Population of Focus:









Community Supports Services:  
Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients:

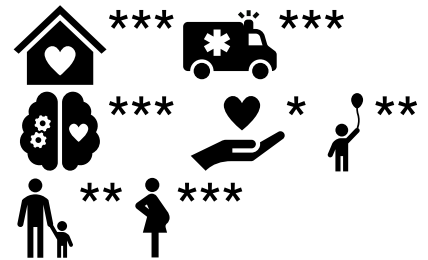
Existing Patients:

[CalAIMReferrals@fhcsd.org](mailto:CalAIMReferrals@fhcsd.org)  
Phone for New Referrals and Existing Patients: (619) 876-4450  
Mailing Address: 823 GATEWAY CENTER WAY; SAN DIEGO; CA; 92102  
JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

### HEALTHY CONNECT SAN DIEGO





 1202 MORENA BLVD  
SAN DIEGO, CA 92110  
 Phone: (619) 507-9333  
 After Hours Phone: (619) 507-9333  
 Hours: M-F 8AM-4PM  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

ECM Population of Focus:



Community Supports Services:  
Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: [mhammel@comresearch.org](mailto:mhammel@comresearch.org)  
Phone for New Referrals and Existing Patients: (619) 507-9333

### HEALTHY CONNECT SAN DIEGO

 1202 MORENA BLVD  
SAN DIEGO, CA 92110  
 Phone: (619) 507-9333  
 After Hours Phone: (619) 507-9333  
 Hours: M-F 8AM-4PM

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños






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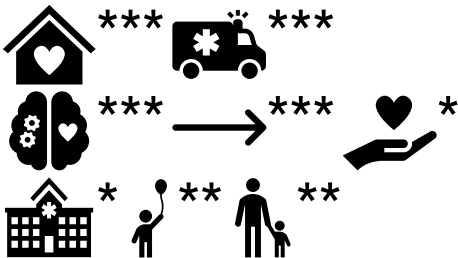
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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

 3625 RUFFIN RD STE 206  
SAN DIEGO, CA 92123  
 Phone: (619) 354-1409  
 After Hours Phone: (619)  
354-1409  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
ECM Population of Focus:



Community Supports Services:  
N/A  
Street Medicine Provider: N  
Email for New Referrals and  
Existing Patients:  
[andrea@serenehealth.com](mailto:andrea@serenehealth.com)  
Phone for New Referrals and  
Existing Patients: (619)  
354-1409  
Mailing Address: 4849  
RONSON CT STE 207; SAN  
DIEGO; CA; 92111

JI ECM Provider Billing- FFS  
(PAVE Enrollment)  
JI ECM Provider  
Services-Warm Handoffs Only

### SAN DIEGO FAMILY CARE





 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
ECM Population of Focus:



Community Supports Services:  
N/A  
Street Medicine Provider: N  
Phone for New Referrals and  
Existing Patients: (858)  
810-8700

### SAN DIEGO FAMILY CARE






 6973 LINDA VISTA RD

SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
ECM Population of Focus:



Community Supports Services:  
N/A  
Street Medicine Provider: N  
Phone for New Referrals and  
Existing Patients: (858)  
279-0925

### 2-1-1 SAN DIEGO

 3860 CALLE FORTUNADA  
SAN DIEGO, CA 92123  
 Phone: (858) 380-5750  
 After Hours Phone: (858)  
380-5750  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
ECM Population of Focus:

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)



*Community Supports Services: Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients:*  
[ecm@211sandiego.org](mailto:ecm@211sandiego.org)  
*Phone for New Referrals and Existing Patients: (858) 380-5750*

### PEOPLE ASSISTING THE HOMELESS

1250 SIXTH AVE  
 SAN DIEGO, CA 92101  
*Phone: (619) 810-8668*  
*After Hours Phone: (619) 810-8668*  
*Accessibility: CONTACT PROVIDER*  
*Website: N/A*  
*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining*

*Services, Housing Transition Navigation*  
*Services, Recuperative Care (Medical Respite), Short-Term Post-Hospitalization Housing*  
*Street Medicine Provider: N*  
*Phone for New Referrals and Existing Patients: (619) 810-8668*

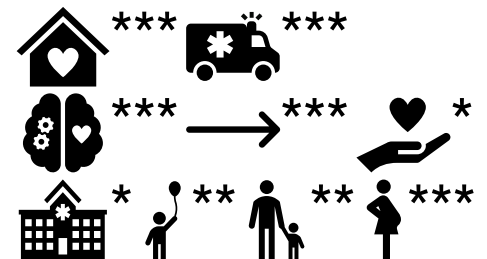
### PEOPLE ASSISTING THE HOMELESS

1250 SIXTH AVE  
 SAN DIEGO, CA 92101  
*Phone: (619) 810-8668*  
*After Hours Phone: (619) 810-8668*  
*Accessibility: CONTACT PROVIDER*  
*Website: N/A*  
*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation*  
*Services, Recuperative Care (Medical Respite), Short-Term Post-Hospitalization Housing*

*Street Medicine Provider: N*  
*Phone for New Referrals and Existing Patients: (619) 810-8668*

### LA MAESTRA COMMUNITY HEALTH CENTERS

4187 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
*Phone: (619) 510-4641*  
*After Hours Phone: (619) 510-4641*  
*Accessibility: CONTACT PROVIDER*  
*Website: N/A*  
*ECM Population of Focus:*



*Community Supports Services: N/A*  
*Street Medicine Provider: N*  
*Email for New Referrals and*

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

*Existing Patients:*


*ECM.CS@LAMAESTRA.ORG  
Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105*

*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*

### MAMAS KITCHEN

 3960 HOME AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 233-6262  
 After Hours Phone: (619) 233-6262  
 Accessibility: CONTACT PROVIDER

 Website: N/A  
*Community Supports Services: Medically-Supportive Food/Meals/Medically*

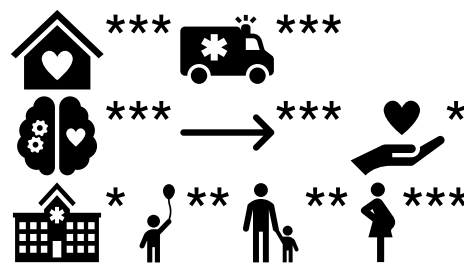
*Tailored Meals*

*Street Medicine Provider: N  
Phone for New Referrals and Existing Patients: (619) 233-6262*

### LA MAESTRA COMMUNITY HEALTH CENTERS

 4187 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619) 510-4641  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

*ECM Population of Focus:*



*Community Supports Services: N/A*

*Street Medicine Provider: N*





*Email for New Referrals and Existing Patients:*

*ECM.CS@LAMAESTRA.ORG  
Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105*

*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*

### JEWISH FAMILY SERVICE OF SAN DIEGO

 8804 BALBOA AVE  
SAN DIEGO, CA 92123  
 Phone: (858) 637-3221  
 After Hours Phone: (858) 637-3221  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

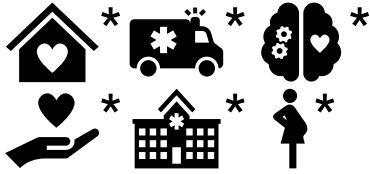
\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

*ECM Population of Focus:*



*Community Supports Services:*

*Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation*

*Services, Medically-Supportive Food/Meals/Medically Tailored Meals*

*Street Medicine Provider: N*

*Email for New Referrals and Existing Patients:*

*calaim@jfssd.org*

*Phone for New Referrals and Existing Patients: (858) 637-3221*

### JEWISH FAMILY SERVICE OF SAN DIEGO

8804 BALBOA AVE  
SAN DIEGO, CA 92123

Phone: (858) 637-3221

After Hours Phone: (858) 637-3221

Accessibility: CONTACT PROVIDER

Website: N/A

*ECM Population of Focus:*



*Community Supports Services:*

*Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation*

*Services, Medically-Supportive Food/Meals/Medically Tailored Meals*

*Street Medicine Provider: N*

*Email for New Referrals and Existing Patients:*

*calaim@jfssd.org*

*Phone for New Referrals and Existing Patients: (858) 637-3221*

### IMPERIAL BEACH HEALTH

### CENTER

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

After Hours Phone: (619) 429-3733

Accessibility: CONTACT PROVIDER

Website: N/A

*ECM Population of Focus:*



*Community Supports Services: N/A*

*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients:*

*tsadlowski@ibclinic.org*

*Phone for New Referrals and Existing Patients: (619) 429-3733*

### HEALTHY CONNECT SAN



\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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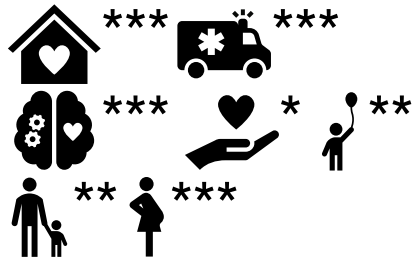
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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

### DIEGO

 3570 CAMINO DEL RIO N  
SAN DIEGO, CA 92108  
 Phone: (619) 507-9333  
 After Hours Phone: (619)  
507-9333  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Email for New Referrals and  
Existing Patients:  
[mhammel@comresearch.org](mailto:mhammel@comresearch.org)  
Phone for New Referrals and  
Existing Patients: (619)  
507-9333

### HORIZON RECUPERATIVE

### CARE

 3423 CHANNEL WAY  
SAN DIEGO, CA 92110  
 Phone: (858) 326-1100  
 After Hours Phone: (858)  
326-1100  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

Community Supports Services:  
Recuperative Care (Medical  
Respite), Short-Term  
Post-Hospitalization Housing  
Street Medicine Provider: N  
Phone for New Referrals and  
Existing Patients: (858)  
326-1100

### HEALTHY CONNECT SAN DIEGO

 3570 CAMINO DEL RIO N  
SAN DIEGO, CA 92108  
 Phone: (619) 507-9333  
 After Hours Phone: (619)  
507-9333  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N  
Email for New Referrals and  
Existing Patients:  
[mhammel@comresearch.org](mailto:mhammel@comresearch.org)  
Phone for New Referrals and  
Existing Patients: (619)  
507-9333

### LA MAESTRA COMMUNITY HEALTH CENTERS

 4074 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
510-4641  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

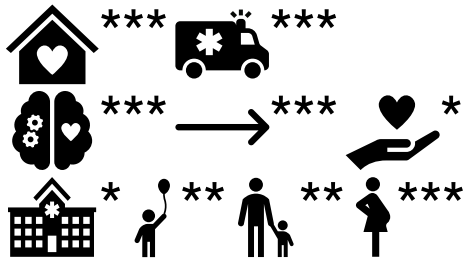
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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

*ECM Population of Focus:*



*Community Supports Services:*

*N/A*

*Street Medicine Provider: N*

*Email for New Referrals and Existing Patients:*

*ECM.CS@LAMAESTRA.ORG*

*Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105*

*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider*

*Services-Pre-Release Services and Participating in Warm*

*Handoffs*

### LA MAESTRA COMMUNITY HEALTH CENTERS

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

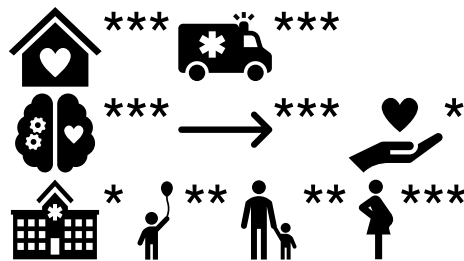
Phone: (619) 510-4641

After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

*ECM Population of Focus:*



*Community Supports Services: Asthma Remediation, Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*

*Street Medicine Provider: N*  
*Email for New Referrals and*

*Existing Patients:*

*ECM.CS@LAMAESTRA.ORG*  
*Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105*

*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider*

*Services-Pre-Release Services and Participating in Warm Handoffs*

### LA MAESTRA COMMUNITY HEALTH CENTERS

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 510-4641

After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

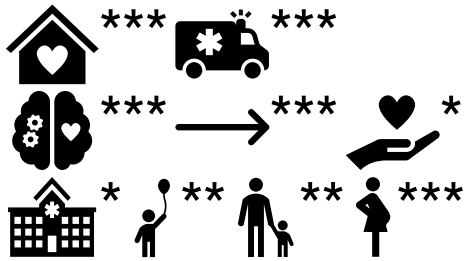
\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

*ECM Population of Focus:*



*Community Supports Services: Asthma Remediation, Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients:*

*ECM.CS@LAMAESTRA.ORG*  
*Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105*

*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment)*

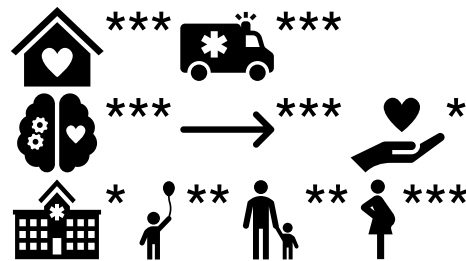
*JI ECM Provider*

*Services-Pre-Release Services and Participating in Warm Handoffs*

### LA MAESTRA COMMUNITY HEALTH CENTERS

4074 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619) 510-4641  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

*ECM Population of Focus:*



*Community Supports Services: N/A*  
*Street Medicine Provider: N*  
*Email for New Referrals and*

*Existing Patients:*

*ECM.CS@LAMAESTRA.ORG*  
*Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105*

*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment)*  
*JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*

### LA MAESTRA COMMUNITY HEALTH CENTERS

4157 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619) 510-4641  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

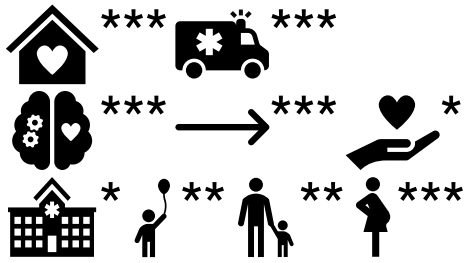
\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

*ECM Population of Focus:*



*Community Supports Services:*

*N/A*

*Street Medicine Provider: N*

*Email for New Referrals and Existing Patients:*

*ECM.CS@LAMAESTRA.ORG*

*Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105*

*Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider*

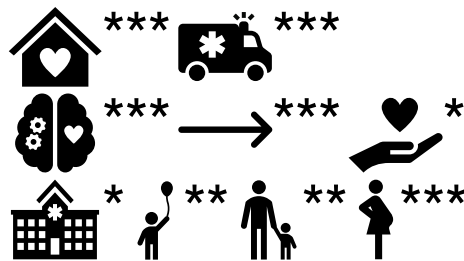
*Services-Pre-Release Services and Participating in Warm*

*Handoffs*

### LA MAESTRA COMMUNITY HEALTH CENTERS

4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619) 510-4641  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

*ECM Population of Focus:*



*Community Supports Services:*

*N/A*

*Street Medicine Provider: N*

*Email for New Referrals and Existing Patients:*

*ECM.CS@LAMAESTRA.ORG*

*Phone for New Referrals and*

*Existing Patients: (619)*

*510-4641*

*Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105*

*Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*

### LA MAESTRA COMMUNITY HEALTH CENTERS

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619) 510-4641  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

*ECM Population of Focus:*



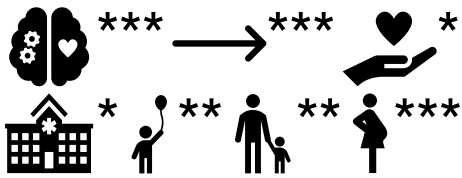
\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)



Community Supports Services:  
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE;SAN DIEGO;CA;92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

**LA MAESTRA**

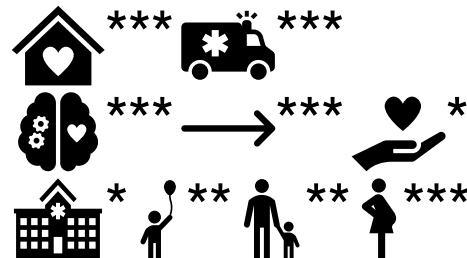
### COMMUNITY HEALTH CENTERS

4167 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 510-4641  
After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

ECM.CS@LAMAESTRA.ORG

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060

FAIRMOUNT AVE;SAN DIEGO;CA;92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities;JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

### LA MAESTRA COMMUNITY HEALTH CENTERS

4167 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 510-4641  
After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:

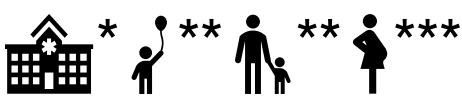


\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)



Community Supports Services:

N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:






[ECM.CS@LAMAESTRA.ORG](mailto:ECM.CS@LAMAESTRA.ORG)

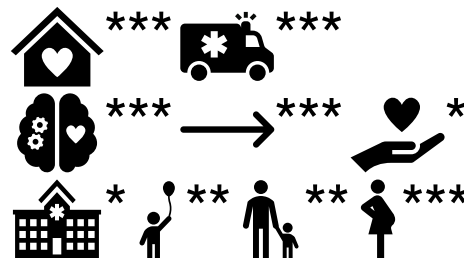
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

**LA MAESTRA  
COMMUNITY HEALTH  
CENTERS**

 4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619) 510-4641  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

[ECM.CS@LAMAESTRA.ORG](mailto:ECM.CS@LAMAESTRA.ORG)




Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

**LIGHTBRIDGE HOSPICE  
LLC**

 6155 CORNERSTONE CT E  
STE 220  
SAN DIEGO, CA 92121  
 Phone: (858) 458-2992  
 After Hours Phone: (858) 458-2992

 Site Language(s) Spoken: Spanish, Tagalog  
 Hours: M-F 8AM-5PM  
 Accessibility: CONTACT PROVIDER

 Website: [www.LIGHTBRIDGEHOSPICE.com](http://www.LIGHTBRIDGEHOSPICE.com)

ECM Population of Focus:



Community Supports Services:

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

N/A

Street Medicine Provider: N  
Email for New Referrals and Existing Patients:

JILL@LIGHTBRIDGEHOSPICE.COM

Phone for New Referrals and Existing Patients: (858) 458-2992

Sustaining Services, Housing Transition Navigation Services, Personal Care and Homemaker Services, Respite

Services  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients:

ecm@picf.org  
Phone for New Referrals and Existing Patients: (747) 500-4609

Community Supports Services: Housing Tenancy and Sustaining Services, Housing Transition Navigation

Services, Personal Care and Homemaker Services, Respite Services

Street Medicine Provider: N  
Email for New Referrals and Existing Patients:

ecm@picf.org  
Phone for New Referrals and Existing Patients: (747) 500-4609

### SAN FERNANDO

#### PARTNERS IN CARE FOUNDATION

732 MOTT ST STE 150  
SAN FERNANDO, CA 91340

Phone: (747) 500-4609

After Hours Phone: (747) 500-4609

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:  
Housing Tenancy and

#### PARTNERS IN CARE FOUNDATION

732 MOTT ST STE 150  
SAN FERNANDO, CA 91340

Phone: (747) 500-4609

After Hours Phone: (747) 500-4609

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



### SAN MARCOS

#### MERAKEY ALLOS

334 VIA VERA CRUZ STE 204

SAN MARCOS, CA 92078

Phone: (916) 832-4868

After Hours Phone: (916) 832-4868

Accessibility: CONTACT PROVIDER

Website: N/A

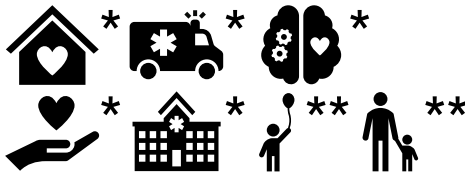
ECM Population of Focus:

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)



Community Supports Services:

N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

[deborah.bowyer@merakey.org](mailto:deborah.bowyer@merakey.org)

Phone for New Referrals and Existing Patients: (916)

832-4868

### AMERICARE ADULT DAY HEALTH CARE CENTER

License Number: 060000832

340 RANCHEROS DR STE 196

SAN MARCOS, CA 92069

Phone: (760) 682-2424

After Hours Phone: (760) 682-2424

Site English Spoken: Y

Accessibility: CONTACT PROVIDER

Website: [www.americareadhc.com](http://www.americareadhc.com)

Cultural Competency: N

Accepting New Patients: No

ECM Population of Focus:



Community Supports Services:

N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients:

[inashtut@americareadhc.com](mailto:inashtut@americareadhc.com)

Phone for New Referrals and Existing Patients: (760)

682-2424

### VAN NUYS

#### LIBERTANA HOME

#### HEALTH OF SHERMAN

#### OAKS

5805 SEPULVEDA BLVD STE 605

VAN NUYS, CA 91411

Phone: (818) 902-5000

After Hours Phone: (818) 902-5000

Accessibility: CONTACT

PROVIDER

Website: N/A

Community Supports Services:

Community Transition

Services/Nursing Facilities

Transition to a Home, Housing

Deposits, Housing Tenancy and

Sustaining Services, Housing

Transition Navigation

Services, Nursing Facility

Transition/Diversion to

Assisted Living

Facilities, Personal Care and

Homemaker Services, Respite

Services

Street Medicine Provider: N

Phone for New Referrals and

Existing Patients: (818)

902-5000

### VISTA

#### VISTA COMMUNITY

#### CLINIC

1000 VALE TERRACE DR VISTA, CA 92084

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000


\*Adultos \*\*Niños \*\*\*Tanto adultos como niños


† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

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 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



*Community Supports Services:*

*N/A*

*Street Medicine Provider: N*

*Email for New Referrals and Existing Patients:*

*ecmteam@vcc.org*

*Phone for New Referrals and Existing Patients: (760)*

*631-5000*

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## L. Centros de atención de urgencia de Blue Shield Promise

### CHULA VISTA

#### AFC URGENT CARE OF BONITA

NPI: 1316225147

760 OTAY LAKES RD  
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

Spanish

SU 8AM-5PM  
M-F 8AM-8PM  
SA 8AM-8PM

Accessibility: CONTACT PROVIDER

[www.afcurgentcare.com/chula-vista/](https://www.afcurgentcare.com/chula-vista/)

Accepting New Patients: No

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

5671 BALBOA AVE  
SAN DIEGO, CA 92111

(858) 800-2880

(858) 800-2880

SU 8AM-6PM  
M-F 8AM-8PM  
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

8590 RIO SAN DIEGO DR  
STE 111  
SAN DIEGO, CA 92108

(619) 736-4600

(619) 736-4600

SU 8AM-6PM  
M-F 8AM-8PM  
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

8260 MIRA MESA BLVD  
STE A  
SAN DIEGO, CA 92126

(858) 900-3550

(858) 900-3550

SU 8AM-6PM  
M-F 8AM-8PM  
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No






#### AFC URGENT CARE OF SAN DIEGO

NPI: 1558788620


8260 MIRA MESA BLVD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## L. Centros de atención de urgencia de Blue Shield Promise

STE A  
SAN DIEGO, CA 92126  
 (858) 900-3550  
 (858) 900-3550  
 SU-SA 8AM-8PM  
 *Accessibility:* CONTACT PROVIDER  
 <https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO







*NPI:* 1558788620  
 5671 BALBOA AVE  
SAN DIEGO, CA 92111  
 (858) 800-2880  
 (858) 800-2880  
 SU-SA 8AM-8PM  
 *Accessibility:* CONTACT PROVIDER  
 <https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO



*NPI:* 1952995466  
 8260 MIRA MESA BLVD  
STE A

SAN DIEGO, CA 92126  
 (858) 900-3550  
 (858) 900-3550  
 SU-SA 8AM-8PM  
 *Accessibility:* CONTACT PROVIDER  
 <https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO






*NPI:* 1952995466  
 5671 BALBOA AVE  
SAN DIEGO, CA 92111  
 (858) 800-2880  
 (858) 800-2880  
 SU-SA 8AM-8PM  
 *Accessibility:* CONTACT PROVIDER  
 <https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO

*NPI:* 1558788620  
 1740 ROSECRANS ST  
SAN DIEGO, CA 92106  
 (619) 790-7800

 (619) 790-7800  
 SU-SA 8AM-8PM  
 *Accessibility:* CONTACT PROVIDER  
 <https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO




*NPI:* 1952995466  
 1740 ROSECRANS ST  
SAN DIEGO, CA 92106  
 (619) 790-7800  
 (619) 790-7800  
 SU-SA 8AM-8PM  
 *Accessibility:* CONTACT PROVIDER  
 <https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No

### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## L. Centros de atención de urgencia de Blue Shield Promise

 SU-SA 8AM-8PM  
 *Accessibility:* CONTACT PROVIDER  
 <https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No

### AFC URGENT CARE OF SAN DIEGO

*NPI:* 1952995466

 8590 RIO SAN DIEGO DR  
STE 111  
SAN DIEGO, CA 92108

 (619) 736-4600  
 (619) 736-4600  
 SU-SA 8AM-8PM


 *Accessibility:* CONTACT PROVIDER


 <https://www.afcurgentcare.com/san-diego/>  
Accepting New Patients: No


### SANTEE


### AFC URGENT CARE OF SAN DIEGO


*NPI:* 1396058137

 10538 MISSION GORGE RD  
STE 100  
SANTEE, CA 92071

 (619) 456-0033

 (619) 456-0033

 Arabic, Spanish

 SU 8AM-6PM  
M-F 8AM-8PM  
SA 8AM-6PM

 *Accessibility:* CONTACT PROVIDER

 <https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No


### CHULA VISTA


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED FNDTN

*NPI:* 1669617197

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED FNDTN

*NPI:* 1669617197

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN


*NPI:* 1669617197

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## L. Centros de atención de urgencia de Blue Shield Promise

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


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## L. Centros de atención de urgencia de Blue Shield Promise





M-F 4PM-10PM  
SA 1PM-10PM  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**







*NPI:* 1669617197  
 386 E H ST STE 202  
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 (858) 966-1720  
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## L. Centros de atención de urgencia de Blue Shield Promise





N/A  
Accepting New Patients: No


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 SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

### ESCONDIDO

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED**

**FN D TN**  
*NPI:* 1669617197  
 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029  
 (760) 755-7600  
 (760) 755-7600  
 M-F 8AM-5PM  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197  
 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029  
 (760) 755-7600  
 (760) 755-7600  
 M-F 8AM-5PM  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED**


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## L. Centros de atención de urgencia de Blue Shield Promise


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### FNDTN

NPI: 1669617197

 2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

 (760) 755-7600

 (760) 755-7600

 M-F 8AM-5PM


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


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 2125 CITRACADO PKWY  
STE 100  
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 M-F 8AM-5PM


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#### SPECIALISTS SAN DIEGO MED

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### LA MESA


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN

NPI: 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

### FNDTN

NPI: 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


### RADY CHILDRENS


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## L. Centros de atención de urgencia de Blue Shield Promise

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**OCEANSIDE**

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*NPI:* 1669617197  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 (760) 547-1020  
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 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


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*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT  
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 4305 UNIVERSITY AVE STE  
 150  
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 (619) 280-2905  
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 *Accessibility:* CONTACT  
 PROVIDER  
 N/A  
 Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN**


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## L. Centros de atención de urgencia de Blue Shield Promise

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: No


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**FNDTN**

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Accepting New Patients: No

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N/A

Accepting New Patients: No

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FN D TN**

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SAN DIEGO, CA 92105

(619) 280-2905

(619) 280-2905

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N/A

Accepting New Patients: No

**RCH MID CITY URGENT CARE**

*NPI:* 1710065933

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

(619) 280-2905

(619) 280-2905

SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

*Accessibility:* CONTACT  
PROVIDER



N/A

Accepting New Patients: No

**SOUTHBAY URGENT CARE INC**








*NPI:* 1558746750

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## L. Centros de atención de urgencia de Blue Shield Promise

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-  1628 PALM AVE  
SAN DIEGO, CA 92154
  -  (619) 591-9999
  -  (619) 591-9999
  -  Spanish, Vietnamese
  -  SU 10AM-6PM  
M-F 9AM-8PM  
SA 10AM-6PM
  -  *Accessibility:* CONTACT PROVIDER
  -  <https://www.southbayurgentcare.com/>
- Accepting New Patients: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



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