



**Medi-Cal**

Condado de San Diego | May 2025



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:

ប្រាសាទភាសាខ្មែរ (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. کمکها 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) | ਆਹਜ 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.

**ແທັກໂລນ໌ພາສາໄທຍ (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><br>John Doe<br>Membership No.:<br>AJCJ12345678<br>CIN:<br>123456789<br>Health Plan Group:<br>E000101<br>Effective Date:<br>MM/DD/YYYY | <b>IPA NAME LINE 1</b><br>IPA NAME LINE 2<br><b>PCP NAME LINE 1</b><br>PCP NAME LINE 2<br>(555) 123-4567 | <small>Blue Shield of California Promise Health Plan is liable for EMERGENCY care provided to eligible members by contracted and non-contracted providers. If the member is in need of EMERGENCY care, please provide the care address. Blue Shield of California Promise Health Plan will, when possible, reimburse non-emergency services received at the medical emergency department and the services required to stabilize the condition upon prior authorization payment. EMERGENCY care is covered by Blue Shield of California Promise Health Plan without prior authorization, and at no cost to the Member. <b>Provider:</b> This card is for identification purposes only and does not prove eligibility for services. Health care services are provided only through Blue Shield of California Promise Health Plan providers. Please file all claims with your local BCCE license or release service as the member named herein. <b>CA Provider:</b> Call Provider Services to obtain medical and hospital admission prior authorization. This member has lost all benefits outside of the plan service area and outside of California.</small> | <b>blueshieldca.com/promise</b><br>Customer Care (855) 699-5557 (TTY: 711)<br>Provider Services (800) 468-9935 (TTY: 711)<br>Transportation (877) 433-2178 (TTY: 711)<br>Nurse Help Line (800) 669-4166 (TTY: 711)<br>Behavioral Health (855) 321-2211 (TTY: 711)<br>Medi-Cal Rx (800) 977-2273 (TTY: 711)<br>Customer Care (800) 977-2273 (TTY: 711) |
|--|--|--|---|---|

*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

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



farmacias aceptan Med-Cal Rx. Puede 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

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

de su cita.

igualitario a los servicios cubiertos, incluso 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

Phone: (619) 662-4100  
Fax: (619) 320-3347

After Hours Phone: (619)  
662-4100

License Number: 090000681

NPI: 1770124315

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Norwegian,  
Spanish, Swedish

Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### BORREGO SPRINGS

#### DAP HEALTH-BORREGO SPRINGS COMMUNITY HEALTH CTR

Provider ID: 703466

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760)  
767-5051

License Number: 080000651

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: DAP  
HEALTH INC

Website: N/A

### CAMPO

#### SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686

1388 BUCKMAN SPRINGS  
RD  
CAMPO, CA 91906

Phone: (619) 662-4100  
Fax: (619) 478-9164

After Hours Phone: (619)  
662-4100

License Number: 090000660

NPI: 1174164719

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### CARLSBAD

#### TRUECARE

Provider ID: 480120

1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008

Phone: (760) 736-6767  
Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

License Number: 080000240

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hours: M-F 8AM-5PM  
SA 8AM-2PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

License Number: 080000630

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F 8AM-5PM  
SA 8AM-2PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: N/A

### TRUECARE

Provider ID: 480120

1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

License Number: 550003541

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hours: M-F 8AM-5PM  
SA 8AM-2PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: N/A

### CHULA VISTA

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

Fax: (619) 397-1161

After Hours Phone: (619)  
515-2500

License Number: 550002061

NPI: 1346480837

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

Hours: M-F 8AM-5PM

American 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 CHULA VISTA

Provider ID: 427322

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-6941

After Hours Phone: (619)  
662-4100

License Number: 550002394

NPI: 1326486861

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N

Hours: M-F 8AM-5PM  
SA 8AM-4PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

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

Provider ID: 417641

352 L ST  
CHULA VISTA, CA 91911

Phone: (619) 515-2325

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

Fax: (619) 420-0660

☎ After Hours Phone: (619) 515-2325

License Number: 550002305

NPI: 1083959464

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-F 8AM-5PM

American 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 PEDIATRICS

Provider ID: 664445

📍 280 E ST  
CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (619) 426-2170

☎ After Hours Phone: (619) 662-4100

License Number: 550002394

NPI: 1184135873

Accepting New Patients: Yes

Min/Max Age: 0\21

☑ Site English Spoken: Y

☑ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

🕒 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

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

### EL CAJON

#### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

📍 165 S 1ST ST  
EL CAJON, CA 92019

☎ Phone: (619) 312-0347

Fax: (619) 749-5480

☎ After Hours Phone: (619) 312-0347

NPI: 1336353721

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-F 8:30AM-5PM

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

☎ Phone: (619) 795-5991

Fax: (619) 795-5992

☎ After Hours Phone: (619) 795-5991

License Number: 550003567

NPI: 1134590086

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-F  
8:30AM-5:30PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

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

#### LA MAESTRA CHC-REA AVE

Provider ID: 664824

📍 181 REA AVE  
EL CAJON, CA 92020

☎ Phone: (619) 312-0347

Fax: (619) 510-4649

☎ After Hours Phone: (619) 312-0347

License Number: 090000378

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-F  
8:30AM-5:30PM

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: LA MAESTRA FAMILY CLINIC  
 **Website:** [www.lamaestra.org](http://www.lamaestra.org)
- SAN YSIDRO HEALTH EL CAJON**  
Provider ID: 569910  
 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 **Phone:** (619) 662-4100  
**Fax:** (619) 785-3356  
 **After Hours Phone:** (619) 662-4100  
License Number: 550002514  
NPI: 1568845741  
**Accepting New Patients:** Yes  
**Min/Max Age:** 0\None  
 **Site English Spoken:** Y  
 **Site Languages(s) Spoken:** Spanish, Arabic, Farsi, Russian, Latin  
**Cultural Competency:** N  
 **Hours:** M-F 8AM-5PM  
**American Sign Language (ASL):** N  
 **Accessibility:** CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP  
 **Website:** [www.syhealth.org](http://www.syhealth.org)
- DAP HEALTH-CENTRO MEDICO EL CAJON**  
Provider ID: 703462
-  133 W MAIN ST  
EL CAJON, CA 92020  
 **Phone:** (619) 873-8940  
**Fax:** (619) 401-0522  
 **After Hours Phone:** (619) 873-8940  
License Number: 550000430  
NPI: 1154480069  
**Accepting New Patients:** Yes  
**Min/Max Age:** 0\None  
 **Site English Spoken:** Y  
**Cultural Competency:** N  
**American Sign Language (ASL):** N  
 **Accessibility:** CONTACT PROVIDER  
Medical Group/IPA: DAP HEALTH INC  
 **Website:** N/A
- FAMILY HLTH CTR SAN DIEGO-EL CAJON**  
Provider ID: 418340  
 525 E MAIN ST  
EL CAJON, CA 92020  
 **Phone:** (619) 515-2498  
**Fax:** (619) 269-0191  
 **After Hours Phone:** (619) 515-2498  
License Number: 550003553  
NPI: 1932561198  
**Accepting New Patients:** Yes  
**Min/Max Age:** 0\None  
 **Site English Spoken:** Y  
**Cultural Competency:** N  
 **Hours:** M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM
- American Sign Language (ASL):** N  
 **Accessibility:** CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 **Website:** [www.fhcsd.org](http://www.fhcsd.org)
- CHASE AVENUE FAMILY HEALTH CTRS INC**  
Provider ID: 206354  
 1111 W CHASE AVE  
EL CAJON, CA 92020  
 **Phone:** (619) 515-2499  
**Fax:** (619) 593-7164  
 **After Hours Phone:** (619) 515-2499  
License Number: 090000631  
NPI: 1104861681  
**Accepting New Patients:** Yes  
**Min/Max Age:** 0\None  
 **Site English Spoken:** Y  
 **Site Languages(s) Spoken:** Spanish  
**Cultural Competency:** N  
**American Sign Language (ASL):** N  
 **Accessibility:** CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO  
 **Website:** [www.fhcsd.org](http://www.fhcsd.org)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### ESCONDIDO

#### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

Fax: (360) 466-2745

After Hours Phone: (760)  
520-8100

License Number: 080000397

NPI: 1598703647

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

#### NEIGHBORHOOD

#### HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

426 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 690-5900

Fax: (360) 462-2747

After Hours Phone: (760)  
690-5900

License Number: 550000511

NPI: 1437335353

Accepting New Patients: Yes

Min/Max Age: 0\21

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: N/A

#### NEIGHBORHOOD

#### HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 206266

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340

Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

License Number: 080000657

NPI: 1265618185

Accepting New Patients: Yes

Min/Max Age: 0\21

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

#### NEIGHBORHOOD

#### HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Phone: (760) 737-6900

Fax: (360) 462-2748

After Hours Phone: (760)  
737-6900

License Number: 080000158

NPI: 1720264641

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hours: M-TU 8AM-5PM  
W 9AM-5PM

TH-F 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: N/A

#### DAP HEALTH-CENTRO MEDICO ESCONDIDO

Provider ID: 703482

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

Phone: (760) 871-0606

Fax: (858) 634-6918

After Hours Phone: (760)  
871-0606

License Number: 550001260

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 1023349883

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): Provider ID: 652372

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: DAP


HEALTH INC

 Website: N/A


### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

Fax: (760) 745-7847

 After Hours Phone: (619)  
662-4100


License Number: 550008430

NPI: 1801438239


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Arabic, Farsi, Spanish,  
Tagalog

Cultural Competency: N

 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CAL-PHP

 Website: N/A

### ESCONDIDO FAMILY HEALTH CENTER

 128 N BROADWAY  
ESCONDIDO, CA 92025

 Phone: (619) 515-2474

 After Hours Phone: (619)  
515-2474

License Number: 550002865

NPI: 1417640491

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: N/A


### FALLBROOK

### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

License Number: 080000002


NPI: 1316501562

Accepting New Patients: No

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M 8:30AM-4PM

TU 8:30AM-12:30PM


W-TH 8:30AM-4PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP


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

### VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

License Number: 080000745


NPI: 1316501562

Accepting New Patients: No

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N


 Hours: M 8:30AM-4PM

TU 8:30AM-12:30PM

W-TH 8:30AM-4PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

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## B. Clínicas de salud con calificación federal

nityclinic.org

### VISTA COMMUNITY CLINIC

Provider ID: 624122

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760)  
723-6200

License Number: 550003781

NPI: 1316501562

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hours: M 8:30AM-4PM

TU 8:30AM-12:30PM

W-TH 8:30AM-4PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

### VISTA COMMUNITY CLINIC

Provider ID: 624122

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760)  
723-6200

License Number: 550004110

NPI: 1316501562

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hours: M 8:30AM-4PM

TU 8:30AM-12:30PM

W-TH 8:30AM-4PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

### VISTA COMMUNITY CLINIC

Provider ID: 624122

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760)  
723-6200

License Number: 080000002

NPI: 1851300123

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hours: M 8:30AM-4PM

TU 8:30AM-12:30PM

W-TH 8:30AM-4PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

### VISTA COMMUNITY CLINIC

Provider ID: 624122

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760)  
723-6200

License Number: 080000745

NPI: 1851300123

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hours: M 8:30AM-4PM

TU 8:30AM-12:30PM

W-TH 8:30AM-4PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: www.vistacommunityclinic.org

### VISTA COMMUNITY CLINIC

Provider ID: 624122

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760)  
723-6200

License Number: 550003781

NPI: 1851300123

Accepting New Patients: No

Min/Max Age: 0\None

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. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: N*  
🕒 *Hours: M 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM*  
*American Sign Language (ASL):  
N*  
♿ *Accessibility: CONTACT  
PROVIDER*  
*Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP*  
🌐 *Website: www.vistacommunityclinic.org*

### VISTA COMMUNITY CLINIC

*Provider ID: 624122*  
📍 321 E ALVARADO ST  
FALLBROOK, CA 92028  
☎ *Phone: (760) 723-6200*  
🕒 *After Hours Phone: (760)  
723-6200*  
*License Number: 550004110  
NPI: 1851300123*  
*Accepting New Patients: No  
Min/Max Age: 0\None*  
📄 *Site English Spoken: Y  
Cultural Competency: N*  
🕒 *Hours: M 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM*  
*American Sign Language (ASL):  
N*  
♿ *Accessibility: CONTACT  
PROVIDER*  
*Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP*  
🌐 *Website: www.vistacommunityclinic.org*

**VISTA COMMUNITY CLINIC**  
*Provider ID: 624122*  
📍 321 E ALVARADO ST  
FALLBROOK, CA 92028  
☎ *Phone: (760) 723-6200*  
🕒 *After Hours Phone: (760)  
723-6200*  
*License Number: 080000002  
NPI: 1649662719*  
*Accepting New Patients: No  
Min/Max Age: 0\None*

📄 *Site English Spoken: Y  
Cultural Competency: N*  
🕒 *Hours: M 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM*  
*American Sign Language (ASL):  
N*  
♿ *Accessibility: CONTACT  
PROVIDER*  
*Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP*  
🌐 *Website: www.vistacommunityclinic.org*

### VISTA COMMUNITY CLINIC

*Provider ID: 624122*  
📍 321 E ALVARADO ST  
FALLBROOK, CA 92028  
☎ *Phone: (760) 723-6200*  
🕒 *After Hours Phone: (760)  
723-6200*  
*License Number: 080000745  
NPI: 1649662719*  
*Accepting New Patients: No  
Min/Max Age: 0\None*  
📄 *Site English Spoken: Y  
Cultural Competency: N*

🕒 *Hours: M 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM*  
*American Sign Language (ASL):  
N*  
♿ *Accessibility: CONTACT  
PROVIDER*  
*Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP*  
🌐 *Website: www.vistacommunityclinic.org*

### VISTA COMMUNITY CLINIC

*Provider ID: 624122*  
📍 321 E ALVARADO ST  
FALLBROOK, CA 92028  
☎ *Phone: (760) 723-6200*  
🕒 *After Hours Phone: (760)  
723-6200*  
*License Number: 550003781  
NPI: 1649662719*  
*Accepting New Patients: No  
Min/Max Age: 0\None*  
📄 *Site English Spoken: Y  
Cultural Competency: N*  
🕒 *Hours: M 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM*  
*American Sign Language (ASL):  
N*  
♿ *Accessibility: CONTACT  
PROVIDER*  
*Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP*  
🌐 *Website: www.vistacommunityclinic.org*

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## B. Clínicas de salud con calificación federal

### VISTA COMMUNITY CLINIC

Provider ID: 624122

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

After Hours Phone: (760)  
723-6200

License Number: 550004110

NPI: 1649662719

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hours: M 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

1328 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 451-4720

Fax: (760) 451-4700

After Hours Phone: (760)  
451-4720

License Number: 080000150

NPI: 1982756086

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

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

Hours: M-F 8AM-5PM  
SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: N/A

### IMPERIAL BEACH

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678

949 PALM AVE  
IMPERIAL BEACH, CA  
91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

License Number: 090000119

NPI: 1790718351

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

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### JULIAN

#### SAN YSIDRO HEALTH JULIAN FAMILY MEDICINE

Provider ID: 664467

2721 WASHINGTON ST  
JULIAN, CA 92036

Phone: (619) 662-4100

Fax: (760) 765-1278

After Hours Phone: (619)  
662-4100

License Number: 550002514

NPI: 1235804139

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

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Japanese

Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

Website: N/A

#### SAN YSIDRO HEALTH JULIAN FAMILY MEDICINE

Provider ID: 664467

2721 WASHINGTON ST  
JULIAN, CA 92036

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

Fax: (760) 765-1278

☎ After Hours Phone: (619) 662-4100

License Number: 550002514

NPI: 1235804139

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Y

☑ Site Languages(s) Spoken: Spanish, Japanese

Cultural Competency: N

🕒 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

🌐 Website: N/A

### LAKESIDE

#### NEIGHBORHOOD

#### HEALTHCARE LAKESIDE

Provider ID: 353843

📍 10039 VINE ST  
LAKESIDE, CA 92040

☎ Phone: (858) 218-3000

Fax: (360) 462-2744

☎ After Hours Phone: (858) 218-3000

License Number: 080000483

NPI: 1932384120

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

🌐 Website: www.ihpsocal.org

### LEMON GROVE

#### LEMON GROVE FAMILY

#### HEALTH CENTER

Provider ID: 419139

📍 7592 BROADWAY  
LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550

Fax: (619) 825-9577

☎ After Hours Phone: (619) 515-2550

License Number: 550001268

NPI: 1427282466

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-F 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: N/A

### NATIONAL CITY

#### FAMILY HEALTH CTR SD

#### NATIONAL CITY

Provider ID: 418930

📍 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

☎ Phone: (619) 515-2399

Fax: (619) 269-0053

☎ After Hours Phone: (619) 515-2399

License Number: 550000465

NPI: 1417409228

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

#### SAN YSIDRO HEALTH

#### PARADISE HILLS

Provider ID: 227418

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

☎ Phone: (619) 662-4100

Fax: (619) 259-2811

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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) 662-4100

License Number: 550001126

NPI: 1598907487

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Tagalog, Spanish

Cultural Competency: N

🕒 Hours: M-F 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

🌐 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

### SAN YSIDRO HEALTH SOUTH BAY

Provider ID: 361428

📍 330 E 8TH ST  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

Fax: (619) 434-3514

☎ After Hours Phone: (619) 662-4100

License Number: 550003806

NPI: 1851757215

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

🕒 Hours: M-F 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

📍 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

☎ Phone: (619) 434-7308

Fax: (619) 434-7310

☎ After Hours Phone: (619) 434-7308

NPI: 1336353721

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Y

Cultural Competency: N

🕒 Hours: TH 8AM-2PM

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

#### GRANGER SCHOOL BASED

Provider ID: 418302

📍 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

☎ Phone: (844) 200-2426

Fax: (619) 434-8999

☎ After Hours Phone: (844) 200-2426

License Number: 550002622

NPI: 1205134517

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-F 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

### SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

📍 1136 D AVE  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

Fax: (619) 474-3722

☎ After Hours Phone: (619) 662-4100

License Number: 090000136

NPI: 1003869363

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

Cultural Competency: N

🕒 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.


## B. Clínicas de salud con calificación federal

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

 2743 HIGHLAND AVE NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (619) 474-3919

 After Hours Phone: (844) 200-2426


License Number: 090000183

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y


 Site Languages(s) Spoken: Tagalog, Lao, Spanish

Cultural Competency: N

 Hours: M-TH 8AM-6PM F 8AM-5PM


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN


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

### OCEANSIDE

#### TRUECARE

Provider ID: 480247

 2210 MESA DR STE 300 OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

License Number: 080000531


NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-F 8AM-5PM SA 8AM-4:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

 Website: N/A

#### TRUECARE

Provider ID: 480247

 2210 MESA DR STE 300 OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767


License Number: 080000637

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F 8AM-5PM SA 8AM-4:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

 Website: N/A

### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000


License Number: 080000745

NPI: 1609094036

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N


 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

 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 HORNE STREET

Provider ID: 402436

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

License Number: 080000745

NPI: 1609094036

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### VISTA COMMUNITY CLINIC PIER VIEW WAY

Provider ID: 402434

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

License Number: 080000510

NPI: 1629357355

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hours: M-TU 8AM-5PM  
W 8AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### VISTA COMMUNITY CLINIC PIER VIEW WAY

Provider ID: 402434

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

License Number: 080000510

NPI: 1629357355

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hours: M-TU 8AM-5PM  
W 8AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### VISTA COMMUNITY CLINIC Provider ID: 206341

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

License Number: 080000002

NPI: 1649662719

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hours: M-W 8AM-5PM  
TH 8AM-12PM  
F 8AM-5PM  
SA 9AM-4PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### VISTA COMMUNITY CLINIC Provider ID: 206341

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

License Number: 080000745

NPI: 1649662719

Accepting New Patients: Yes

Min/Max Age: 0\None

🗣 Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-W 8AM-5PM

TH 8AM-12PM

F 8AM-5PM

SA 9AM-4PM

American Sign Language (ASL): 🗣

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

License Number: 550003781

NPI: 1649662719

Accepting New Patients: Yes

Min/Max Age: 0\None

🗣 Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-W 8AM-5PM

TH 8AM-12PM

F 8AM-5PM

SA 9AM-4PM

American Sign Language (ASL): 🗣

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

License Number: 550004110

NPI: 1649662719

Accepting New Patients: Yes

Min/Max Age: 0\None

🗣 Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-W 8AM-5PM

TH 8AM-12PM

F 8AM-5PM

SA 9AM-4PM

American Sign Language (ASL): 🗣

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

License Number: 080000002

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\None

🗣 Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-W 8AM-5PM

TH 8AM-12PM

F 8AM-5PM

SA 9AM-4PM

American Sign Language (ASL): 🗣

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

License Number: 080000745

NPI: 1851300123

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: Y

Cultural Competency: N

 Hours: M-W 8AM-5PM


TH 8AM-12PM

F 8AM-5PM

SA 9AM-4PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP


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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

License Number: 550003781


NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-W 8AM-5PM

TH 8AM-12PM

F 8AM-5PM

SA 9AM-4PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP


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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

License Number: 550004110


NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-W 8AM-5PM

TH 8AM-12PM

F 8AM-5PM

SA 9AM-4PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP


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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

License Number: 080000002


NPI: 1316501562

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-W 8AM-5PM

TH 8AM-12PM

F 8AM-5PM

SA 9AM-4PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP


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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

License Number: 080000745


NPI: 1316501562

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N



 Hours: M-W 8AM-5PM





TH 8AM-12PM



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.


## B. Clínicas de salud con calificación federal

SA 9AM-4PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**  
Provider ID: 206341  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
License Number: 550003781  
NPI: 1316501562  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-W 8AM-5PM  
TH 8AM-12PM  
F 8AM-5PM  
SA 9AM-4PM





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

**VISTA COMMUNITY CLINIC**  
Provider ID: 206341  
 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
License Number: 550004110  
NPI: 1316501562  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-W 8AM-5PM  
TH 8AM-12PM  
F 8AM-5PM  
SA 9AM-4PM





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

### POWAY

**NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER**  
Provider ID: 481187  
 13010 POWAY RD  
POWAY, CA 92064  
 Phone: (858) 218-3000  
Fax: (360) 462-2742  
 After Hours Phone: (858)

218-3000  
License Number: 550004321  
NPI: 1023518768  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-F 8AM-5PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CAL-PHP  
 Website: N/A

### RAMONA

**TRUECARE**  
Provider ID: 449438  
 220 ROTANZI ST  
RAMONA, CA 92065  
 Phone: (760) 736-6767  
Fax: (760) 736-6744  
 After Hours Phone: (760) 736-6767  
License Number: 080000149  
NPI: 1245246917  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-F 8AM-5PM  
SA 8AM-12PM  
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 CAL-PHP


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

### SAN DIEGO

#### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN  
RD STE B10  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844)  
200-2426

License Number: 550002478

NPI: 1699216622


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Cultural Competency: N


 Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN

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

#### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN  
RD STE B10  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844)  
200-2426

License Number: 550003857

NPI: 1699216622


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

 Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN

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

#### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN  
RD STE B10  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844)  
200-2426

License Number: 550003857

NPI: 1699216622


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

 Hours: M-TU  
8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN

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

#### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

Fax: (858) 536-8034

 After Hours Phone: (844)  
200-2426

License Number: 080000146

NPI: 1861933897

Accepting New Patients: Yes

Min/Max Age: 0\None

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.

## B. Clínicas de salud con calificación federal


*Cultural Competency: N*

*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

 *Phone: (844) 200-2426*

 *After Hours Phone: (844) 200-2426*


*License Number: 080000146*

*NPI: 1871680397*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

 *Hours: M-F 8AM-5PM  
SA 8AM-2PM*


*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA:*

*OPERATION SAMAHAN*


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

### **FAMILY HLTH CTR SAN**

#### **DIEGO-BEACH AREA**

*Provider ID: 402851*

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*

*Fax: (858) 488-1394*

 *After Hours Phone: (619) 515-2444*

*License Number: 080000115*


*NPI: 1386689701*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Y*

*Cultural Competency: N*

 *Hours: M-W  
8:30AM-5:30PM*

*TH 9AM-6PM*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: FAMILY*

*HEALTH CENTERS OF SAN DIEGO*


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

### **SAN YSIDRO HEALTH**

#### **COMMUNITY HEIGHTS FAMILY MED**

*Provider ID: 517998*

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 *Phone: (619) 662-4100*

*Fax: (619) 824-9076*

 *After Hours Phone: (619) 662-4100*


*License Number: 550003882*

*NPI: 1205477841*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Chinese, Spanish, Tagalog, Vietnamese*

*Cultural Competency: N*

 *Hours: M-F 8AM-5PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CAL-PHP*

 *Website: N/A*

### **FAMILY HEALTH CTR IBARRA**

*Provider ID: 417987*

 4874 POLK AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*

*Fax: (619) 255-8002*

 *After Hours Phone: (619) 515-2426*

*License Number: 550003108*


*NPI: 1477953933*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Y*

*Cultural Competency: N*

 *Hours: M-F  
8:30AM-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: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### MID-CITY COMMUNITY CLINIC

Provider ID: 233597

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250


Fax: (858) 633-4681


 After Hours Phone: (619) 563-0250

NPI: 1962483040

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP


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

### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682


 After Hours Phone: (619) 280-2058

NPI: 1962483040

Accepting New Patients: Yes

Min/Max Age: 0\22

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

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


### OPERATION SAMAHAN

#### RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN RD STE B10

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844) 200-2426


License Number: 550002478

NPI: 1699216622


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Cultural Competency: N

 Hours: M-TU  
8:30AM-5:30PM


W 10AM-7PM

TH-F 8:30AM-5:30PM

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: OPERATION SAMAHAN


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

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 664747

 2114 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2406


 After Hours Phone: (619) 515-2406


License Number: 550003556

NPI: 1336525906

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:30AM-5:30PM

American Sign Language (ASL):

 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
Fax: (619) 234-2447  
 After Hours Phone: (619)  
515-2300  
NPI: 1447281936

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

 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

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

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

### FAMILY HEALTH CTR OF SD- ELM ST



Provider ID: 419167

 140 ELM ST  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2520  
Fax: (619) 231-0431



 After Hours Phone: (619)  
515-2520

License Number: 550002061  
NPI: 1316419070

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



 Site English Spoken: Y  
Cultural Competency: N  
 Hours: M-F 8AM-5PM

American 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  
 Phone: (619) 429-3733  
Fax: (619) 628-5550

 After Hours Phone: (619)  
429-3733

License Number: 550001474  
NPI: 1215246996

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

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

Cultural Competency: N  
 Hours: M 8:30AM-5PM  
TU-TH 8:30AM-8PM  
F 8:30AM-5PM

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP



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


### SAN YSIDRO HEALTH

**PRECISION PARK**  
Provider ID: 631494

 1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 600-4870  
 After Hours Phone: (619)  
662-4100  
License Number: 550007737

NPI: 1124782685  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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

Cultural Competency: N  
 Hours: M-F 8AM-5PM  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### NORTH PARK FAMILY HEALTH CENTERS


Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
Fax: (619) 501-0627

 After Hours Phone: (619)  
515-2424

License Number: 090000469  
NPI: 1184169963

Accepting New Patients: Yes  
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.



## B. Clínicas de salud con calificación federal

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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


### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

Fax: (619) 683-7586


 After Hours Phone: (619) 515-2424


License Number: 090000469

NPI: 1700821303


Accepting New Patients: Yes

Min/Max Age: 0\18

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-TH 8AM-5PM

American 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

 Phone: (619) 515-2424

Fax: (619) 501-0627

 After Hours Phone: (619) 515-2424

License Number: 090000469

NPI: 1700821303

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619) 234-2158


License Number: 090000168

NPI: 1003902917


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

 Site Language(s) Spoken:  
Korean, Spanish, Hindi

Cultural Competency: N

 Hours: M-F 8AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP


 Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)

Indian Health Services: Y

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

Fax: (619) 794-2696


 After Hours Phone: (619) 515-2454


License Number: 550003556

NPI: 1336525906


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M-F  
8:30AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 DIEGO- CITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

Fax: (619) 501-5814

After Hours Phone: (619)  
515-2525

License Number: 550002865

NPI: 1356750376

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F  
8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

Phone: (619) 515-2430

Fax: (619) 578-2410

After Hours Phone: (619)  
515-2430

License Number: 550002251

NPI: 1588901045

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

License Number: 080000069

NPI: 1609905215

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Site Languages(s) Spoken:

Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: N

Hours: M-F  
8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

License Number: 080000069

NPI: 1780665877

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y  
Site Languages(s) Spoken:

Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: N

Hours: M-F  
8:30AM-5:30PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 810-8700

Fax: (858) 633-4680

🕒 After Hours Phone: (858) 810-8700

License Number: 550003427

NPI: 1457724858

Accepting New Patients: Yes

Min/Max Age: 0\None

🗨 Site English Spoken: Y

🗨 Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese

Cultural Competency: N

🕒 Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9AM-4PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

☎ Phone: (619) 255-9155

Fax: (619) 795-9849

🕒 After Hours Phone: (619) 255-9155

NPI: 1336353721

Accepting New Patients: Yes

Min/Max Age: 0\None

🗨 Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-F 8AM-5PM

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

☎ Phone: (619) 515-2545

Fax: (619) 501-9645

🕒 After Hours Phone: (619) 515-2545

License Number: 550003099

NPI: 1629456900

Accepting New Patients: Yes

Min/Max Age: 0\None

🗨 Site English Spoken: Y

Cultural Competency: N

🕒 Hours: M-TH 8AM-9PM  
F 8AM-5PM

American 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

☎ Phone: (619) 515-2560

Fax: (619) 263-2499

🕒 After Hours Phone: (619) 515-2560

License Number: 550000465

NPI: 1982747671

Accepting New Patients: Yes

Min/Max Age: 0\None

🗨 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

📍 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113

☎ Phone: (619) 515-2422

Fax: (619) 269-0053

🕒 After Hours Phone: (619) 515-2422

License Number: 550003113

NPI: 1235521782

Accepting New Patients: 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: Y

Cultural Competency: N

 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

### SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE

SAN DIEGO, CA 92102

 Phone: (619) 515-2435

Fax: (619) 515-2435

 After Hours Phone: (619) 515-2435

License Number: 090000565

NPI: 1174549232

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: N/A

### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403

 316 25TH ST

SAN DIEGO, CA 92102

 Phone: (619) 238-5551

Fax: (619) 238-5551

 After Hours Phone: (619) 238-5551

License Number: 090000136


NPI: 1598308926

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Y

Cultural Competency: N

 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP


 Website: N/A

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

Fax: (619) 687-1067


 After Hours Phone: (619) 233-8500

License Number: 090000297


NPI: 1659415131

Accepting New Patients: No

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-F 8AM-5:30PM

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP


 Website: N/A

### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE

SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 205-1952

 After Hours Phone: (619) 662-4100


License Number: 090000660

NPI: 1538262092


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

 Site Languages(s) Spoken: Chinese, Spanish, Tagalog, Vietnamese

Cultural Competency: N

 Hours: M-F 8AM-5PM SA 8AM-4PM

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

 Website: [www.syhealth.org](http://www.syhealth.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

/clinics/king-chavez-health-center

### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

Fax: (619) 232-5922

After Hours Phone: (619) 662-4100

License Number: 090000143

NPI: 1326225632

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Cultural Competency: N

Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

Website: <https://www.syhealth.org/locations>

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 624977

2204 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2355

Fax: (619) 232-7011

After Hours Phone: (619)

515-2355

NPI: 1447281936

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### SAN MARCOS

#### TRUECARE

Provider ID: 206426

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760) 736-6767

License Number: 080000167

NPI: 1811617939

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Cultural Competency: N

Hours: M-F 8AM-5PM  
SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

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

#### TRUECARE

Provider ID: 206426

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760) 736-6767

License Number: 080000167

NPI: 1598484255

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Cultural Competency: N

Hours: M-F 8AM-5PM  
SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

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

#### TRUECARE

Provider ID: 206426

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

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.

## B. Clínicas de salud con calificación federal

736-6767  
 License Number: 080000167  
 NPI: 1245246917  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: N  
 Hours: M-F 8AM-5PM SA 8AM-5PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CAL-PHP  
 Website: www.ihpsocal.org

### TRUECARE

Provider ID: 614511  
 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744  
 After Hours Phone: (760) 736-6767  
 License Number: 080000167  
 NPI: 1245246917  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F 8AM-5PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP  
 Website: www.ihpsocal.org

### TRUECARE

Provider ID: 614511  
 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744  
 After Hours Phone: (760) 736-6767  
 License Number: 080000167  
 NPI: 1598484255  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F 8AM-5PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CAL-PHP  
 Website: www.ihpsocal.org

Provider ID: 614511  
 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744  
 After Hours Phone: (760) 736-6767  
 License Number: 080000167  
 NPI: 1245246917  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F 8AM-5PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CAL-PHP  
 Website: www.ihpsocal.org

### TRUECARE

Provider ID: 614511  
 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744  
 After Hours Phone: (760) 736-6767  
 License Number: 080000167  
 NPI: 1811617939  
 Accepting New Patients: Yes

Min/Max Age: 0\None  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F 8AM-5PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CAL-PHP  
 Website: www.ihpsocal.org


### SAN YSIDRO

#### SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469  
 3364 BEYER BLVD SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 600-4870  
 After Hours Phone: (619) 662-4100  
 License Number: 550002823  
 NPI: 1801438239  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Y  
 Site Languages(s) Spoken: , Spanish  
 Cultural Competency: N  
 Hours: M-F 8AM-5PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/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. La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

 Website: <https://www.syhealth.org/locations>

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
Fax: (619) 205-6341


 After Hours Phone: (619) 662-4100

NPI: 1952364747


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: N


 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CAL-PHP

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
Fax: (619) 205-1967

 After Hours Phone: (619) 662-4100


License Number: 550004555

NPI: 1558852947


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N


 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP


 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)


### SANTEE

### SAN YSIDRO HEALTH SANTEE FAMILY MEDICINE

Provider ID: 520609

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 Phone: (619) 662-4100  
Fax: (619) 873-3476

 After Hours Phone: (619) 662-4100


License Number: 550003575

NPI: 1376184911


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

 Site Languages(s) Spoken: Arabic, Spanish

Cultural Competency: N

 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CAL-PHP


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

### SPRING VALLEY

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555  
Fax: (619) 462-5584

 After Hours Phone: (619) 515-2555

License Number: 090000593


NPI: 1508801069

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-F 8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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)

### VALLEY CENTER

#### NEIGHBORHOOD HEALTHCARE

Provider ID: 519918

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750

 After Hours Phone: (760)  
742-9919

License Number: 080000397


NPI: 1437335148

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Y

Cultural Competency: N

 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

 Website: N/A

#### NEIGHBORHOOD HEALTHCARE

Provider ID: 519918

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750

 After Hours Phone: (760)  
742-9919

License Number: 080000483


NPI: 1437335148

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

 Website: N/A

#### NEIGHBORHOOD HEALTHCARE

Provider ID: 519918

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750

 After Hours Phone: (760)  
742-9919

License Number: 080000483


NPI: 1437335148

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

 Website: N/A

#### NEIGHBORHOOD HEALTHCARE

Provider ID: 519918

 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750

 After Hours Phone: (760)  
742-9919

License Number: 080000397


NPI: 1437335148

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Y

Cultural Competency: N

 Hours: M-F 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP


 Website: N/A

### VISTA


#### VCC DURIAN

Provider ID: 411518

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (844) 308-5003

Fax: (760) 414-3892

 After Hours Phone: (844)  
308-5003

License Number: 080000328

NPI: 1851300123

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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Accepting New Patients: Yes

[nityclinic.org](http://nityclinic.org)

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-TU 8:30AM-5PM  
TH-F 8:30AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### VCC DURIAN

Provider ID: 411518

 105 DURIAN ST STE A  
VISTA, CA 92083

 Phone: (844) 308-5003  
Fax: (760) 414-3892

 After Hours Phone: (844)  
308-5003

License Number: 1851300123


NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

 Hours: M-TU 8:30AM-5PM  
TH-F 8:30AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

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

### VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760)  
631-5000


License Number: 080000328

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N

 Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CAL-PHP

 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

License Type: NP

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

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

##### KAHL, NICHOLAS

License Type: NP

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

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

License Type: NP

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

##### SANDERS, JESSICA

License Type: NP

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>PRACTITIONER</b>  |   | <b>CHIROPRACTOR</b>   |  |
|--|---|---|--|
| <b>TODD, MIKAYLA</b><br>License Type: NP<br>Provider Gender: Female<br>License Number: NP95005999<br>NPI: 1316478092<br>☐ Provider English Spoken: Y<br>☐ Provider Language(s) Spoken: Spanish<br>Cultural Competency: N<br>Board Certified Specialty: No<br>IHP OF SOUTHERN CAL-PHP<br>📍 1620 ALPINE BLVD STE 110<br>ALPINE, CA 91901<br>☎ Phone: (619) 662-4100<br>🕒 After Hours Phone: (619) 662-4100<br>🌐 Website: <a href="http://www.mtnhealth.org">www.mtnhealth.org</a><br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None<br>American Sign Language (ASL): N<br>♿ Accessibility: CONTACT PROVIDER | Board Certified Specialty: No<br>IHP OF SOUTHERN CAL-PHP<br>📍 1620 ALPINE BLVD STE 110<br>ALPINE, CA 91901<br>☎ Phone: (619) 662-4100<br>🕒 After Hours Phone: (619) 662-4100<br>🌐 Website: <a href="http://www.mtnhealth.org">www.mtnhealth.org</a><br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None<br>American Sign Language (ASL): N<br>♿ Accessibility: CONTACT PROVIDER  | Min/Max Age: 0\None<br>American Sign Language (ASL): N<br>♿ Accessibility: CONTACT PROVIDER | <b>CHIROPRACTOR</b><br><b>ABDULRAHIM, AHMED</b><br>License Type: DC<br>Provider Gender: Male<br>License Number: DC28335<br>NPI: 1619040292<br>☐ Provider English Spoken: Y<br>☐ Provider Language(s) Spoken: Burmese, Gujarati, Hindi, Urdu<br>Cultural Competency: N<br>Board Certified Specialty: No<br>IHP OF SOUTHERN CAL-PHP<br>📍 1620 ALPINE BLVD STE 110<br>ALPINE, CA 91901<br>☎ Phone: (619) 662-4100<br>☎ Fax: (619) 205-6305<br>🕒 After Hours Phone: (619) 662-4100<br>🌐 Website: <a href="http://www.mtnhealth.org">www.mtnhealth.org</a><br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None<br>American Sign Language (ASL): N<br>♿ Accessibility: CONTACT PROVIDER |
| <b>CERTIFIED NURSE PRACTITIONER</b><br><b>TODD, MIKAYLA</b><br>License Type: NP<br>Provider Gender: Female<br>License Number: NP95005999<br>NPI: 1316478092<br>☐ Provider English Spoken: Y<br>☐ Provider Language(s) Spoken: Spanish<br>Cultural Competency: N  | <b>CHIROPRACTOR</b><br><b>ABDULRAHIM, AHMED</b><br>License Type: DC<br>Provider Gender: Male<br>License Number: DC28335<br>NPI: 1619040292<br>☐ Provider English Spoken: Y<br>☐ Provider Language(s) Spoken: Burmese, Gujarati, Hindi, Urdu<br>Cultural Competency: N<br>Board Certified Specialty: No<br>IHP OF SOUTHERN CAL-PHP<br>📍 1620 ALPINE BLVD STE 110<br>ALPINE, CA 91901<br>☎ Phone: (619) 662-4100<br>☎ Fax: (619) 205-6305<br>🕒 After Hours Phone: (619) 662-4100<br>🌐 Website: <a href="http://www.mtnhealth.org">www.mtnhealth.org</a><br>Medi-Cal Open Panel: Yes | <b>CHIROPRACTOR</b><br><b>KELCHNER, MATTHEW</b><br>License Type: DC                         | <b>CHIROPRACTOR</b><br><b>ABDULRAHIM, AHMED</b><br>License Type: DC<br>Provider Gender: Male<br>License Number: DC28335<br>NPI: 1619040292<br>☐ Provider English Spoken: Y<br>☐ Provider Language(s) Spoken: Burmese, Gujarati, Hindi, Urdu<br>Cultural Competency: N<br>Board Certified Specialty: No<br>IHP OF SOUTHERN CAL-PHP<br>📍 1620 ALPINE BLVD STE 110<br>ALPINE, CA 91901<br>☎ Phone: (619) 662-4100<br>☎ Fax: (619) 205-6305<br>🕒 After Hours Phone: (619) 662-4100<br>🌐 Website: <a href="http://www.mtnhealth.org">www.mtnhealth.org</a><br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None<br>American Sign Language (ASL): N<br>♿ Accessibility: CONTACT PROVIDER |

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## 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.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*

### **CHIROPRACTOR**

**KELCHNER, MATTHEW**  
*License Type: DC*  
*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.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*

### **FAMILY PRACTICE**

**BAUTISTA, LUIS**  
*License Type: MD*  
*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.or*  
*g*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N

*Accessibility: CONTACT*  
 PROVIDER

### **FAMILY PRACTICE**

**BAUTISTA, LUIS**  
*License Type: MD*  
*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  
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 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
 662-4100  
 *Website: www.mtnhealth.or*  
*g*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER

### **FAMILY PRACTICE**

**DUBE, BIANCA**  
*License Type: MD*  
*Provider Gender: Female*

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## C. Directorio de atención primaria


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **DUBE, BIANCA**

License Type: MD

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **KAUFHOLD, ANNE**


License Type: MD

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **KAUFHOLD, ANNE**


License Type: MD

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **VAN HOLLEBEKE, RACHEL**

License Type: MD


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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**


#### **VAN HOLLEBEKE, RACHEL**

License Type: MD

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**

License Type: DO

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

### **FAMILY PRACTICE**


#### **WYLIE, BLAKE**

License Type: DO

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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 MEDICINE,

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


### FQHC


### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,

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): License Number: A158569

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS


### STENSMAN, LARS


License Type: MD

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

License Type: MD

Provider Gender: Male

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

### PHYSICIANS ASSISTANT


### BAISLEY, SHAWN

License Type: PA

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


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## C. Directorio de atención primaria

 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

#### BAISLEY, SHAWN


License Type: PA  
 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

License Type: PA  
 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


### PHYSICIANS ASSISTANT

#### SHARPE, NORMA

License Type: PA  
 Provider Gender: Female  
 License Number: PA20490  
 NPI: 1619100237  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

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 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

## BORREGO SPRINGS



### DERMATOLOGY



#### GREENWAY, HUBERT

License Type: MD  
 Provider ID: 313070  
 Provider Gender: Male  
 License Number: C39104  
 NPI: 1366419004  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No  
 DAP HEALTH INC

 4343 YAQUI PASS RD  
 BORREGO SPRINGS, CA 92004

 Phone: (760) 767-5051  
 Fax: (760) 767-4552  
 After Hours Phone: (760) 767-5051

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### DERMATOLOGY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### GREENWAY, HUBERT

License Type: MD

Provider ID: 313070

Provider Gender: Male


License Number: C39104


NPI: 1366419004

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Board Certified Specialty: No  
DAP HEALTH INC

 4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

 Phone: (760) 767-5051  
Fax: (760) 767-4552

 After Hours Phone: (760)  
767-5051

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### DERMATOLOGY

#### ZELAC, DANIEL

License Type: MD

Provider ID: 313070

Provider Gender: Male


License Number: G85319


NPI: 1891709903


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS GREEN  
HOSPITAL

Board Certified Specialty: No  
DAP HEALTH INC

 4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

 Phone: (760) 767-5051  
Fax: (760) 767-4552

 After Hours Phone: (760)  
767-5051

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### DERMATOLOGY

#### ZELAC, DANIEL

License Type: MD

Provider ID: 313070

Provider Gender: Male

License Number: G85319


NPI: 1891709903

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS GREEN  
HOSPITAL

Board Certified Specialty: No  
DAP HEALTH INC

 4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

 Phone: (760) 767-5051  
Fax: (760) 767-4552

 After Hours Phone: (760)  
767-5051

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### GHAFFARI, DAUOD



License Type: MD

Provider ID: 313070

Provider Gender: Male

License Number: A98486


NPI: 1053417691

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Board Certified Specialty: No  
DAP HEALTH INC


 4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

 Phone: (760) 767-5051  
Fax: (760) 767-4552

 After Hours Phone: (760)  
767-5051

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### GHAFARI, DAUOD


License Type: MD


Provider ID: 313070

Provider Gender: Male

License Number: A98486

NPI: 1053417691

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Board Certified Specialty: No

DAP HEALTH INC

 4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

 Phone: (760) 767-5051

Fax: (760) 767-4552

 After Hours Phone: (760)  
767-5051

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### FQHC

#### DAP HEALTH-BORREGO SPRINGS COMMUNITY

HEALTH CTR,


Provider ID: 313070


NPI: 1134144165

 Provider English Spoken: Y

Cultural Competency: N

DAP HEALTH INC

 4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

 Phone: (760) 767-5051

Fax: (760) 767-4552

 After Hours Phone: (760)  
767-5051

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### FQHC

#### DAP HEALTH-BORREGO SPRINGS COMMUNITY

HEALTH CTR,

Provider ID: 313070


NPI: 1134144165

 Provider English Spoken: Y

Cultural Competency: N


DAP HEALTH INC

 4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

 Phone: (760) 767-5051

Fax: (760) 767-4552

 After Hours Phone: (760)  
767-5051

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### CAMPO

#### CERTIFIED NURSE PRACTITIONER

#### LIEBER, CAROL

License Type: NP

Provider ID: 275112

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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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### **CERTIFIED NURSE PRACTITIONER**

---

#### **LIEBER, CAROL**


*License Type: NP*

*Provider ID: 275112*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

---

### **FAMILY PRACTICE**

---

#### **BAUM, PETER**


*License Type: DO*

*Provider ID: 275112*

*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**

---

#### **BAUM, PETER**


*License Type: DO*

*Provider ID: 275112*

*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**

---

#### **BAUM, PETER**

*License Type: DO*

*Provider ID: 302751*

*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*

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: SU 10AM-4PM  
M-F 8:30AM-5:30PM  
SA 8AM-2:30PM

### **FAMILY PRACTICE**



#### **CORONADO, MYRNA**


License Type: MD  
Provider ID: 275112  
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](http://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**

License Type: MD  
Provider ID: 275112  
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](http://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**


License Type: MD  
Provider ID: 275112  
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](http://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**


License Type: MD  
Provider ID: 275112  
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](http://www.syhealth.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

---

### **FAMILY PRACTICE**

#### **MCINTYRE, RYAN**


License Type: MD

Provider ID: 275112

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 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**

#### **MCINTYRE, RYAN**


License Type: MD

Provider ID: 275112

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 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**


License Type: MD

Provider ID: 275112

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**

#### **ORTIZ, KENNETH**

License Type: MD

Provider ID: 275112

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

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## C. Directorio de atención primaria

 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**


License Type: DO

Provider ID: 275112

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**


License Type: DO

Provider ID: 275112

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**

License Type: DO

Provider ID: 302754

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**

License Type: MD


Provider ID: 275112

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

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## C. Directorio de atención primaria

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  
Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **SAIDRO, LUZVIMINDA**

License Type: MD  
Provider ID: 275112  
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  
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: 275112  
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

### **FQHC**

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

Provider ID: 275112

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**

License Type: MD  
Provider ID: 275112  
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



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## 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

### INTERNAL MEDICINE

#### IBANEZ, SIR CEDRIC

License Type: MD  
 Provider ID: 275112  
 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](http://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

License Type: PA  
 Provider ID: 275112  
 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](http://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





License Type: PA  
 Provider ID: 275112  
 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](http://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

License Type: NPF  
 Provider ID: 289874  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER

**YOUNG, JENNIFER**

License Type: NPF

Provider ID: 305300

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

### CERTIFIED NURSE PRACTITIONER

**YOUNG, JENNIFER**

License Type: NPF

Provider ID: 289874

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

### CERTIFIED NURSE PRACTITIONER

**YOUNG, JENNIFER**


License Type: NPF

Provider ID: 305300

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

### FQHC

**TRUECARE,**

Provider ID: 289874


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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 SA 8AM-2PM*

### **FQHC**


#### **TRUECARE,**


*Provider ID: 289874*

*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*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM SA 8AM-2PM*

### **PEDIATRICS**

#### **BURGAMY, ELIZABETH**

*License Type: MD*

*Provider ID: 204602*

*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**


*License Type: MD*


*Provider ID: 289874*

*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**

#### **IYENGAR, RADHA**

*License Type: MD*


*Provider ID: 305300*

*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**


License Type: MD  
 Provider ID: 289874  
 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



#### **IYENGAR, RADHA**


License Type: MD  
 Provider ID: 305300  
 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  
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 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**


License Type: MD  
 Provider ID: 204731  
 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\18

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **OCONNOR, ERICA**


License Type: MD  
 Provider ID: 302621  
 Provider Gender: Female  
 NPI: 1134782725


 Provider English Spoken: Y  
 Cultural Competency: N


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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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **TANAKA, MARY**


License Type: MD

Provider ID: 241393

Provider Gender: Female

NPI: 1295962686

 Provider English Spoken: Y

 Provider Language(s) Spoken: Thai


Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO


*Board Certified Specialty: No*  
**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

### **CHULA VISTA**

#### CERTIFIED NURSE PRACTITIONER

#### **FERNANDEZ LEYVA, JUAN CARLOS**


License Type: NP

Provider ID: 39174

Provider Gender: Male

License Number: NP95001964

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

#### CERTIFIED NURSE PRACTITIONER

#### **FERNANDEZ LEYVA, JUAN CARLOS**

License Type: NP

Provider ID: 39174

Provider Gender: Male

License Number: NP95001964

NPI: 1194115568



 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

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 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

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## C. Directorio de atención primaria

### CERTIFIED NURSE PRACTITIONER

#### **IBARRA, MARTHA**


License Type: NP

Provider ID: 217488

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

#### **IBARRA, MARTHA**


License Type: NP


Provider ID: 217488

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**

License Type: NP

Provider ID: 39174

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

#### **LEONARD, BEVERLY**

License Type: NP


Provider ID: 39174

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 515-2500  
 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**  
 License Type: NP  
 Provider ID: 39174  
 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

PROVIDER

### CERTIFIED NURSE PRACTITIONER

**OWEN, MICHAEL**  
 License Type: NP  
 Provider ID: 39174  
 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  
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 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**  
 License Type: RN  
 Provider ID: 217488  
 Provider Gender: Female  
 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**  
 License Type: RN  
 Provider ID: 217488  
 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

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## C. Directorio de atención primaria

 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**

License Type: RN

Provider ID: 217488

Provider Gender: Female


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

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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

#### **QUILALANG, SUSAN**

License Type: RN

Provider ID: 217488

Provider Gender: Female


License Number: RN371480


NPI: 1841200482


 Provider English Spoken: Y  
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):  
N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **ROSS, CRYSTAL**

License Type: NP

Provider ID: 217488

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

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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **ROSS, CRYSTAL**

License Type: NP

Provider ID: 217488

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


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## C. Directorio de atención primaria

### 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

### SAUNDERS, DENISE


License Type: NP  
Provider ID: 39174  
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](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

### SAUNDERS, DENISE


License Type: NP  
Provider ID: 39174  
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

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER

#### CERTIFIED NURSE PRACTITIONER

### SICKLES, MAGGIE



License Type: NP

Provider ID: 217488  
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

### SICKLES, MAGGIE

License Type: NP  
Provider ID: 217488  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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/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**


License Type: NP

Provider ID: 39174

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

 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

#### **VEGA, TERESA**


License Type: NP

Provider ID: 39174

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

 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

#### **WILLIAMS, TAKISHA**

License Type: NP

Provider ID: 39174

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](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

#### **WILLIAMS, TAKISHA**

License Type: NP

Provider ID: 39174

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

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## C. Directorio de atención primaria

### 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 REGISTERED NURSE MIDWIFE**

---

### BOSTON, LAURA


License Type: CRNM

Provider ID: 39174

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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT  
PROVIDER

---

#### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

### BOSTON, LAURA


License Type: CRNM

Provider ID: 39174

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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

#### **CHIROPRACTOR**

---


### HASHEM, SHIVA

License Type: DC

Provider ID: 39174


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](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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#### **CHIROPRACTOR**

---

### HASHEM, SHIVA

License Type: DC

Provider ID: 39174

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

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## C. Directorio de atención primaria

 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


### **CHIROPRACTOR**


#### **KAZEM, HARON**

License Type: DC  
 Provider ID: 217488  
 Provider Gender: Male  
 License Number: DC33295  
 NPI: 1306221262

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Persian, 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


### **CHIROPRACTOR**


#### **KAZEM, HARON**

License Type: DC  
 Provider ID: 217488  
 Provider Gender: Male  
 License Number: DC33295  
 NPI: 1306221262

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Persian, Spanish

Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **CHIROPRACTOR**

#### **PLANTE, CHARLES**

License Type: DC

Provider ID: 217488

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**

#### **PLANTE, CHARLES**

License Type: DC

Provider ID: 217488

Provider Gender: Male


License Number: DC31963

NPI: 1760464960

 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

 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**

License Type: DC  
 Provider ID: 217488  
 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

 678 3RD 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**


License Type: DC  
 Provider ID: 217488  
 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**


License Type: MD  
 Provider ID: 217488  
 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**

#### **CARRILLO, MARITZA**

License Type: MD  
 Provider ID: 217488  
 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

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## 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

### **ENDOCRINOLOGY** **METABOLISM DIABETES**

#### **CRUZ, MICHAEL**

License Type: MD

Provider ID: 217488

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No  
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**

#### **CRUZ, MICHAEL**

License Type: MD

Provider ID: 217488

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No  
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**

License Type: MD

Provider ID: 217488

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

### **ENDOCRINOLOGY** **METABOLISM DIABETES**

#### **VINCENT, LAUREN**

License Type: MD

Provider ID: 217488


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## C. Directorio de atención primaria

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**



License Type: MD

Provider ID: 217488

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**

#### **ALANIZ, MATEO**



License Type: MD

Provider ID: 217488

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](http://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**


License Type: MD


Provider ID: 217488

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):

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## C. Directorio de atención primaria

|   |   |  |
|---|---|--|
| <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F<br/>8:30AM-5:30PM<br/>SA 8AM-2:30PM</p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>AMANAT, SOROOSH</b><br/>License Type: MD<br/>Provider ID: 217488<br/>Provider Gender: Male<br/>License Number: A153022<br/>NPI: 1003279621</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s)<br/>Spoken: Farsi, Spanish<br/>Cultural Competency: N<br/>Hospital Affiliation: UCSD<br/>MEDICAL CTR, UCSD LA<br/>JOLLA JOHN SALLY<br/>THORNTON</p> <p>Board Certified Specialty: No<br/>IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE<br/>CHULA VISTA, CA 91910</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619)<br/>662-4100</p> <p> 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<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> | <p>PROVIDER</p> <p> Hours: M-F<br/>8:30AM-5:30PM<br/>SA 8AM-2:30PM</p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>ARCE GOMEZ, LAURA</b><br/>License Type: MD<br/>Provider ID: 217488<br/>Provider Gender: Female<br/>License Number: A123604<br/>NPI: 1053532986</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s)<br/>Spoken: Spanish, Tagalog<br/>Cultural Competency: N<br/>Hospital Affiliation: CHULA<br/>VISTA COMM HOSP</p> <p>Board Certified Specialty: No<br/>IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE<br/>CHULA VISTA, CA 91910</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619)<br/>662-4100</p> <p> 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<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>ARCE GOMEZ, LAURA</b></p> | <p>License Type: MD<br/>Provider ID: 217488<br/>Provider Gender: Female<br/>License Number: A123604<br/>NPI: 1053532986</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s)<br/>Spoken: Spanish, Tagalog<br/>Cultural Competency: N<br/>Hospital Affiliation: CHULA<br/>VISTA COMM HOSP</p> <p>Board Certified Specialty: No<br/>IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE<br/>CHULA VISTA, CA 91910</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619)<br/>662-4100</p> <p> 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<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>CAMPOS, MELISSA</b><br/>License Type: MD<br/>Provider ID: 217488<br/>Provider Gender: Female<br/>License Number: A138474<br/>NPI: 1427475318</p> <p> Provider English Spoken: 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](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: 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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
*PROVIDER*

### **FAMILY PRACTICE**



#### **CAMPOS, MELISSA**







*License Type: MD*  
*Provider ID: 217488*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
*PROVIDER*

### **FAMILY PRACTICE**






#### **CHERY, FARAH**

*License Type: MD*  
*Provider ID: 73137*  
*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*  
*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**

*License Type: MD*  
*Provider ID: 39174*  
*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*



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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 8AM-5PM

### **FAMILY PRACTICE**

#### **CHERY, FARAH**


License Type: MD  
 Provider ID: 39174  
 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**


License Type: MD  
 Provider ID: 73137  
 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  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **DY, DIANE**

License Type: MD  
 Provider ID: 39174  
 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**






#### **DY, DIANE**

License Type: MD  
 Provider ID: 39174  
 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

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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

### FAMILY PRACTICE




#### **ELSAYED, MOHAMMED**






License Type: MD  
 Provider ID: 127297  
 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,  
 UCSD MEDICAL CTR  
 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






#### **ELSAYED, MOHAMMED**

License Type: MD  
 Provider ID: 126786  
 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,  
 UCSD MEDICAL CTR  
 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

#### **GARCIA, KARLA**

License Type: MD  
 Provider ID: 217488  
 Provider Gender: Female  
 License Number: A120672  
 NPI: 1154647410  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MEMORIAL  
 HOSPITAL  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 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**

#### **GARCIA, KARLA**


License Type: MD

Provider ID: 217488

Provider Gender: Female

License Number: A120672

NPI: 1154647410

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS MEMORIAL


HOSPITAL


Board Certified Specialty: No  
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**


License Type: MD

Provider ID: 39174

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**

#### **HUBLEY, PAUL**

License Type: MD

Provider ID: 39174

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, KRISTAL**

License Type: MD

Provider ID: 217488

Provider Gender: Female

License Number: A159831

NPI: 1922531250

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

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## C. Directorio de atención primaria

### 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

#### JIMENEZ, KRYSTAL

License Type: MD

Provider ID: 217488

Provider Gender: Female

License Number: A159831

NPI: 1922531250

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

678 3RD 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

#### JOHNSON, DANIEL

License Type: DO

Provider ID: 217488

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

678 3RD 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  
SA 8AM-4PM

### FAMILY PRACTICE

#### JOHNSON, DANIEL

License Type: DO

Provider ID: 217488

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

678 3RD 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  
 SA 8AM-4PM

---

### **FAMILY PRACTICE**



#### **LACH, REBECCA**

**License Type:** MD  
**Provider ID:** 217488  
**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**

#### **LACH, REBECCA**



**License Type:** MD

**Provider ID:** 217488

**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**

#### **LARA, LESLEY**



**License Type:** MD

**Provider ID:** 217488

**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

 678 3RD AVE  
 CHULA VISTA, CA 91910

 **Phone:** (619) 425-6941

 **After Hours Phone:** (619) 425-6941

 **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  
 SA 8AM-4PM

---

### **FAMILY PRACTICE**

#### **LARA, LESLEY**



**License Type:** MD

**Provider ID:** 217488

**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

 678 3RD AVE  
 CHULA VISTA, CA 91910

 **Phone:** (619) 425-6941

 **After Hours Phone:** (619) 425-6941

 **Website:** [www.syhealth.org](http://www.syhealth.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

*/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

### **FAMILY PRACTICE**

#### **LAW, KAREN**


License Type: MD

Provider ID: 217488

Provider Gender: Female

License Number: A138534

NPI: 1205253150

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: CHULA


VISTA COMM HOSP

Board Certified Specialty: No  
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**

#### **LAW, KAREN**


License Type: MD


Provider ID: 217488

Provider Gender: Female

License Number: A138534

NPI: 1205253150

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: CHULA


VISTA COMM HOSP

Board Certified Specialty: No  
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**

#### **MCKENNETT, MARIANNE**


License Type: MD

Provider ID: 217488

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- 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**

#### **MCKENNETT, MARIANNE**

License Type: MD

Provider ID: 217488

Provider Gender: Female

License Number: G57243


NPI: 1376639666

 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 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- medic  
al- plaza*

*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None*


*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*



### **FAMILY PRACTICE**


#### **MENON, POOJA**

*License Type: MD  
Provider ID: 217488  
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- medic  
al- plaza*

*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None*


*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*



### **FAMILY PRACTICE**


#### **MENON, POOJA**

*License Type: MD  
Provider ID: 217488  
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- medic  
al- plaza*

*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None*



*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **MERRILL, SARAH**



*License Type: MD  
Provider ID: 217488  
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- 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**

#### **MERRILL, SARAH**

*License Type: MD*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 ID: 217488  
 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

### **FAMILY PRACTICE**

**MOYA, MARY**  
 License Type: MD  
 Provider ID: 217488  
 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**

**MOYA, MARY**  
 License Type: MD  
 Provider ID: 217488  
 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, CARIE**  
 License Type: MD  
 Provider ID: 217488  
 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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/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**



License Type: MD

Provider ID: 73137

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**

License Type: MD

Provider ID: 217488

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**

**NGUYEN, LINH**

License Type: MD

Provider ID: 73137

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**

**PALOMINO, MARY**

License Type: MD


Provider ID: 217488

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

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## 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

### **FAMILY PRACTICE**

#### **PALOMINO, MARY**

License Type: MD

Provider ID: 217488

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):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **PEDROTTY, JOHN**

License Type: MD

Provider ID: 217488

Provider Gender: Male

License Number: G80234

NPI: 1992861629

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR

Board Certified Specialty: No  
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**

#### **PEDROTTY, JOHN**

License Type: MD

Provider ID: 217488

Provider Gender: Male

License Number: G80234

NPI: 1992861629

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND  
HEALTHCARE CTR

Board Certified Specialty: No  
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

### **FAMILY PRACTICE**

#### **PEREZ, PERLITA**

License Type: MD

Provider ID: 39174

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

 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**

#### **PEREZ, PERLITA**

License Type: MD

Provider ID: 39174

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

 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**

#### **PIEROS, JANELLE**

License Type: DO

Provider ID: 217488

Provider Gender: Female

License Number: 20A13225

NPI: 1386935914

Provider English Spoken: Y


Provider Language(s)  
Spoken: Faroese, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No  
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**

#### **PIEROS, JANELLE**

License Type: DO

Provider ID: 217488

Provider Gender: Female

License Number: 20A13225

NPI: 1386935914

Provider English Spoken: Y


Provider Language(s)  
Spoken: Faroese, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **PINA, RAQUEL**


License Type: MD

Provider ID: 39174

Provider Gender: Female

License Number: A177698

NPI: 1255893368

 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**


#### **PINA, RAQUEL**

License Type: MD

Provider ID: 39174

License Number: A177698

NPI: 1255893368

 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**

#### **PISINGER, PATRICIA**


License Type: MD


Provider ID: 217488

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**

#### **PISINGER, PATRICIA**

License Type: MD


Provider ID: 217488

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

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## C. Directorio de atención primaria


 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

#### **RAHMAN, AKBAR**

License Type: MD

Provider ID: 217488

Provider Gender: Male

License Number: A110134


NPI: 1720314933

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL 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

### FAMILY PRACTICE

#### **RAHMAN, AKBAR**

License Type: MD

Provider ID: 217488

Provider Gender: Male

License Number: A110134


NPI: 1720314933

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL 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

### FAMILY PRACTICE

#### **ROSENBLATT, EUGENE**

License Type: DO

Provider ID: 217488


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):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **ROSENBLATT, EUGENE**

License Type: DO

Provider ID: 217488


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




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## C. Directorio de atención primaria

CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](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**





#### **SERPAS, SHAILA**



License Type: MD  
 Provider ID: 217488  
 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) 662-4100

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**

#### **SERPAS, SHAILA**

License Type: MD  
 Provider ID: 217488  
 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) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)

[/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **SHAHTAJI, ALAN**

License Type: DO  
 Provider ID: 217488  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*

### **FAMILY PRACTICE**

#### **SHAHTAJI, ALAN**


*License Type: DO*

*Provider ID: 217488*

*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**


*License Type: MD*

*Provider ID: 217488*

*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**

#### **SWARTZ, JOHN**

*License Type: MD*

*Provider ID: 217488*

*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*

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 *After Hours Phone: (619) 662-4100*

 *Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **FAMILY PRACTICE**

#### **TALAVERA, GREGORY**

*License Type: MD*

*Provider ID: 217488*

*Provider Gender: Male*

*License Number: A40061*


*NPI: 1740337161*

 *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*  
*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*

### **FAMILY PRACTICE**

#### **TALAVERA, GREGORY**


*License Type: MD*

*Provider ID: 217488*

*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- medic  
al- plaza*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **TEE, ALEXANDRA**

*License Type: MD*

*Provider ID: 217488*

*Provider Gender: Female*

*License Number: A164392*

*NPI: 1881198406*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD*



*MEDICAL CTR, UCSD LA*


*JOLLA JOHN SALLY*

*THORNTON*

*Board Certified Specialty: No*  
*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*

### **FAMILY PRACTICE**

#### **TEE, ALEXANDRA**

*License Type: MD*

*Provider ID: 217488*

*Provider Gender: Female*

*License Number: A164392*

*NPI: 1881198406*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD*



*MEDICAL CTR, UCSD LA*


*JOLLA JOHN SALLY*

*THORNTON*

*Board Certified Specialty: No*  
*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>TOLEDO-NADER, CAROLL</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 217488</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A41486</i><br/> <i>NPI: 1427126648</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 678 3RD AVE<br/>           CHULA VISTA, CA 91910<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p> | <p><i>NPI: 1427126648</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 678 3RD AVE<br/>           CHULA VISTA, CA 91910<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p> | <p><i>MERCY HOSPITAL CHULA VISTA</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 678 3RD AVE<br/>           CHULA VISTA, CA 91910<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p>  |
| <p><b>FAMILY PRACTICE</b></p> <p><b>TOLEDO-NADER, CAROLL</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 217488</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A41486</i></p>  | <p><b>FAMILY PRACTICE</b></p> <p><b>TREJO, RAUL</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 217488</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A77936</i><br/> <i>NPI: 1174534184</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 678 3RD AVE<br/>           CHULA VISTA, CA 91910</p>   | <p><b>FAMILY PRACTICE</b></p> <p><b>TREJO, RAUL</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 217488</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A77936</i><br/> <i>NPI: 1174534184</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 678 3RD AVE<br/>           CHULA VISTA, CA 91910</p> |

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## C. Directorio de atención primaria

 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**


License Type: MD

Provider ID: 217488

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

### FAMILY PRACTICE

#### **VELASQUEZ, SHARON**


License Type: MD

Provider ID: 217488

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

### FAMILY PRACTICE

#### **WEN, AKI**


License Type: DO

Provider ID: 217488

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-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

#### **WEN, AKI**

License Type: DO

Provider ID: 217488

Provider Gender: Male

License Number: 20A12555

NPI: 1205126505

 Provider English Spoken: Y  
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

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

**WHITLEY, NICHOLAS**

License Type: MD

Provider ID: 217488

Provider Gender: Male

License Number: A118250

NPI: 1629394721

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No  
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

**WHITLEY, NICHOLAS**

License Type: MD

Provider ID: 217488

Provider Gender: Male

License Number: A118250

NPI: 1629394721

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No  
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

**YOON, RYAN**

License Type: MD

Provider ID: 217488

Provider Gender: Male

License Number: A114600

NPI: 1942435144

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No  
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

**YOON, RYAN**

License Type: MD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 217488

Provider Gender: Male

License Number: A114600


NPI: 1942435144


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
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

### FQHC

#### CHULA VISTA FAMILY HLTH CTR,

Provider ID: 39174


NPI: 1346480837

 Provider English Spoken: Y  
Cultural Competency: N


FAMILY HEALTH CENTERS OF  
SAN DIEGO


 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

Fax: (619) 397-1161

 After Hours Phone: (619)  
515-2500


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### FQHC

#### CHULA VISTA FAMILY HLTH CTR,


Provider ID: 39174

NPI: 1346480837

 Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

Fax: (619) 397-1161

 After Hours Phone: (619)  
515-2500


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM

### FQHC

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


Provider ID: 73137

NPI: 1083959464

 Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 352 L ST  
CHULA VISTA, CA 91911

 Phone: (619) 515-2325

Fax: (619) 420-0660

 After Hours Phone: (619)  
515-2325


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### FQHC

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


Provider ID: 73137

NPI: 1083959464

 Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 352 L ST  
CHULA VISTA, CA 91911





 Phone: (619) 515-2325

Fax: (619) 420-0660

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 515-2325  
 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  
 Hours: M-F 8AM-5PM

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### FQHC

#### SAN YSIDRO HEALTH CHULA VISTA,




Provider ID: 217488  
 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-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  
 SA 8AM-4PM

---

### FQHC

#### SAN YSIDRO HEALTH CHULA VISTA,




Provider ID: 217488  
 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-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  
 SA 8AM-4PM

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### FQHC

#### SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS,

Provider ID: 307636  
 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

---

### FQHC

#### SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS,

Provider ID: 307636  
 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**  
 License Type: DDS

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 217488

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-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

### GENERAL DENTISTRY

#### **PHAM, QUYNH**

License Type: DDS

Provider ID: 217488

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-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

### GENERAL PRACTICE

#### **SAMI, REMAN**


License Type: DO

Provider ID: 217488

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-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

### GENERAL PRACTICE

#### **SAMI, REMAN**

License Type: DO

Provider ID: 217488

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-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

### HEMATOLOGY / ONCOLOGY

#### **QUIROZ, ELISA**

License Type: MD

Provider ID: 217488

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: A162816

NPI: 1932558301

Provider English Spoken: Y

Provider Language(s)

Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

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

### HEMATOLOGY / ONCOLOGY

#### **QUIROZ, ELISA**

License Type: MD

Provider ID: 217488

Provider Gender: Female

License Number: A162816

NPI: 1932558301

Provider English Spoken: Y

Provider Language(s)

Spoken: Portuguese,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

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

### INFECTIOUS DISEASE

#### **POLESKY, ANDREA**

License Type: MD

Provider ID: 217488

Provider Gender: Female

License Number: G81333

NPI: 1063517365

Provider English Spoken: Y

Provider Language(s)

Spoken: Tongan

Cultural Competency: N

Hospital Affiliation: SANTA

CLARA VALLEY MED CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 425-6941

After Hours Phone: (619)

425-6941

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

SA 8AM-4PM

### INFECTIOUS DISEASE

#### **POLESKY, ANDREA**

License Type: MD

Provider ID: 217488

Provider Gender: Female

License Number: G81333

NPI: 1063517365

Provider English Spoken: Y

Provider Language(s)

Spoken: Tongan

Cultural Competency: N

Hospital Affiliation: SANTA

CLARA VALLEY 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

IHP OF SOUTHERN CAL-PHP

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 425-6941

After Hours Phone: (619)  
425-6941

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  
SA 8AM-4PM

### INTERNAL MEDICINE

**CHEN, TSUH-YIN**

License Type: MD

Provider ID: 217488

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

**CHEN, TSUH-YIN**

License Type: MD

Provider ID: 217488

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**

License Type: DO

Provider ID: 217488

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*

### **INTERNAL MEDICINE**

#### **HAMMETT, ERIN**


*License Type: DO*

*Provider ID: 217488*

*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**


*License Type: DO*

*Provider ID: 217488*

*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, 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*

### **INTERNAL MEDICINE**

#### **KAKAIYA, ROSHNI**

*License Type: DO*

*Provider ID: 217488*

*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, 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*

### **INTERNAL MEDICINE**

#### **KIM, JIUN**

*License Type: MD*

*Provider ID: 217488*

*Provider Gender: Female*

*License Number: C182935*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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-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

#### KIM, JIUN

License Type: MD

Provider ID: 217488

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-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### UWEDJOJEVWE, LETICIA

License Type: MD

Provider ID: 262450

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-F 8AM-5PM

### INTERNAL MEDICINE

#### VELAZQUEZ CAMARENA, MARIA

License Type: MD

Provider ID: 217488

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-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

#### VELAZQUEZ CAMARENA,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### MARIA

License Type: MD

Provider ID: 217488

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-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

#### BUECHNER, CHARLENE

License Type: MD

Provider ID: 39174

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

#### BUECHNER, CHARLENE

License Type: MD

Provider ID: 39174

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

License Type: MD

Provider ID: 39174

Provider Gender: Male

License Number: A113001

NPI: 1225231582

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,  
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  
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**

License Type: MD  
Provider ID: 39174  
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  
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**

License Type: MD  
Provider ID: 39174  
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

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**

#### **CHAKRABARTI, PRIYA**

License Type: MD  
Provider ID: 39174  
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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

*License Type: MD*

*Provider ID: 39174*

*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**

#### **DE MIK, TRAVIS**

*License Type: MD*

*Provider ID: 39174*

*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**


*License Type: MD*

*Provider ID: 39174*

*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*

*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**

*License Type: MD*

*Provider ID: 39174*

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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><i>PROVIDER</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b></p> <p><b>HANLEY, LAUREN</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 39174</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: C174771</i></p> <p><i>NPI: 1053392035</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, Sharp Grossmont Hospital</i></p> <p><i>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 251 LANDIS AVE<br/>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><b><u>OBSTETRICS / GYNECOLOGY</u></b></p> <p><b>HANLEY, LAUREN</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 39174</i></p> <p><i>Provider Gender: Female</i></p> | <p><i>License Number: C174771</i></p> <p><i>NPI: 1053392035</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, Sharp Grossmont Hospital</i></p> <p><i>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 251 LANDIS AVE<br/>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><b><u>OBSTETRICS / GYNECOLOGY</u></b></p> <p><b>LIPSCHITZ, LISA</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 39174</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A72005</i></p> <p><i>NPI: 1649208711</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, SCRIPPS MERCY HOSPITAL,</i></p> | <p><i>CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL</i></p> <p><i>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 251 LANDIS AVE<br/>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> <p> <i>Hours: M-F 8:30AM-5:30PM</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b></p> <p><b>LIPSCHITZ, LISA</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 39174</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A72005</i></p> <p><i>NPI: 1649208711</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, SCRIPPS MERCY HOSPITAL,</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

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

Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MENDEZ, DIEGO**

License Type: MD

Provider ID: 217488

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-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**

#### **MENDEZ, DIEGO**

License Type: MD

Provider ID: 217488

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-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**

#### **SAPRA, SONIA**

License Type: MD

Provider ID: 39174

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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**

#### SAPRA, SONIA

License Type: MD  
Provider ID: 39174  
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

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

License Type: MD  
Provider ID: 217488  
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/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**

#### SEFA-BOAKYE, KOFI

License Type: MD  
Provider ID: 217488  
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/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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

#### SHORT, ABIADE


License Type: MD

Provider ID: 217488

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/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

### OBSTETRICS / GYNECOLOGY

#### SHORT, ABIADE


License Type: MD

Provider ID: 217488

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/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

### OBSTETRICS / GYNECOLOGY

#### STABEN, REBECCA

License Type: DO

Provider ID: 39174

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

#### STABEN, REBECCA

License Type: DO

Provider ID: 39174

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

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

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**

License Type: DO

Provider ID: 217488

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

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

### **OBSTETRICS / GYNECOLOGY**

**TRUJILLO, JENNIFER**

License Type: DO

Provider ID: 217488

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

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

### **OBSTETRICS / GYNECOLOGY**

**ZIEG, ALAN**

License Type: MD

Provider ID: 39174

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

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## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### OBSTETRICS / GYNECOLOGY

#### **ZIEG, ALAN**

*License Type: MD*

*Provider ID: 39174*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### OPHTHALMOLOGY

#### **PAPASTERGIOU, GEORGIOS**

*License Type: MD*

*Provider ID: 217488*

*Provider Gender: Male*

*License Number: A127706*

*NPI: 1790054393*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Arabic, Farsi, French, Italian, Modern Greek, 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- 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*

### OPHTHALMOLOGY

#### **PAPASTERGIOU, GEORGIOS**

*License Type: MD*

*Provider ID: 217488*

*Provider Gender: Male*

*License Number: A127706*

*NPI: 1790054393*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Arabic, Farsi, French, Italian, Modern Greek, 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- 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>OPHTHALMOLOGY</b>   |   |
|--|---|
| <p><b>PONS, MAURICIO</b><br/> License Type: MD<br/> Provider ID: 217488<br/> Provider Gender: Male<br/> License Number: A87650<br/> NPI: 1376723759</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s) Spoken: Spanish<br/> Cultural Competency: N<br/> Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL<br/> Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE<br/> CHULA VISTA, CA 91910<br/>  Phone: (619) 662-4100<br/>  After Hours Phone: (619) 662-4100<br/>  Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a><br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0\None<br/> American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p>Provider ID: 217488<br/> Provider Gender: Male<br/> License Number: A87650<br/> NPI: 1376723759</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s) Spoken: Spanish<br/> Cultural Competency: N<br/> Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL<br/> Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE<br/> CHULA VISTA, CA 91910<br/>  Phone: (619) 662-4100<br/>  After Hours Phone: (619) 662-4100<br/>  Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a><br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0\None<br/> American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> |
| <b>OPHTHALMOLOGY</b>   |   |
| <p><b>PONS, MAURICIO</b><br/> License Type: MD</p>   | <p>Provider ID: 217488<br/> Provider Gender: Male<br/> License Number: A120584</p>  |
|  | <p>NPI: 1285888628</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s) Spoken: Arabic, Spanish<br/> Cultural Competency: N<br/> Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL<br/> Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE<br/> CHULA VISTA, CA 91910<br/>  Phone: (619) 662-4100<br/>  After Hours Phone: (619) 662-4100<br/>  Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a><br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0\None<br/> American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>   |
| <b>OPHTHALMOLOGY</b>   |   |
| <p><b>SKAF, AYHAM</b><br/> License Type: MD</p>  | <p>Provider ID: 217488<br/> Provider Gender: Male<br/> License Number: A120584</p>  |
|  | <p>NPI: 1285888628</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s) Spoken: Arabic, Spanish</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

*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


*License Type: MD*  
*Provider ID: 204613*  
*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

*License Type: MD*  
*Provider ID: 202519*  
*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 8:30AM-5:30PM*


### PEDIATRICS

#### BARBADILLO, FERDINAND


*License Type: MD*  
*Provider ID: 265352*  
*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


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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 9AM-5PM

### **PEDIATRICS**


#### **BROUDY, ABRAHAM**

License Type: MD  
 Provider ID: 204506  
 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**

License Type: MD  
 Provider ID: 204392  
 Provider Gender: Female  
 NPI: 1346211554


Provider English Spoken: Y  
 Provider Language(s) Spoken: Modern 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**

License Type: MD  
 Provider ID: 204390  
 Provider Gender: Male  
 NPI: 1053382176


Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 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


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## C. Directorio de atención primaria

American Sign Language (ASL): Provider ID: 217488

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### PEDIATRICS

#### DONG, TAMMY


License Type: MD

Provider ID: 217488

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-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


#### DONG, TAMMY

License Type: MD

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-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


#### DORINGO, ELAINIE

License Type: MD

Provider ID: 204936

Provider Gender: Female

NPI: 1013005636

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: 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, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER

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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### PEDIATRICS

#### FLETCHER, EMILY

License Type: MD

Provider ID: 204524

Provider Gender: Female







NPI: 1780935940

 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

*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  
 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\18  
American Sign Language (ASL):  
N*  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM



### **PEDIATRICS**

#### **FLORES, ERNEST**

*License Type: MD  
Provider ID: 303789  
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\18  
American Sign Language (ASL):  
N*

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-12PM

### **PEDIATRICS**





#### **FRESNO, BLANCA**

*License Type: MD  
Provider ID: 204716  
Provider Gender: Female  
NPI: 1346258787*  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
*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**

*License Type: MD  
Provider ID: 204691  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 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

### PEDIATRICS

#### **GARCIA, RAFAEL**

License Type: MD

Provider ID: 204939

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

 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**

License Type: MD

Provider ID: 307636

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

#### **GHAHREMANI, SIMIN**

License Type: MD

Provider ID: 302740

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>GHAHREMANI, SIMIN</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 307636</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: C51110</i><br/> <i>NPI: 1508904657</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Faroese, Farsi</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 280 E ST<br/>           CHULA VISTA, CA 91910<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: www.syhealth.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\21</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i></p> | <p><i>Provider Gender: Female</i><br/> <i>NPI: 1558716845</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: Yes</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 865 3RD AVE STE 101<br/>           CHULA VISTA, CA 91911<br/> <i>Phone: (619) 426-7910</i><br/> <i>Fax: (619) 426-2337</i><br/> <i>After Hours Phone: (619) 426-7910</i><br/> <i>Website: N/A</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\19</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i></p> | <p><b>SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER</b><br/> <i>Board Certified Specialty: No</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 280 E ST<br/>           CHULA VISTA, CA 91910<br/> <i>Phone: (619) 662-4100</i><br/> <i>Fax: (619) 426-2170</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: www.syhealth.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\21</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p>  |
| <p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>HOLLICK, NATALIE</b><br/> <i>License Type: DO</i><br/> <i>Provider ID: 261027</i></p>  | <p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>ISAIAS, AGNELA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 307636</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A82912</i><br/> <i>NPI: 1790772572</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: GROSSMONT HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER</i><br/> <i>Board Certified Specialty: No</i></p>   | <p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>ISAIAS, AGNELA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 307636</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A82912</i><br/> <i>NPI: 1790772572</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: GROSSMONT HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER</i><br/> <i>Board Certified Specialty: No</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

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

### PEDIATRICS

**JACOBS-KLEISLI, MILAGROS**

License Type: DO

Provider ID: 261028

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\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-12PM

### PEDIATRICS

**KORSAND, SID**

License Type: MD

Provider ID: 307636

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

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

**KORSAND, SID**

License Type: MD

Provider ID: 307636

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

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

**KORSAND, SID**

License Type: MD

Provider ID: 302755


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: 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

#### **MCPMAHON, SHARON**

License Type: DO

Provider ID: 302425

Provider Gender: Female

NPI: 1487279246


 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-12PM

### PEDIATRICS


#### **MISTRY, CHETAN**

License Type: MD

Provider ID: 204842

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\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **MOSQUERA, DIANA**

License Type: MD

Provider ID: 204643

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

 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*

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### **PEDIATRICS**



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#### **MOSQUERA, DIANA**

*License Type: MD*  
*Provider ID: 262367*  
*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*

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### **PEDIATRICS**



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#### **NGUYEN, TRUC**

*License Type: MD*  
*Provider ID: 204837*  
*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*

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### **PEDIATRICS**

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#### **OIRA, VICTORIA**



*License Type: MD*  
*Provider ID: 205035*

*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*

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### **PEDIATRICS**

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#### **PIANSAY, MARIA CORAZON**

*License Type: MD*  
*Provider ID: 217488*  
*Provider Gender: Female*  
*License Number: A93785*  
*NPI: 1669680351*


*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, 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  
 Accessibility: CONTACT  
 PROVIDER

### **PEDIATRICS**







#### **PIANSAY, MARIA CORAZON**



License Type: MD  
 Provider ID: 217488  
 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  
 Accessibility: CONTACT  
 PROVIDER

### **PEDIATRICS**



#### **ROWHANI, NAGHMEH**

License Type: MD  
 Provider ID: 307636  
 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](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**

#### **ROWHANI, NAGHMEH**

License Type: MD  
 Provider ID: 307636  
 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](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**

#### **SALAZAR, JUANITA**

License Type: MD

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## C. Directorio de atención primaria

Provider ID: 39174  
 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**

#### **SALAZAR, JUANITA**

License Type: MD  
 Provider ID: 39174  
 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**

License Type: MD  
 Provider ID: 206254  
 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**


License Type: MD  
 Provider ID: 217488  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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



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

### PEDIATRICS




#### SHETH, HASMUKH






License Type: MD  
Provider ID: 217488  
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

 678 3RD 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

License Type: MD  
Provider ID: 204502  
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

License Type: MD  
Provider ID: 204644  
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

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## C. Directorio de atención primaria

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**

License Type: MD

Provider ID: 204417

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\18

American Sign Language (ASL): Provider ID: 73137

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PHYSICIANS ASSISTANT

#### **BALDONADO, ANALICIA**



License Type: PA

Provider ID: 73137

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

#### **BALDONADO, ANALICIA**

License Type: PA

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**

License Type: PA


Provider ID: 217488

Provider Gender: Female

License Number: PA54404

NPI: 1679008379

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Russian,  
Spanish

Cultural Competency: N



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## C. Directorio de atención primaria

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  
 Hours: M-F 8AM-5PM




### **PHYSICIANS ASSISTANT**


#### **INDA, PRISCILLA**

License Type: PA  
Provider ID: 217488  
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-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


### **PHYSICIANS ASSISTANT**

#### **MENDEZ, JESUS**


License Type: PA  
Provider ID: 217488  
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-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

### **PHYSICIANS ASSISTANT**

#### **MENDEZ, JESUS**

License Type: PA  
Provider ID: 217488  
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-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

### **PHYSICIANS ASSISTANT**

#### **QUICK, ELISABETH**


License Type: PA  
Provider ID: 39174  
Provider Gender: Female  
License Number: PA21591

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## C. Directorio de atención primaria

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](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**


License Type: PA

Provider ID: 39174

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **REVELES, DIANA**


License Type: PA

Provider ID: 73137

Provider Gender: Female

License Number: PA19306

NPI: 1548455405

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **REVELES, DIANA**

License Type: PA

Provider ID: 73137

Provider Gender: Female

License Number: PA19306

NPI: 1548455405

 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](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**

License Type: DPM

Provider ID: 217488

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788

 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  
 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

### PODIATRIST

#### **MANCHEL, BRUCE**


License Type: DPM

Provider ID: 217488

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 N

 678 3RD 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

### PODIATRIST

#### **SCHNEIDER, SARAH**

License Type: DPM

Provider ID: 39174

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

 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):

 Accessibility: CONTACT PROVIDER

### PODIATRIST

#### **SCHNEIDER, SARAH**


License Type: DPM

Provider ID: 39174

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

 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

### REGISTERED PHYSICAL

### THERAPIST

#### **AMAYA, RICARDO**

License Type: PT

Provider ID: 39174

Provider Gender: Male

License Number: PT37189


NPI: 1437445566

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*  
*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**

#### **AMAYA, RICARDO**

*License Type: PT*  
*Provider ID: 39174*  
*Provider Gender: Male*  
*License Number: PT37189*  
*NPI: 1437445566*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

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 *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**

#### **AVILES, LEAH**

*License Type: PT*  
*Provider ID: 39174*  
*Provider Gender: Female*  
*License Number: PT298792*  
*NPI: 1548867419*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 251 LANDIS AVE  
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 *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*



---


### **REGISTERED PHYSICAL THERAPIST**

#### **AVILES, LEAH**

*License Type: PT*  
*Provider ID: 39174*  
*Provider Gender: Female*  
*License Number: PT298792*  
*NPI: 1548867419*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
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 *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*

---

### **REGISTERED PHYSICAL THERAPIST**

#### **CUMMINGS, GEORGE**

*License Type: PT*  
*Provider ID: 39174*  
*Provider Gender: Male*  
*License Number: PT295173*  
*NPI: 1497236384*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*

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## C. Directorio de atención primaria

### 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

#### REGISTERED PHYSICAL THERAPIST

### CUMMINGS, GEORGE

License Type: PT  
Provider ID: 39174  
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

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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

#### REGISTERED PHYSICAL THERAPIST

### GEORGE, JENNIFER

License Type: PT  
Provider ID: 39174  
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](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

#### REGISTERED PHYSICAL THERAPIST

#### THERAPIST

### GEORGE, JENNIFER

License Type: PT  
Provider ID: 39174  
Provider Gender: Female  
License Number: PT294245  
NPI: 1215402177

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No  
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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

#### REGISTERED PHYSICAL THERAPIST

### GONZALES, MICHELLE




License Type: PT  
Provider ID: 39174  
Provider Gender: Female  
License Number: PT291706  
NPI: 1548714652





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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*

### **REGISTERED PHYSICAL THERAPIST**

**GONZALES, MICHELLE**  
*License Type: PT*  
*Provider ID: 39174*  
*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  
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 *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**

**MIGNEA, DAVID**  
*License Type: PT*  
*Provider ID: 39174*  
*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**

**MIGNEA, DAVID**  
*License Type: PT*  
*Provider ID: 39174*  
*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**  
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 *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**  
*License Type: PT*  
*Provider ID: 39174*  
*Provider Gender: Female*  
*License Number: PT292823*  
*NPI: 1770025595*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*



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## C. Directorio de atención primaria




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



### REGISTERED PHYSICAL THERAPIST

**RODRIGUEZ, CASSANDRA**  
 License Type: PT  
 Provider ID: 39174  
 Provider Gender: Female  
 License Number: PT292823  
 NPI: 1770025595  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO


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 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







### RHEUMATOLOGY

**REDDY, DANA**  
 License Type: MD  
 Provider ID: 217488  
 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](http://www.syhealth.org/clinics/chula-vista-medic)  
 /clinics/chula- vista- medic

al- plaza  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### RHEUMATOLOGY

**REDDY, DANA**  
 License Type: MD  
 Provider ID: 217488  
 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](http://www.syhealth.org/clinics/chula-vista-medic)  
 /clinics/chula- vista- medic  
 al- plaza

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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: SP18192

N

 Accessibility: CONTACT PROVIDER

### **SPEECH PATHOLOGIST**

#### **CABADING, DOREEN**

License Type: SP

Provider ID: 217488

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-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

### **SPEECH PATHOLOGIST**

#### **CABADING, DOREEN**

License Type: SP

Provider ID: 217488

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-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

## **EL CAJON**

### **CERTIFIED NURSE PRACTITIONER**

#### **BELEN, NEZER**

License Type: NP

Provider ID: 107522

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](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**

#### **BELEN, NEZER**

License Type: NP

Provider ID: 107522

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

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515-2498

 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):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

**DRISCOLL, SUSAN**


License Type: NP

Provider ID: 287227

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](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

### CERTIFIED NURSE

### PRACTITIONER

**DRISCOLL, SUSAN**


License Type: NP

Provider ID: 287227

Provider Gender: Female

License Number: NP95012943

NPI: 1477755684


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
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 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

### CERTIFIED NURSE PRACTITIONER

**GARCIA, JOHNNY**


License Type: NP

Provider ID: 107522

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](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

**GARCIA, JOHNNY**

License Type: NP

Provider ID: 107522

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

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EL CAJON, CA 92020


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## C. Directorio de atención primaria

 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

### CERTIFIED NURSE PRACTITIONER



#### **HAMID, WAHIDA**


License Type: NP  
 Provider ID: 287227  
 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](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



#### **HAMID, WAHIDA**


License Type: NP  
 Provider ID: 287227  
 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

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 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



#### **HARPEL, SHERYL**


License Type: NP  
 Provider ID: 287227  
 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](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



### CERTIFIED NURSE PRACTITIONER

#### **HARPEL, SHERYL**

License Type: NP  
 Provider ID: 287227  
 Provider Gender: Female  
 License Number: NP95009329  
 NPI: 1780177147

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

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 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.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

### CERTIFIED NURSE PRACTITIONER

#### **KELLOGG, KRISTEN**


License Type: NP

Provider ID: 107522

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

#### **KELLOGG, KRISTEN**


License Type: NP

Provider ID: 107522

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**


License Type: NP

Provider ID: 25729

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

#### **LEONARD, BEVERLY**

License Type: NP


Provider ID: 25729

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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) 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


#### **LU, TAMMY**

License Type: NP  
 Provider ID: 25729  
 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](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


#### **LU, TAMMY**

License Type: NP  
 Provider ID: 25729  
 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](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


#### **MANGENE, CYNTHIA**

License Type: NP  
 Provider ID: 25729  
 Provider Gender: Female  
 License Number: NP6782  
 NPI: 1548292626


 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

 Hours: M-F  
 8:30AM-5:30PM



### CERTIFIED NURSE PRACTITIONER

#### **MANGENE, CYNTHIA**

License Type: NP  
 Provider ID: 25729  
 Provider Gender: Female  
 License Number: NP6782  
 NPI: 1548292626

 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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**

License Type: NP  
 Provider ID: 36508  
 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

---

#### **OCHOA, ERLINDA**

License Type: NP  
 Provider ID: 110598  
 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**

License Type: NP

Provider ID: 36508  
 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

---

#### **OCHOA, ERLINDA**

License Type: NP  
 Provider ID: 110598  
 Provider Gender: Female  
 License Number: NP4430  
 NPI: 1346437464  
 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*  
**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**

#### **ODA, THAGHAR**

License Type: *NPF*  
 Provider ID: *107522*  
 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**

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**

License Type: *NPF*  
 Provider ID: *107522*  
 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**

License Type: *NPF*  
 Provider ID: *107522*  
 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**

License Type: *NPF*  
 Provider ID: *107522*  
 Provider Gender: *Female*  
 License Number: *RN810863*  
 NPI: *1063835692*

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## C. Directorio de atención primaria



 *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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

#### **OLVERA, LUISA**

*License Type: NP*  
*Provider ID: 313072*  
*Provider Gender: Female*  
*License Number: NP95001710*  
*NPI: 1598161309*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR*  
*Board Certified Specialty: No*  
**DAP HEALTH INC**  
 133 W MAIN ST


EL CAJON, CA 92020  
 *Phone: (619) 873-8940*  
*Fax: (619) 401-0522*  
 *After Hours Phone: (619) 873-8940*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**

#### **OLVERA, LUISA**

*License Type: NP*  
*Provider ID: 313072*  
*Provider Gender: Female*  
*License Number: NP95001710*  
*NPI: 1598161309*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR*  
*Board Certified Specialty: No*  
**DAP HEALTH INC**  
 133 W MAIN ST  
 EL CAJON, CA 92020  
 *Phone: (619) 873-8940*  
*Fax: (619) 401-0522*  
 *After Hours Phone: (619) 873-8940*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **CERTIFIED NURSE PRACTITIONER**


#### **REAL, MARIA**

*License Type: NP*  
*Provider ID: 36508*  
*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*  
*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  
 SA 8:30AM-2PM

### CERTIFIED NURSE PRACTITIONER

#### **REAL, MARIA**

License Type: NP  
 Provider ID: 36508  
 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)  
 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**







License Type: NP  
 Provider ID: 287227  
 Provider Gender: Female  
 License Number: NP95022460  
 NPI: 1477218121  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: 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](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

#### **REGEV, SHANEE**





License Type: NP  
 Provider ID: 287227  
 Provider Gender: Female  
 License Number: NP95022460

NPI: 1477218121

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: 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](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**

License Type: NP  
 Provider ID: 36508  
 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

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## C. Directorio de atención primaria

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


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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-5:30PM  
SA 8:30AM-2PM

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**REID, EMILY**

License Type: NP

Provider ID: 36508

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

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**SMITH, SHARON**



License Type: NP

Provider ID: 107522

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

 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**

License Type: NP

Provider ID: 107522

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**

---

**SMITH, SHARON**

License Type: NP


Provider ID: 107522

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 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**

License Type: NP  
 Provider ID: 107522  
 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

 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**

License Type: NP  
 Provider ID: 25729  
 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



**SWAN, MELANIE**  
 License Type: NP

Provider ID: 25729  
 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

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 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**

License Type: NP  
 Provider ID: 36508  
 Provider Gender: Female  
 License Number: NP95001961  
 NPI: 1932452323

 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  
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

### CERTIFIED NURSE PRACTITIONER

#### VERDUZCO GONZALEZ, AURORA

License Type: NP  
Provider ID: 36508  
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

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

#### VILLANUEVA DE GUTIE, BERENICE

License Type: NP  
Provider ID: 36508  
Provider Gender: Female  
License Number: NP95002188  
NPI: 1952795536

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

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

#### VILLANUEVA DE GUTIE, BERENICE

License Type: NP  
Provider ID: 36508  
Provider Gender: Female  
License Number: NP95002188  
NPI: 1952795536

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

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

License Type: NP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 ID: 36508  
 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

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, BREAHA**

License Type: NP  
 Provider ID: 36508  
 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

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**

License Type: NP  
 Provider ID: 107522  
 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  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **WILLIAMS, TAKISHA**

License Type: NP  
 Provider ID: 107522  
 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  
 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 align="center"><b>CERTIFIED REGISTERED<br/>NURSE MIDWIFE</b></p>  | <p>NPI: 1255489571<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD<br/>           MEDICAL CTR<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>  525 E MAIN ST<br/>           EL CAJON, CA 92020<br/>  Phone: (619) 515-2498<br/>  After Hours Phone: (619)<br/>           515-2498<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER</p>  | <p> After Hours Phone: (619)<br/>           795-5983<br/>  Website: www.lamaestra.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER<br/>  Hours: M-F<br/>           8:30AM-5:30PM</p>   |
| <p><b>CORRY, ANDREA</b><br/>           License Type: CRNM<br/>           Provider ID: 107522<br/>           Provider Gender: Female<br/>           License Number: NM1721<br/>           NPI: 1255489571<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD<br/>           MEDICAL CTR<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>  525 E MAIN ST<br/>           EL CAJON, CA 92020<br/>  Phone: (619) 515-2498<br/>  After Hours Phone: (619)<br/>           515-2498<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER</p> | <p align="center"><b>CHIROPRACTOR</b></p> <p><b>HOURIHAN, KEITH</b><br/>           License Type: DC<br/>           Provider ID: 110598<br/>           Provider Gender: Male<br/>           License Number: DC29314<br/>           NPI: 1306916994<br/>  Provider English Spoken: Y<br/>  Provider Language(s)<br/>           Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           LA MAESTRA FAMILY CLINIC<br/>  1032 BROADWAY<br/>           EL CAJON, CA 92021<br/>  Phone: (619) 795-5983<br/>  After Hours Phone: (619)<br/>           795-5983<br/>  Website: www.lamaestra.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER</p> | <p align="center"><b>CHIROPRACTOR</b></p> <p><b>HOURIHAN, KEITH</b><br/>           License Type: DC<br/>           Provider ID: 110598<br/>           Provider Gender: Male<br/>           License Number: DC29314<br/>           NPI: 1306916994<br/>  Provider English Spoken: Y<br/>  Provider Language(s)<br/>           Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           LA MAESTRA FAMILY CLINIC<br/>  1032 BROADWAY<br/>           EL CAJON, CA 92021<br/>  Phone: (619) 795-5983<br/>  After Hours Phone: (619)<br/>           795-5983<br/>  Website: www.lamaestra.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER</p> |
| <p align="center"><b>CERTIFIED REGISTERED<br/>NURSE MIDWIFE</b></p>  | <p><b>CORRY, ANDREA</b><br/>           License Type: CRNM<br/>           Provider ID: 107522<br/>           Provider Gender: Female<br/>           License Number: NM1721</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



**PROVIDER**  
 Hours: M-F  
 8:30AM-5:30PM

---

### **CHIROPRACTOR**

#### **SOSA, DAVID**

License Type: DC  
 Provider ID: 107522  
 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**

License Type: DC  
 Provider ID: 107522  
 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**

License Type: DC  
 Provider ID: 25729  
 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**

#### **SOSA, DAVID**

License Type: DC  
 Provider ID: 25729  
 Provider Gender: Male  
 License Number: DC33150  
 NPI: 1013308675  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
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 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**

License Type: DC  
 Provider ID: 107522  
 Provider Gender: Female  
 License Number: DC33869  
 NPI: 1174059760

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

### **CHIROPRACTOR**

**UY, ASHLEY**

License Type: DC


Provider ID: 107522

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  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

### **ENDOCRINOLOGY METABOLISM DIABETES**

**ISLAM, JULIE**


License Type: MD


Provider ID: 107522

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: (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

### **ENDOCRINOLOGY METABOLISM DIABETES**

**ISLAM, JULIE**

License Type: MD


Provider ID: 107522

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: (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

### **ENDOCRINOLOGY METABOLISM DIABETES**





**NAGELBERG, JODI**



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

License Type: MD  
 Provider ID: 107522  
 Provider Gender: Female  
 License Number: A146838  
 NPI: 1720474141

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 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](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

### ENDOCRINOLOGY



#### METABOLISM DIABETES

#### **NAGELBERG, JODI**

License Type: MD  
 Provider ID: 107522  
 Provider Gender: Female  
 License Number: A146838  
 NPI: 1720474141

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 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](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

#### **AL ANI, NAJWAN**

License Type: MD  
 Provider ID: 107522  
 Provider Gender: Female  
 License Number: A144974  
 NPI: 1275948473

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

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

#### **AL ANI, NAJWAN**

License Type: MD  
 Provider ID: 107522  
 Provider Gender: Female  
 License Number: A144974  
 NPI: 1275948473

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): NPI: 1316310840

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

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### FAMILY PRACTICE

---

#### ALGHAMDI, ASMA


License Type: MD





Provider ID: 287227

Provider Gender: Female

License Number: A167529

NPI: 1316310840

 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

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### FAMILY PRACTICE

---


#### ALGHAMDI, ASMA

License Type: MD


Provider ID: 287227

Provider Gender: Female

License Number: A167529

 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

---

#### BROWN, BRANDON



License Type: MD

Provider ID: 107522

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


 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

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### FAMILY PRACTICE

---

#### BROWN, BRANDON



License Type: MD

Provider ID: 107522

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  
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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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
SA 8:30AM-5:30PM

---

### **FAMILY PRACTICE**


---


#### **BRUHN, JOSHUA**

License Type: MD  
Provider ID: 107522  
Provider Gender: Male  
License Number: A186694  
NPI: 1447888284  
 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**

---

#### **BRUHN, JOSHUA**

License Type: MD  
Provider ID: 107522  
Provider Gender: Male


License Number: A186694


NPI: 1447888284


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
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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**

---


#### **CORMAN, DANIEL**


License Type: DO  
Provider ID: 107522  
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

 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



---

### **FAMILY PRACTICE**

---


#### **CORMAN, DANIEL**


License Type: DO  
Provider ID: 107522  
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

 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

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## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

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### FAMILY PRACTICE

#### DOMINGUEZ, DENNIS


*License Type: MD*

*Provider ID: 287227*

*Provider Gender: Male*

*License Number: G43179*

*NPI: 1225063811*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL, SCRIPPS MEMORIAL*

*HOSPITAL*

*Board Certified Specialty: No 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

#### DOMINGUEZ, DENNIS


*License Type: MD*

*Provider ID: 287227*

*Provider Gender: Male*

*License Number: G43179*

*NPI: 1225063811*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation:*


*GROSSMONT HOSPITAL, SCRIPPS MEMORIAL*

*HOSPITAL*

*Board Certified Specialty: No 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

#### GHAFAARI, DAUOD


*License Type: MD*


*Provider ID: 313072*

*Provider Gender: Male*

*License Number: A98486*

*NPI: 1053417691*


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Farsi, Persian, Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No DAP HEALTH INC*

 *133 W MAIN ST EL CAJON, CA 92020*

 *Phone: (619) 873-8940*

*Fax: (619) 401-0522*

 *After Hours Phone: (619) 873-8940*


 *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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### FAMILY PRACTICE

#### GHAFAARI, DAUOD

*License Type: MD*


*Provider ID: 313072*

*Provider Gender: Male*

*License Number: A98486*

*NPI: 1053417691*


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Farsi, Persian, Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No DAP HEALTH INC*

 *133 W MAIN ST EL CAJON, CA 92020*

 *Phone: (619) 873-8940*



*Fax: (619) 401-0522*

 *After Hours Phone: (619) 873-8940*

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## C. Directorio de atención primaria

 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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### **FAMILY PRACTICE**

#### **GORDON, CHRISTOPHER**

License Type: MD  
 Provider ID: 107522  
 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**

#### **GORDON, CHRISTOPHER**

License Type: MD  
 Provider ID: 107522  
 Provider Gender: Male  
 License Number: A83390  
 NPI: 1477711521  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
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 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

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### **FAMILY PRACTICE**

#### **HASTANAN, CAROL**


License Type: MD  
 Provider ID: 25729  
 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**

#### **HASTANAN, CAROL**

License Type: MD  
 Provider ID: 25729  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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>HODGKIN, EDWARD</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 107522</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A177445</i><br/> <i>NPI: 1922619766</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 525 E MAIN ST<br/>           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><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM</i></p> | <p><i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 525 E MAIN ST<br/>           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><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM</i></p>   | <p>662-4100</p> <p> <i>Website: www.syhealth.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>  |
| <p><b>FAMILY PRACTICE</b></p> <p><b>HODGKIN, EDWARD</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 107522</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A177445</i><br/> <i>NPI: 1922619766</i></p> <p> <i>Provider English Spoken: Y</i></p>  | <p><b>FAMILY PRACTICE</b></p> <p><b>KASAWA, JOHN</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 287227</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A79338</i><br/> <i>NPI: 1134230329</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic, Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 875 EL CAJON BLVD<br/>           EL CAJON, CA 92020</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> | <p><b>FAMILY PRACTICE</b></p> <p><b>KASAWA, JOHN</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 287227</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A79338</i><br/> <i>NPI: 1134230329</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic, Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 875 EL CAJON BLVD<br/>           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><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> |
|   | <p><b>FAMILY PRACTICE</b></p> <p><b>KASAWA, JOHN</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 287227</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A79338</i><br/> <i>NPI: 1134230329</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic, Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 875 EL CAJON BLVD<br/>           EL CAJON, CA 92020</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> | <p><b>FAMILY PRACTICE</b></p>   |

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## C. Directorio de atención primaria

### MANDOYAN, AUSTIN


License Type: MD

Provider ID: 107522

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


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**

### MANDOYAN, AUSTIN


License Type: MD

Provider ID: 107522

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


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

License Type: MD


Provider ID: 287227

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**

### NASSIR, BASSAM

License Type: MD

Provider ID: 287227

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):

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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>FAMILY PRACTICE</b></p> <hr/> <p><b>NIAZI, HARRIS</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 107522</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A146111</i></p> <p><i>NPI: 1174905871</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Farsi</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<br/>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 SA 8:30AM-5:30PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>NIAZI, HARRIS</b></p> <p><i>License Type: MD</i></p> | <p><i>Provider ID: 107522</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A146111</i></p> <p><i>NPI: 1174905871</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Farsi</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<br/>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 SA 8:30AM-5:30PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>PUTRUS, RAMIZ</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 308887</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A68184</i></p> <p><i>NPI: 1144300534</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>LA MAESTRA FAMILY CLINIC</i></p> <p> 181 REA AVE<br/>EL CAJON, CA 92020</p> <p> <i>Phone: (619) 312-0347</i></p> <p> <i>After Hours Phone: (619) 312-0347</i></p> <p> <i>Website: www.lamaestra.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>PUTRUS, RAMIZ</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 36508</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A68184</i></p> <p><i>NPI: 1144300534</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>LA MAESTRA FAMILY CLINIC</i></p> <p> 165 S 1ST ST<br/>EL CAJON, CA 92019</p> <p> <i>Phone: (619) 312-0347</i></p> <p> <i>After Hours Phone: (619) 312-0347</i></p> <p> <i>Website: www.lamaestra.org</i></p> <p><i>Medi-Cal Open Panel: Yes</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

Min/Max Age: 0\None

American Sign Language (ASL): License Number: A68184

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **PUTRUS, RAMIZ**


License Type: MD

Provider ID: 36508

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

 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): License Number: A176144

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **PUTRUS, RAMIZ**


License Type: MD

Provider ID: 308887

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): License Number: A176144

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **RODRIGUEZ, LOUIE**


License Type: MD

Provider ID: 107522

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): License Number: A176144

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **RODRIGUEZ, LOUIE**

License Type: MD

Provider ID: 107522

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): License Number: A176144

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8:30AM-5:30PM</p>   | <p> Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p>  | <p>Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p>   |
| <hr/>   |  |   |
| <b>FAMILY PRACTICE</b>  |  |   |
| <hr/>   |  |   |
| <p><b>SALEM, RAMSEY</b><br/>           License Type: MD<br/>           Provider ID: 287227<br/>           Provider Gender: Male<br/>           License Number: A158364<br/>           NPI: 1245401298<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p>   | <p> 875 EL CAJON BLVD<br/>           EL CAJON, CA 92020<br/>  Phone: (619) 662-4100<br/>  After Hours Phone: (619) 662-4100<br/>  Website: <a href="http://www.syhealth.org">www.syhealth.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>   | <p> Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8:30AM-5:30PM</p>  |
| <hr/>   |  |   |
| <b>FAMILY PRACTICE</b>  |  |   |
| <hr/>   |  |   |
| <p><b>SALEM, RAMSEY</b><br/>           License Type: MD<br/>           Provider ID: 287227<br/>           Provider Gender: Male<br/>           License Number: A158364<br/>           NPI: 1245401298<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> | <p> 875 EL CAJON BLVD<br/>           EL CAJON, CA 92020<br/>  Phone: (619) 662-4100<br/>  After Hours Phone: (619) 662-4100<br/>  Website: <a href="http://www.syhealth.org">www.syhealth.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>   | <p><b>SCHUMAKER, EDWARD</b><br/>           License Type: DO<br/>           Provider ID: 36508<br/>           Provider Gender: Male<br/>           License Number: 20A6433<br/>           NPI: 1184616872<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           LA MAESTRA FAMILY CLINIC</p>   |
| <hr/>   |  |   |
| <b>FAMILY PRACTICE</b>  |  |   |
| <hr/>   |  |   |
| <p><b>SALEM, RAMSEY</b><br/>           License Type: MD<br/>           Provider ID: 287227<br/>           Provider Gender: Male<br/>           License Number: A158364<br/>           NPI: 1245401298</p>   | <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           LA MAESTRA FAMILY CLINIC</p> <p> 1032 BROADWAY<br/>           EL CAJON, CA 92021<br/>  Phone: (619) 795-5991<br/>  After Hours Phone: (619) 795-5991<br/>  Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a><br/>           Medi-Cal Open Panel: Yes</p> | <p> 165 S 1ST ST<br/>           EL CAJON, CA 92019<br/>  Phone: (619) 312-0347<br/>  After Hours Phone: (619) 312-0347<br/>  Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> |
| <hr/>   |  |   |
| <b>FAMILY PRACTICE</b>  |  |   |
| <hr/>   |  |   |
| <b>SCHUMAKER, EDWARD</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

License Type: DO

Provider ID: 36508

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**

License Type: DO

Provider ID: 110598

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### FQHC

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


Provider ID: 25729

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### PROVIDER

### FQHC

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


Provider ID: 25729

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FQHC

#### **DAP HEALTH-CENTRO MEDICO EL CAJON,**


Provider ID: 313072

NPI: 1154480069

Provider English Spoken: Y  
Cultural Competency: N

DAP HEALTH INC

 133 W MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 873-8940

Fax: (619) 401-0522

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 873-8940

🌐 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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#### DAP HEALTH-CENTRO

#### MEDICO EL CAJON,

Provider ID: 313072

NPI: 1154480069

☑ Provider English Spoken: Y  
Cultural Competency: N

DAP HEALTH INC

📍 133 W MAIN ST

EL CAJON, CA 92020

☎ Phone: (619) 873-8940

Fax: (619) 401-0522

☎ After Hours Phone: (619) 873-8940

🌐 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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#### FAMILY HLTH CTR SAN

#### DIEGO-EL CAJON,

Provider ID: 107522

NPI: 1932561198

☑ Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

📍 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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#### FAMILY HLTH CTR SAN

#### DIEGO-EL CAJON,

Provider ID: 107522

NPI: 1932561198

☑ Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

📍 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: 110598

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): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM

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### FQHC

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#### LA MAESTRA CHC EL CAJON BROADWAY,

Provider ID: 110598

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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](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

### FQHC

**LA MAESTRA CHC-REA AVE,**


Provider ID: 308887

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](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): LA MAESTRA FAMILY CLINIC  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### FQHC

**LA MAESTRA CHC-REA AVE,**


Provider ID: 308887

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](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

### FQHC


**LA MAESTRA FAMILY CLINIC  
INC,**

Provider ID: 36508

NPI: 1336353721


 Provider English Spoken: Y  
Cultural Competency: N

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

Fax: (619) 749-5480

 After Hours Phone: (619)  
312-0347


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

### FQHC

**LA MAESTRA FAMILY CLINIC  
INC,**


Provider ID: 36508

NPI: 1336353721

 Provider English Spoken: Y  
Cultural Competency: N


LA MAESTRA FAMILY CLINIC

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-5PM

### **FQHC**

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


Provider ID: 287227

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

### **FQHC**

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


Provider ID: 287227

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**


License Type: MD


Provider ID: 36508

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

### **HEPATOLOGY**

#### **GISH, ROBERT**

License Type: MD


Provider ID: 36508

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**

#### **AL-TAMEEMI, AHMED**

License Type: MD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 313072

Provider Gender: Male

License Number: A151547

NPI: 1134513211

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
DAP HEALTH INC

133 W MAIN ST  
EL CAJON, CA 92020

Phone: (619) 873-8940

Fax: (619) 401-0522

After Hours Phone: (619)  
873-8940

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **AL-TAMEEMI, AHMED**

License Type: MD

Provider ID: 313072

Provider Gender: Male

License Number: A151547

NPI: 1134513211

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
DAP HEALTH INC

133 W MAIN ST  
EL CAJON, CA 92020

Phone: (619) 873-8940

Fax: (619) 401-0522

After Hours Phone: (619)  
873-8940

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **ALWASH, MUSTAFA**

License Type: MD

Provider ID: 107522

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  
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

#### **ALWASH, MUSTAFA**

License Type: MD

Provider ID: 107522

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  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### AWDISHO, ALAN

License Type: DO

Provider ID: 287227

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

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

### AWDISHO, ALAN

License Type: DO

Provider ID: 287227

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

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

License Type: MD

Provider ID: 107522

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

### DUONG, MAI

License Type: MD

Provider ID: 107522

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### INTERNAL MEDICINE

#### GORGES, RANDA

License Type: MD

Provider ID: 107522

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

#### GORGES, RANDA

License Type: MD

Provider ID: 107522

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

License Type: MD

Provider ID: 110598

Provider Gender: Male

License Number: A160760

NPI: 1891159620

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: ST AGNES  
MEDICAL CENTER, CITY OF  
HOPE NATIONAL MED CTR,

JOHN F KENNEDY MEMORIAL  
HOSP, SUTTER MEDICAL  
CENTER SACRAMENTO,  
PIONEERS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
MEDICAL CENTER

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

#### JABRI, ZAIN

License Type: MD

Provider ID: 110598

Provider Gender: Male

License Number: A160760

NPI: 1891159620

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: Arabic*  
*Cultural Competency: N*  
*Hospital Affiliation: ST AGNES MEDICAL CENTER, CITY OF HOPE NATIONAL MED CTR, JOHN F KENNEDY MEMORIAL HOSP, SUTTER MEDICAL CENTER SACRAMENTO, PIONEERS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER*

*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*

*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**

**MALINAK, JAMES**

*License Type: MD*

*Provider ID: 287227*

*Provider Gender: Male*

*License Number: G52238*

*NPI: 1497867501*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation:*


*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*

### **INTERNAL MEDICINE**

**MALINAK, JAMES**

*License Type: MD*

*Provider ID: 287227*

*Provider Gender: Male*

*License Number: G52238*

*NPI: 1497867501*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation:*

*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*

### **INTERNAL MEDICINE**

**MANSY, TAMARA**

*License Type: MD*

*Provider ID: 287227*

*Provider Gender: Female*

*License Number: A164238*

*NPI: 1396277737*


 *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*  
*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*

### **INTERNAL MEDICINE**

#### **MANSY, TAMARA**

*License Type: MD*

*Provider ID: 287227*

*Provider Gender: Female*

*License Number: A164238*


*NPI: 1396277737*


 *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*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **MAY, LOUIS**

*License Type: MD*

*Provider ID: 287227*

*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*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **MAY, LOUIS**


*License Type: MD*

*Provider ID: 287227*

*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*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **MICHAEL, RAMI**

*License Type: MD*


*Provider ID: 287227*

*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*  
*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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### **INTERNAL MEDICINE**

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#### **MICHAEL, RAMI**


*License Type: MD*


*Provider ID: 287227*

*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*

*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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#### **NADI, FAHIMA**


*License Type: MD*


*Provider ID: 107522*

*Provider Gender: Female*

*License Number: A175325*

*NPI: 1770072290*

 *Provider English Spoken: Y*


 *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*

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### **INTERNAL MEDICINE**

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#### **NADI, FAHIMA**


*License Type: MD*


*Provider ID: 107522*

*Provider Gender: Female*

*License Number: A175325*

*NPI: 1770072290*

 *Provider English Spoken: Y*


 *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*

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### **INTERNAL MEDICINE**

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#### **NARAYAN, ARCHANA**

*License Type: MD*


*Provider ID: 287227*

*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*







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### INTERNAL MEDICINE



#### NARAYAN, ARCHANA

License Type: MD  
 Provider ID: 287227  
 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](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

#### PARIKH, MILIND

License Type: DO  
 Provider ID: 107522  
 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](http://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

License Type: DO  
 Provider ID: 107522  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### PETITT, JOHN

License Type: MD  
 Provider ID: 313072  
 Provider Gender: Male  
 License Number: G52812

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 1497992432

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No


DAP HEALTH INC

 133 W MAIN ST

EL CAJON, CA 92020

 Phone: (619) 873-8940

Fax: (619) 401-0522

 After Hours Phone: (619)  
873-8940

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### PETITT, JOHN


License Type: MD

Provider ID: 313072

Provider Gender: Male

License Number: G52812

NPI: 1497992432

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No


DAP HEALTH INC


 133 W MAIN ST

EL CAJON, CA 92020

 Phone: (619) 873-8940

Fax: (619) 401-0522

 After Hours Phone: (619)  
873-8940

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE


#### REDDY, ARJUN

License Type: MD

Provider ID: 129312

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

License Type: MD


Provider ID: 36508

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](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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>INTERNAL MEDICINE</b>   |  |
|--|--|
| <p><b>ROUEL, WADI</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 36508</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: C55979</i><br/> <i>NPI: 1740254713</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL</i><br/> <i>Board Certified Specialty: No</i><br/> <i>LA MAESTRA FAMILY CLINIC</i><br/> <input type="checkbox"/> 165 S 1ST ST<br/>           EL CAJON, CA 92019<br/> <input type="phone"/> <i>Phone: (619) 269-1262</i><br/> <input type="phone"/> <i>After Hours Phone: (619) 269-1262</i><br/> <input type="globe"/> <i>Website: www.lamaestra.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="clock"/> <i>Hours: M-TU 8AM-5PM TH-F 8AM-5PM</i></p> | <p><b>ROUEL, LINDA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 129296</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1326128950</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Arabic, Assyrian, Mandarin, Syriac</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL</i><br/> <i>Board Certified Specialty: No</i><br/> <i>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</i><br/> <input type="checkbox"/> 860 JAMACHA RD STE 107<br/>           EL CAJON, CA 92019<br/> <input type="phone"/> <i>Phone: (619) 456-9920</i><br/> <i>Fax: (619) 456-9340</i><br/> <input type="phone"/> <i>After Hours Phone: (619) 456-9920</i><br/> <input type="globe"/> <i>Website: N/A</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 18\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="clock"/> <i>Hours: M-F 8AM-7PM</i></p> |
| <p><b>INTERNAL MEDICINE</b></p>  | <p><b>INTERNAL MEDICINE</b></p>  |
| <p><b>ROUEL, WADI</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 110598</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: C55979</i><br/> <i>NPI: 1740254713</i></p>  | <p><i>License Number: C55979</i><br/> <i>NPI: 1740254713</i><br/> <input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL</i><br/> <i>Board Certified Specialty: No</i><br/> <i>LA MAESTRA FAMILY CLINIC</i><br/> <input type="checkbox"/> 1032 BROADWAY<br/>           EL CAJON, CA 92021<br/> <input type="phone"/> <i>Phone: (619) 795-5983</i><br/> <input type="phone"/> <i>After Hours Phone: (619) 795-5983</i><br/> <input type="globe"/> <i>Website: www.lamaestra.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="clock"/> <i>Hours: M-F 8:30AM-5:30PM</i></p>  |
| <p><b>INTERNAL MEDICINE</b></p>  | <p><b>INTERNAL MEDICINE</b></p>  |
| <p><b>ROUEL, WADI</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 110598</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: C55979</i><br/> <i>NPI: 1740254713</i></p>  | <p><i>License Type: MD</i><br/> <i>Provider ID: 110598</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: C55979</i><br/> <i>NPI: 1740254713</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 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**

*License Type: MD*  
*Provider ID: 287227*  
*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*  
 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*

### INTERNAL MEDICINE

#### **SHEIKH-MOHAMED, HALA**

*License Type: MD*  
*Provider ID: 287227*  
*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*  
 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*

### INTERNAL MEDICINE

#### **TCHAKMAKJIAN, LEVON**

*License Type: MD*  
*Provider ID: 287227*  
*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*  
*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

### INTERNAL MEDICINE

#### TCHAKMAKJIAN, LEVON

License Type: MD

Provider ID: 287227

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 HYUN

License Type: MD

Provider ID: 107522

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

### INTERNAL MEDICINE

#### YOON, TAE HYUN

License Type: MD

Provider ID: 107522

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

### INTERNAL MEDICINE

#### ZAYED, AHMAD

License Type: MD

Provider ID: 313072

Provider Gender: Male

License Number: A169713

NPI: 1720500929

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Chinese,  
Mandarin, Persian, Tagalog  
Cultural Competency: N

Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP

Board Certified Specialty: No  
DAP HEALTH INC

133 W MAIN ST  
EL CAJON, CA 92020

Phone: (619) 873-8940

Fax: (619) 401-0522

After Hours Phone: (619)  
873-8940

Website: N/A

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): **KAFRI, HASSAN**

N

 Accessibility: CONTACT PROVIDER

License Type: MD

Provider ID: 287227

Provider Gender: Male

Provider ID: 287227

Provider Gender: Male

License Number: A96002

NPI: 1730258401

### INTERNAL MEDICINE

**ZAYED, AHMAD**


License Type: MD


Provider ID: 313072

Provider Gender: Male

License Number: A169713

NPI: 1720500929

 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic, Chinese, Mandarin, Persian, Tagalog


Cultural Competency: N

Hospital Affiliation: RIVERSIDE COMMUNITY HOSP

Board Certified Specialty: No DAP HEALTH INC

 133 W MAIN ST

EL CAJON, CA 92020

 Phone: (619) 873-8940

Fax: (619) 401-0522

 After Hours Phone: (619) 873-8940

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


N


 Accessibility: CONTACT PROVIDER

### INTERVENTIONAL CARDIOLOGY

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

### INTERVENTIONAL CARDIOLOGY

**KAFRI, HASSAN**

License Type: MD

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERVENTIONAL CARDIOLOGY

**MOUSSAVIAN, MEHRAN**

License Type: DO

Provider ID: 107522

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. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: 20A7241

NPI: 1689788234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP

MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, Adventist Health

and Rideout, UC SAN DIEGO

HEALTH - EAST CAMPUS


MEDICAL CENTER


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

### INTERVENTIONAL

#### CARDIOLOGY

**MOUSSAVIAN, MEHRAN**

License Type: DO

Provider ID: 107522

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, TRI

CITY MEDICAL CTR, SHARP

MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, Adventist Health

and Rideout, UC SAN DIEGO

HEALTH - EAST CAMPUS


MEDICAL CENTER


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

**BUECHNER, CHARLENE**

License Type: MD

Provider ID: 107522

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](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

N

 *Accessibility: CONTACT PROVIDER*

### OBSTETRICS / GYNECOLOGY

#### **BUECHNER, CHARLENE**

*License Type: MD*

*Provider ID: 107522*

*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

#### **BULLOCH, EDGAR**

*License Type: MD*

*Provider ID: 313072*

*Provider Gender: Male*

*License Number: A113241*

*NPI: 1508046376*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation:*

*GROSSMONT HOSPITAL,*


*Sharp Grossmont Hospital*

*Board Certified Specialty: No*

*DAP HEALTH INC*

 *133 W MAIN ST*

*EL CAJON, CA 92020*

 *Phone: (619) 873-8940*

*Fax: (619) 401-0522*

 *After Hours Phone: (619) 873-8940*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### OBSTETRICS / GYNECOLOGY

#### **BULLOCH, EDGAR**

*License Type: MD*

*Provider ID: 313072*

*Provider Gender: Male*

*License Number: A113241*

*NPI: 1508046376*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Spanish*

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*Hospital Affiliation:*

*GROSSMONT HOSPITAL,*


*Sharp Grossmont Hospital*

*Board Certified Specialty: No*


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*EL CAJON, CA 92020*

 *Phone: (619) 873-8940*

*Fax: (619) 401-0522*

 *After Hours Phone: (619) 873-8940*

 *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**

*License Type: MD*

*Provider ID: 107522*

*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,*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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, 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**

**CARTER, KHALIL**

License Type: MD

Provider ID: 107522

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**

License Type: MD

Provider ID: 107522

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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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**

**CHAKRABARTI, PRIYA**

License Type: MD

Provider ID: 107522

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

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  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

SAN DIEGO

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 Phone: (619) 515-2498  
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 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**

License Type: MD

Provider ID: 107522

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

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 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**

License Type: MD

Provider ID: 107522

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**



License Type: MD

Provider ID: 107522

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

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**



License Type: MD

Provider ID: 107522

Provider Gender: Female

License Number: A178499

NPI: 1033613732



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No  
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## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**


License Type: MD

Provider ID: 107522

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

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**


License Type: MD

Provider ID: 107522

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

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 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**

**HO, MYLIEN**

License Type: MD

Provider ID: 313072

Provider Gender: Female

License Number: A48215

NPI: 1851464606

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL

Board Certified Specialty: No


DAP HEALTH INC

 133 W MAIN ST

EL CAJON, CA 92020

 Phone: (619) 873-8940

Fax: (619) 401-0522

 After Hours Phone: (619) 873-8940

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**HO, MYLIEN**

License Type: MD

Provider ID: 313072

Provider Gender: Female

License Number: A48215

NPI: 1851464606

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese




Cultural Competency: N


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## C. Directorio de atención primaria

### Hospital Affiliation:

GROSSMONT HOSPITAL  
Board Certified Specialty: No  
DAP HEALTH INC

 133 W MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
Fax: (619) 401-0522  
 After Hours Phone: (619)  
873-8940

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER




### **OBSTETRICS / GYNECOLOGY**

#### **KHAN, ALIYA**

License Type: MD  
Provider ID: 110598  
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.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

### **OBSTETRICS / GYNECOLOGY**

#### **KHAN, ALIYA**

License Type: MD

Provider ID: 110598

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.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

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

License Type: MD

Provider ID: 107522

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

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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

License Type: MD  
 Provider ID: 107522  
 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  
 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**

License Type: MD  
 Provider ID: 287227  
 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  
 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**

#### **MENDEZ, DIEGO**

License Type: MD  
 Provider ID: 287227

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  
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 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

### **OBSTETRICS / GYNECOLOGY**

#### **PAPA, RHETT**

License Type: DO

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## C. Directorio de atención primaria

Provider ID: 313072

Provider Gender: Male

License Number: 20A11733

NPI: 1063642312

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No  
DAP HEALTH INC

 133 W MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 873-8940

Fax: (619) 401-0522

 After Hours Phone: (619)  
873-8940

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **PAPA, RHETT**


License Type: DO

Provider ID: 313072

Provider Gender: Male

License Number: 20A11733

NPI: 1063642312

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL

Board Certified Specialty: No  
DAP HEALTH INC

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 After Hours Phone: (619)  
873-8940

 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**


License Type: MD

Provider ID: 107522

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**

#### **SAPRA, SONIA**


License Type: MD


Provider ID: 107522

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



### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

*License Type: DO*  
*Provider ID: 107522*  
*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  
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 *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**



#### **STABEN, REBECCA**

*License Type: DO*  
*Provider ID: 107522*  
*Provider Gender: Female*  
*License Number: 20A13958*  
*NPI: 1932269198*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: Sharp*  
*Grossmont Hospital*  
*Board Certified Specialty: No*  
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 *After Hours Phone: (619) 515-2498*  
 *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**

*License Type: MD*  
*Provider ID: 107522*  
*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*

 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*

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**


*License Type: MD*  
*Provider ID: 107522*  
*Provider Gender: Male*  
*License Number: G78814*  
*NPI: 1699790634*  
 *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,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 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 8AM-5PM*

### **OPHTHALMOLOGY**

#### **ALBORZIAN, SHERVIN**


*License Type: MD*


*Provider ID: 107522*

*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](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*

### **OPHTHALMOLOGY**

#### **ALBORZIAN, SHERVIN**


*License Type: MD*


*Provider ID: 107522*

*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](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*

### **OPHTHALMOLOGY**

#### **JARDON, JAVIER**

*License Type: MD*

*Provider ID: 287227*

*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







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 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

### **OPHTHALMOLOGY**








#### **JARDON, JAVIER**

License Type: MD  
 Provider ID: 287227  
 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](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  Hours: M-F 8AM-5PM  
 N  
 Accessibility: CONTACT PROVIDER

### **OPHTHALMOLOGY**

#### **MANI, NASRIN**

License Type: MD  
 Provider ID: 287227  
 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](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **OPHTHALMOLOGY**

#### **MANI, NASRIN**

License Type: MD  
 Provider ID: 287227  
 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](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

### **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

### PAPASTERGIU, GEORGIOS


License Type: MD


Provider ID: 287227

Provider Gender: Male

License Number: A127706

NPI: 1790054393

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic, Farsi, French, Italian, Modern Greek, 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

 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

#### **OPHTHALMOLOGY**

### PAPASTERGIU, GEORGIOS


License Type: MD


Provider ID: 287227

Provider Gender: Male

License Number: A127706

NPI: 1790054393

 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic, Farsi, French, Italian, Modern Greek, 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

 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

#### **OPHTHALMOLOGY**

### PONS, MAURICIO


License Type: MD

Provider ID: 287227

Provider Gender: Male

License Number: A87650

NPI: 1376723759

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No 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

#### **OPHTHALMOLOGY**

### PONS, MAURICIO

License Type: MD


Provider ID: 287227

Provider Gender: Male

License Number: A87650

NPI: 1376723759

 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

MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY 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

### OPHTHALMOLOGY

#### SKAF, AYHAM

License Type: MD  
Provider ID: 287227  
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

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

#### SKAF, AYHAM

License Type: MD  
Provider ID: 287227  
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

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

### PEDIATRICS

#### ADJAN, ROULA

License Type: MD  
Provider ID: 36508  
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

165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 280-4213  
After Hours Phone: (619) 280-4213

Website: www.lamaestra.org  
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. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

### ADJAN, ROULA

License Type: MD

Provider ID: 36508

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

165 S 1ST ST  
EL CAJON, CA 92019

Phone: (619) 280-4213

After Hours Phone: (619)  
280-4213

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### PEDIATRICS

### ALWAHAB, AREEJ

License Type: MD

Provider ID: 308468

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\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

#### PEDIATRICS

### CONE, STEPHANIE

License Type: MD

Provider ID: 36508

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

License Type: MD

Provider ID: 36508

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



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## C. Directorio de atención primaria

 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**



License Type: MD  
 Provider ID: 110598  
 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**






#### **CONE, STEPHANIE**

License Type: MD  
 Provider ID: 110598  
 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**

#### **FIGUEROA RODRIGUEZ, BRENDA**

License Type: MD  
 Provider ID: 313072  
 Provider Gender: Female  
 License Number: A114674  
 NPI: 1134205214  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: Sharp Grossmont Hospital  
 Board Certified Specialty: No DAP HEALTH INC  
 133 W MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 Fax: (619) 401-0522  
 After Hours Phone: (619) 873-8940  
 Website: N/A  
 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

### FIGUEROA RODRIGUEZ, BRENDA


License Type: MD

Provider ID: 313072

Provider Gender: Female

License Number: A114674

NPI: 1134205214

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No

DAP HEALTH INC

 133 W MAIN ST

EL CAJON, CA 92020

 Phone: (619) 873-8940

Fax: (619) 401-0522

 After Hours Phone: (619) 873-8940

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

#### PEDIATRICS

### FLEMING, TARA


License Type: MD

Provider ID: 107522

Provider Gender: Female

License Number: A152462

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

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

License Type: MD

Provider ID: 107522

Provider Gender: Female

License Number: A152462

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

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

### HOANG, VY

License Type: MD

Provider ID: 285860

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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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








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

### PEDIATRICS

**JACKSON, DANA**  
 License Type: DO  
 Provider ID: 107522  
 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  
 Medi-Cal Open Panel: Yes


Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### PEDIATRICS

**JACKSON, DANA**  
 License Type: DO  
 Provider ID: 107522  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER

### PEDIATRICS

**JONES, SETAREH**  
 License Type: MD  
 Provider ID: 110598  
 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.or  
 g  
 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

**JONES, SETAREH**  
 License Type: MD  
 Provider ID: 110598  
 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.



## C. Directorio de atención primaria

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

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **PEDIATRICS**

#### **JONES, SETAREH**

License Type: MD

Provider ID: 36508

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](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

### **PEDIATRICS**

#### **JONES, SETAREH**

License Type: MD

Provider ID: 36508

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](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

### **PEDIATRICS**

#### **KODSI, ALICIA**

License Type: MD

Provider ID: 107522

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](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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>KODSI, ALICIA</b><br/>           License Type: MD<br/>           Provider ID: 107522<br/>           Provider Gender: Female<br/>           License Number: A147976<br/>           NPI: 1932514353</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO</p> <p> 525 E MAIN ST<br/>           EL CAJON, CA 92020<br/>  Phone: (619) 515-2498<br/>  After Hours Phone: (619)<br/>           515-2498<br/>  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER<br/>  Hours: M-F<br/>           8:30AM-5:30PM</p> | <p>Spoken: Hindi, Kannada<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO</p> <p> 1111 W CHASE AVE<br/>           EL CAJON, CA 92020<br/>  Phone: (619) 515-2499<br/>  After Hours Phone: (619)<br/>           515-2499<br/>  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER</p> | <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER</p>  |
| <p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>NAGNUR, PRITI</b><br/>           License Type: MD<br/>           Provider ID: 25729<br/>           Provider Gender: Female<br/>           License Number: A170055<br/>           NPI: 1316289929</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Hindi, Kannada<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO</p> <p> 1111 W CHASE AVE<br/>           EL CAJON, CA 92020<br/>  Phone: (619) 515-2499<br/>  After Hours Phone: (619)<br/>           515-2499</p>   | <p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>NAGNUR, PRITI</b><br/>           License Type: MD<br/>           Provider ID: 25729<br/>           Provider Gender: Female<br/>           License Number: A170055<br/>           NPI: 1316289929</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Hindi, Kannada<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO</p> <p> 1111 W CHASE AVE<br/>           EL CAJON, CA 92020<br/>  Phone: (619) 515-2499<br/>  After Hours Phone: (619)<br/>           515-2499</p>                                     | <p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>NAIK, SHILPA</b><br/>           License Type: MD<br/>           Provider ID: 285853<br/>           Provider Gender: Female<br/>           NPI: 1902156904</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Hindi<br/>           Cultural Competency: N<br/>           Hospital Affiliation: RADY<br/>           CHILDRENS HOSPITAL SAN<br/>           DIEGO, GROSSMONT<br/>           HOSPITAL, Sharp Grossmont<br/>           Hospital<br/>           Board Certified Specialty: No<br/>           RADY CHILDRENS HEALTH<br/>           NETWORK</p> <p> 844 JACKMAN ST<br/>           EL CAJON, CA 92020<br/>  Phone: (619) 442-2560<br/>           Fax: (619) 442-7836<br/>  After Hours Phone: (619)<br/>           442-2560<br/>  Website: N/A<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\19<br/>           American Sign Language (ASL):<br/>           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.

## C. Directorio de atención primaria






 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

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### **PEDIATRICS**

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#### **NGUYEN, VI**

*License Type: MD*  
*Provider ID: 285862*  
*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**



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#### **PINTO, ANITA**

*License Type: MD*

*Provider ID: 285966*  
*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**

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#### **RODRIGUEZ, ALDO**

*License Type: MD*  
*Provider ID: 287227*  
*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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### **PEDIATRICS**

---



#### **RODRIGUEZ, ALDO**

*License Type: MD*  
*Provider ID: 287227*  
*Provider Gender: Male*  
*License Number: A134995*  
*NPI: 1508209651*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Portuguese, 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: 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

### PEDIATRICS




#### STENSMAN, LARS

License Type: MD  
Provider ID: 313072  
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  
DAP HEALTH INC  
 133 W MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
Fax: (619) 401-0522  
 After Hours Phone: (619)

873-8940  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER








### PEDIATRICS

#### STENSMAN, LARS

License Type: MD  
Provider ID: 313072  
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  
DAP HEALTH INC  
 133 W MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
Fax: (619) 401-0522  
 After Hours Phone: (619)  
873-8940  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### PHYSICIANS ASSISTANT

#### ALYAS, ALISIA

License Type: PA  
Provider ID: 110598  
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  
 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

License Type: PA  
Provider ID: 36508  
Provider Gender: Female  
License Number: PA58466  
NPI: 1437768017  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

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## 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

#### PHYSICIANS ASSISTANT

### ALYAS, ALISIA

License Type: PA  
Provider ID: 110598  
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  
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

License Type: PA  
Provider ID: 36508  
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

License Type: PA  
Provider ID: 36508  
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)

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

### ARMENTA, JORGE

License Type: PA  
Provider ID: 36508  
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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### PHYSICIANS ASSISTANT

#### CONDEZ, EDESEL

License Type: PA

Provider ID: 107522

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

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

#### CONDEZ, EDESEL

License Type: PA

Provider ID: 107522

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

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



License Type: PA

Provider ID: 36508

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

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

#### MERCER, KELLY

License Type: PA

Provider ID: 110598

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

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619)  
795-5991

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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


g


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): License Type: PA

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **MERCER, KELLY**

License Type: PA

Provider ID: 36508

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): License Type: PA

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

SA 8:30AM-2PM

### **PHYSICIANS ASSISTANT**

#### **MERCER, KELLY**

License Type: PA

Provider ID: 110598

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

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619)  
795-5991

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

g


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **PHYSICIANS ASSISTANT**

#### **PATEL, SHREYA**

License Type: PA

Provider ID: 25729

Provider Gender: Female

License Number: PA18719

NPI: 1447468137


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

### **PHYSICIANS ASSISTANT**

#### **PATEL, SHREYA**

License Type: PA

Provider ID: 25729

Provider Gender: Female

License Number: PA18719

NPI: 1447468137

Provider English Spoken: Y




Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 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

### **PHYSICIANS ASSISTANT**

#### **ROSENBLATT, SHERILYN**

License Type: PA

Provider ID: 287227

Provider Gender: Female




License Number: PA22872


NPI: 1114041621

 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

 Hours: M-F 8AM-5PM

### **PHYSICIANS ASSISTANT**

#### **ROSENBLATT, SHERILYN**

License Type: PA

Provider ID: 287227

Provider Gender: Female




License Number: PA22872


NPI: 1114041621

 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

 Hours: M-F 8AM-5PM

### **PHYSICIANS ASSISTANT**

#### **TURNER, ERIC**

License Type: PA

Provider ID: 25729




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


 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

### **PHYSICIANS ASSISTANT**

#### **TURNER, SHEREENA**



License Type: PA

Provider ID: 107522

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

 525 E MAIN 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

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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### PHYSICIANS ASSISTANT

#### TURNER, ERIC

License Type: PA

Provider ID: 25729

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

 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

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### PHYSICIANS ASSISTANT

#### TURNER, SHEREENA


License Type: PA

Provider ID: 107522

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

 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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### PHYSICIANS ASSISTANT

#### ZAMBRANA, GEORGE

License Type: PA

Provider ID: 313072

Provider Gender: Male


License Number: PA16673

NPI: 1104836659

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
DAP HEALTH INC

 133 W MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 873-8940

Fax: (619) 401-0522


 After Hours Phone: (619) 873-8940

 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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### PHYSICIANS ASSISTANT

#### ZAMBRANA, GEORGE

License Type: PA

Provider ID: 313072

Provider Gender: Male


License Number: PA16673

NPI: 1104836659

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
DAP HEALTH INC

 133 W MAIN ST  
EL CAJON, CA 92020



 Phone: (619) 873-8940

Fax: (619) 401-0522

 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

873-8940  
 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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### PODIATRIST

**CHARP, KENNETH**  
License Type: DPM  
Provider ID: 313072  
Provider Gender: Male  
License Number: DPM1536  
NPI: 1841384203  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
DAP HEALTH INC  
 133 W MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
Fax: (619) 401-0522

 After Hours Phone: (619)  
873-8940  
 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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### PODIATRIST

**CHARP, KENNETH**  
License Type: DPM  
Provider ID: 313072  
Provider Gender: Male  
License Number: DPM1536  
NPI: 1841384203  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
DAP HEALTH INC  
 133 W MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
Fax: (619) 401-0522  
 After Hours Phone: (619)  
873-8940  
 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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### PODIATRIST

**JUAREZ, LETICIA**  
License Type: DPM  
Provider ID: 107522  
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  
 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

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### PODIATRIST

**JUAREZ, LETICIA**  
License Type: DPM  
Provider ID: 107522  
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  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 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):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### PODIATRIST

#### **LE, DIANA**


License Type: DPM

Provider ID: 107522

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,  
Foothill Regional Medical  
Center

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

### PODIATRIST

#### **LE, DIANA**


License Type: DPM

Provider ID: 107522

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,  
Foothill Regional Medical  
Center

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

### REGISTERED PHYSICAL

#### THERAPIST

#### **CUMMINGS, GEORGE**

License Type: PT

Provider ID: 107522

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

 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

### REGISTERED PHYSICAL

#### THERAPIST

#### **CUMMINGS, GEORGE**

License Type: PT

Provider ID: 107522

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. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

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

 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

### **REGISTERED PHYSICAL THERAPIST**

**DASCENZO, EMILY**

License Type: PT

Provider ID: 287227

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](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

### **REGISTERED PHYSICAL THERAPIST**

**DASCENZO, EMILY**


License Type: PT

Provider ID: 287227

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](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

### **REGISTERED PHYSICAL THERAPIST**

**GONZALEZ, JUSTINE ARIEL**

License Type: PT

Provider ID: 107522

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](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

### **REGISTERED PHYSICAL THERAPIST**

**GONZALEZ, JUSTINE ARIEL**

License Type: PT

Provider ID: 107522


Provider Gender: Female

License Number: PT292482


NPI: 1851834873



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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**

 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*


### REGISTERED PHYSICAL THERAPIST



#### **KUIOKA, TROY**

*License Type: PT*  
*Provider ID: 287227*  
*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): N*




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*


### REGISTERED PHYSICAL THERAPIST



#### **KUIOKA, TROY**

*License Type: PT*  
*Provider ID: 287227*  
*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): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*


### REGISTERED PHYSICAL THERAPIST



#### **MIGNEA, DAVID**

*License Type: PT*  
*Provider ID: 107522*  
*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) 515-2498*  
 *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*

### REGISTERED PHYSICAL THERAPIST

#### **MIGNEA, DAVID**

*License Type: PT*  
*Provider ID: 107522*  
*Provider Gender: Male*  
*License Number: PT293536*  
*NPI: 1043736879*

 *Provider English Spoken: Y*  
*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  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### ENCINITAS

#### PEDIATRICS

### BRION, SONJA

License Type: MD  
Provider ID: 205039  
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\18  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM

#### PEDIATRICS

### MENDENHALL, ANNA

License Type: MD  
Provider ID: 204809  
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

License Type: MD  
Provider ID: 205166  
Provider Gender: Female  
NPI: 1861770885  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
499 N EL CAMINO REAL  
STE B100  
ENCINITAS, CA 92024  
Phone: (760) 436-4511  
Fax: (760) 436-5106

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 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**

License Type: MD

Provider ID: 204458

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**

License Type: NP

Provider ID: 289855

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

#### **CARNEY, AMY**

License Type: NP

Provider ID: 289855

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

#### **HACINAS, REYNALDO**

License Type: NP

Provider ID: 313071

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## C. Directorio de atención primaria

Provider Gender: Male

License Number: NP95003024

NPI: 1215304860

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
DAP HEALTH INC

📍 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 871-0606

Fax: (858) 634-6918

📞 After Hours Phone: (760)  
871-0606

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **HACINAS, REYNALDO**

License Type: NP

Provider ID: 313071

Provider Gender: Male

License Number: NP95003024

NPI: 1215304860

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
DAP HEALTH INC

📍 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 871-0606

Fax: (858) 634-6918

📞 After Hours Phone: (760)  
871-0606

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **KAHL, NICHOLAS**

License Type: NP

Provider ID: 289769

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

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

#### **KAHL, NICHOLAS**

License Type: NP

Provider ID: 289769

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

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

#### **TODD, MIKAYLA**

License Type: NP

Provider ID: 289769

Provider Gender: Female

License Number: NP95005999







NPI: 1316478092

☐ 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*  
*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**

**TODD, MIKAYLA**  
*License Type: NP*  
*Provider ID: 289769*  
*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**  
*License Type: DC*  
*Provider ID: 289876*  
*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**

**ROBINSON, DEAN**  
*License Type: DC*  
*Provider ID: 289876*  
*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**  
*License Type: DC*  
*Provider ID: 289876*  
*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): Provider ID: 289769

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-12PM

---

### CHIROPRACTOR

#### ZECHA, RONALD


License Type: DC

Provider ID: 289876

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](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-12PM

---

### FAMILY PRACTICE

#### ARRIETA, NOEMI


License Type: DO

Provider ID: 289769

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

 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

#### ARRIETA, NOEMI


License Type: DO


Provider ID: 289769

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

 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

License Type: MD

Provider ID: 289876

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

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*

 *Hours: M-F 8AM-5PM  
SA 8AM-12PM*

---

### **FAMILY PRACTICE**

#### **AVILA, MICHAEL**

*License Type: MD*

*Provider ID: 289876*

*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-12PM*

---

### **FAMILY PRACTICE**

#### **CASTANER, ZALYA**

*License Type: MD*

*Provider ID: 289876*

*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**

*License Type: MD*

*Provider ID: 289855*

*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**

#### **CASTANER, ZALYA**

*License Type: MD*

*Provider ID: 289855*

*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*

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## C. Directorio de atención primaria

 Hours: M-W 8AM-8PM  
TH-F 8AM-5PM

---

### **FAMILY PRACTICE**

---

#### **CASTANER, ZALYA**


License Type: MD

Provider ID: 289876

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

### **FAMILY PRACTICE**

---

#### **COBIAN, VANESSA**

License Type: MD

Provider ID: 289855

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

 Hours: M-W 8AM-8PM  
TH-F 8AM-5PM

---

### **FAMILY PRACTICE**

---

#### **COBIAN, VANESSA**


License Type: MD

Provider ID: 289855

Provider Gender: Female

License Number: A145349

NPI: 1134513039


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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 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**

---

#### **COX, VICTORIA**

License Type: MD

Provider ID: 289769

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**

---

#### **COX, VICTORIA**

License Type: MD

Provider ID: 289769

Provider Gender: Female

License Number: C171064

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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**


License Type: MD

Provider ID: 289876

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-12PM

### **FAMILY PRACTICE**

#### **FERRAILOLO, NATALIE**


License Type: MD

Provider ID: 289876

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-12PM

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

License Type: DO

Provider ID: 304810

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**

#### **HAMILTON, LISA MARIE**

License Type: DO

Provider ID: 304810

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

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## C. Directorio de atención primaria

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**

License Type: MD

Provider ID: 289876

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

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-12PM

### FAMILY PRACTICE

**KAUR, JATINDER**

License Type: MD

Provider ID: 289876

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

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-12PM

### FAMILY PRACTICE

**LAI, AMARA**

License Type: MD

Provider ID: 289855

Provider Gender: Female

License Number: A120348

NPI: 1790912855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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

**LAI, AMARA**

License Type: MD

Provider ID: 289855

Provider Gender: Female

License Number: A120348

NPI: 1790912855

Provider English Spoken: Y

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

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

#### MCHENRY, KATHRYN

License Type: DO

Provider ID: 289876

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-12PM

### FAMILY PRACTICE

#### MCHENRY, KATHRYN

License Type: DO

Provider ID: 289876

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-12PM

### FAMILY PRACTICE

#### NAKAMURA, MELANIE

License Type: MD

Provider ID: 289876

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-12PM

### FAMILY PRACTICE

#### NAKAMURA, MELANIE

License Type: MD

Provider ID: 289876

Provider Gender: Female

License Number: A107557







NPI: 1104022672

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

 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-12PM

### **FAMILY PRACTICE**


#### **PATEL, JITENBHAI**






License Type: MD  
 Provider ID: 289876  
 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  
 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**


License Type: MD  
 Provider ID: 289855  
 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**


#### **PATEL, JITENBHAI**






License Type: MD  
 Provider ID: 289876  
 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  
 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**

License Type: MD  
 Provider ID: 289855  
 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### RAO, USHA


License Type: MD


Provider ID: 289769

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

### RAO, USHA


License Type: MD


Provider ID: 289769

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


License Type: MD

Provider ID: 289876

Provider Gender: Female

License Number: A82173

NPI: 1699706333

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: French, 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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### FAMILY PRACTICE

### RASHCOVSKY SCHIFF, KARIN


License Type: MD

Provider ID: 289876

Provider Gender: Female

License Number: A82173

NPI: 1699706333

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: French, 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](http://www.ihpsocal.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>RODARTE, GABRIEL</b><br/>           License Type: MD<br/>           Provider ID: 289865<br/>           Provider Gender: Male<br/>           License Number: A87906<br/>           NPI: 1184649212</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p> 425 N DATE ST<br/>           ESCONDIDO, CA 92025<br/>  Phone: (760) 520-8340<br/>  After Hours Phone: (760) 520-8340<br/>  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\21<br/>           American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM</p> | <p>Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p> 425 N DATE ST<br/>           ESCONDIDO, CA 92025<br/>  Phone: (760) 520-8340<br/>  After Hours Phone: (760) 520-8340<br/>  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\21<br/>           American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM</p>   | <p>Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER<br/>  Hours: M-W 8AM-8PM<br/>           TH-F 8AM-5PM</p>  |
| <p><b>FAMILY PRACTICE</b></p> <p><b>RODARTE, GABRIEL</b><br/>           License Type: MD<br/>           Provider ID: 289865<br/>           Provider Gender: Male<br/>           License Number: A87906<br/>           NPI: 1184649212</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish</p>   | <p><b>FAMILY PRACTICE</b></p> <p><b>SANDHU, BASANT</b><br/>           License Type: MD<br/>           Provider ID: 289855<br/>           Provider Gender: Male<br/>           License Number: A140398<br/>           NPI: 1265795744</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: German, Hindi, Punjabi, Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p> 728 E VALLEY PKWY<br/>           ESCONDIDO, CA 92025<br/>  Phone: (760) 737-6900<br/>  After Hours Phone: (760) 737-6900<br/>  Website: N/A<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER<br/>  Hours: M-W 8AM-8PM<br/>           TH-F 8AM-5PM</p> | <p><b>FAMILY PRACTICE</b></p> <p><b>SANDHU, BASANT</b><br/>           License Type: MD<br/>           Provider ID: 289855<br/>           Provider Gender: Male<br/>           License Number: A140398<br/>           NPI: 1265795744</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: German, Hindi, Punjabi, Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p> 728 E VALLEY PKWY<br/>           ESCONDIDO, CA 92025<br/>  Phone: (760) 737-6900<br/>  After Hours Phone: (760) 737-6900<br/>  Website: N/A<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER<br/>  Hours: M-W 8AM-8PM<br/>           TH-F 8AM-5PM</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

### SCHULTZ, JAMES

License Type: MD

Provider ID: 289855

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Modern 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

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**

### SCHULTZ, JAMES

License Type: MD

Provider ID: 289876

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Modern 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

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**

### SCHULTZ, JAMES

License Type: MD

Provider ID: 289855

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Modern

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

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**

### SCHULTZ, JAMES

License Type: MD

Provider ID: 289876

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Modern Greek, 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

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
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

#### TANTOD, KULIN

License Type: MD

Provider ID: 289876

Provider Gender: Male

License Number: A109655

NPI: 1902058928

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

### FAMILY PRACTICE

#### TANTOD, KULIN

License Type: MD

Provider ID: 289876

Provider Gender: Male

License Number: A109655

NPI: 1902058928

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

### FAMILY PRACTICE

#### THOMPSON, CHERYL

License Type: MD

Provider ID: 289876

Provider Gender: Female

License Number: A102687

NPI: 1548429863

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

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-12PM

### FAMILY PRACTICE

#### THOMPSON, CHERYL

License Type: MD

Provider ID: 289876



Provider Gender: Female

License Number: A102687

NPI: 1548429863


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: SCRIPPS MERCY HOSPITAL CHULA VISTA*

*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-12PM*

---

### FQHC

**DAP HEALTH-CENTRO MEDICO ESCONDIDO,**


*Provider ID: 313071*

*NPI: 1023349883*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*DAP HEALTH INC*

 1121 E WASHINGTON AVE  
 ESCONDIDO, CA 92025

 *Phone: (760) 871-0606*

*Fax: (858) 634-6918*

 *After Hours Phone: (760) 871-0606*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### FQHC

**DAP HEALTH-CENTRO**

**MEDICO ESCONDIDO,**


*Provider ID: 313071*

*NPI: 1023349883*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*DAP HEALTH INC*

 1121 E WASHINGTON AVE  
 ESCONDIDO, CA 92025

 *Phone: (760) 871-0606*

*Fax: (858) 634-6918*

 *After Hours Phone: (760) 871-0606*

 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### FQHC

**ESCONDIDO FAMILY HEALTH CENTER,**


*Provider ID: 304810*


*NPI: 1417640491*

 *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*

---

### FQHC

**ESCONDIDO FAMILY HEALTH CENTER,**


*Provider ID: 304810*


*NPI: 1417640491*

 *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*

---

### 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

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO,

Provider ID: 289876

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

### FQHC

### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO,

Provider ID: 289876

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

### FQHC

### NEIGHBORHOOD

#### HEALTHCARE PEDIATRICS

#### AND PRENATAL,

Provider ID: 289873

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

### FQHC

### NEIGHBORHOOD

#### HEALTHCARE PEDIATRICS

#### AND PRENATAL,

Provider ID: 289873

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

### FQHC

### NEIGHBORHOOD

#### HEALTHCARE PIDS AND

#### PRENATAL,

Provider ID: 289865

NPI: 1265618185

Provider English Spoken: Y  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): *Cultural Competency: N*  
 N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### FQHC

#### NEIGHBORHOOD

#### HEALTHCARE PIDS AND PRENATAL,


*Provider ID: 289865*

*NPI: 1265618185*

 *Provider English Spoken: Y*  
*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*


*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: 289855*

*NPI: 1720264641*

 *Provider English Spoken: Y*


*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

#### NEIGHBORHOOD

#### HEALTHCARE VALLEY PARKWAY,


*Provider ID: 289855*

*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: 289769*

*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*

 *Hours: M-F 8AM-5PM*

### FQHC

#### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE,




*Provider ID: 289769*

*NPI: 1801438239*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*  
*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*  
 *Hours: M-F 8AM-5PM*

### INTERNAL MEDICINE







#### AGUERO, AMETHYST

*License Type: DO*  
*Provider ID: 304810*  
*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

#### AGUERO, AMETHYST

*License Type: DO*  
*Provider ID: 304810*  
*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

*License Type: MD*

*Provider ID: 289769*  
*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*  
 *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

#### CARRERA, JORGE

*License Type: MD*  
*Provider ID: 289769*  
*Provider Gender: Male*  
*License Number: G58033*  
*NPI: 1184728586*  
 *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: 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  
🕒 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

#### CHEN, MARGARET

License Type: MD  
Provider ID: 289876  
Provider Gender: Female  
License Number: A61751  
NPI: 1659305084

🗣 Provider English Spoken: Y  
🗣 Provider Language(s)  
Spoken: Modern 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-12PM

### INTERNAL MEDICINE

#### CHEN, MARGARET

License Type: MD  
Provider ID: 289876  
Provider Gender: Female  
License Number: A61751  
NPI: 1659305084

🗣 Provider English Spoken: Y  
🗣 Provider Language(s)  
Spoken: Modern 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-12PM

### INTERNAL MEDICINE

#### VETTICADEN, SANTOSH

License Type: MD  
Provider ID: 289876  
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-12PM

### INTERNAL MEDICINE

#### VETTICADEN, SANTOSH

License Type: MD  
Provider ID: 289876  
Provider Gender: Male  
License Number: C53062  
NPI: 1679102461

🗣 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  
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-12PM

### PEDIATRICS

#### AGUILAR, EDITA

License Type: MD

Provider ID: 289865

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

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): NPI: 1467407411

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### AGUILAR, EDITA

License Type: MD

Provider ID: 289873

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

### PEDIATRICS

#### AGUILAR, EDITA

License Type: MD

Provider ID: 289865

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

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

### PEDIATRICS

#### AGUILAR, EDITA

License Type: MD

Provider ID: 289873

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 690-5900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **ALDANA, NANCY**


License Type: MD

Provider ID: 289873

Provider Gender: Female

License Number: A62467

NPI: 1558371963

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 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

### **PEDIATRICS**

#### **ALDANA, NANCY**


License Type: MD


Provider ID: 289873

Provider Gender: Female

License Number: A62467

NPI: 1558371963

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 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

### **PEDIATRICS**

#### **CHOW, BYRON**

License Type: MD

Provider ID: 289876

Provider Gender: Male

License Number: A78116

NPI: 1619907607

 Provider English Spoken: Y

 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

 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**

#### **CHOW, BYRON**

License Type: MD

Provider ID: 289876

Provider Gender: Male


License Number: A78116


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## C. Directorio de atención primaria

NPI: 1619907607

 Provider English Spoken: Y

 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

 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

### **PEDIATRICS**

#### **COHEN, CARA**


License Type: MD

Provider ID: 305159

Provider Gender: Female

NPI: 1215021274

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, RADY CHILDRENS

HOSPITAL SAN DIEGO,

PALOMAR MEDICAL CENTER,

UCSF BENIOFF CHILDREN'S

HOSPITAL OAKLAND

Board Certified Specialty: No


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**


#### **COULLAHAN, JESSICA**

License Type: MD

Provider ID: 305160

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-12PM

### **PEDIATRICS**

#### **CURET, ZULMA**


License Type: MD


Provider ID: 289876

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

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## 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

### PEDIATRICS

#### **CURET, ZULMA**


License Type: MD

Provider ID: 289876

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

### PEDIATRICS

#### **DOSHI, NEELIMA**


License Type: MD


Provider ID: 289873

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**

License Type: MD


Provider ID: 289873

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

#### **IBRAHIM, MAGED**

License Type: MD

Provider ID: 313071

Provider Gender: Male

License Number: C141296

NPI: 1306852934

 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: POMONA

VALLEY HOSP MED CTR, SAN ANTONIO COMM HOSP

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## C. Directorio de atención primaria

Board Certified Specialty: No  
DAP HEALTH INC

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

Phone: (760) 871-0606

Fax: (858) 634-6918

After Hours Phone: (760)  
871-0606

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**IBRAHIM, MAGED**

License Type: MD

Provider ID: 313071

Provider Gender: Male

License Number: C141296

NPI: 1306852934

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: POMONA  
VALLEY HOSP MED CTR, SAN  
ANTONIO COMM HOSP

Board Certified Specialty: No  
DAP HEALTH INC

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

Phone: (760) 871-0606

Fax: (858) 634-6918

After Hours Phone: (760)

871-0606

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**MALEKSHAMRAN, KEYVAN**

License Type: MD

Provider ID: 313071

Provider Gender: Male

License Number: A94845

NPI: 1952466112

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,

DESERT REGIONAL MED CTR  
Board Certified Specialty: No  
DAP HEALTH INC

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

Phone: (760) 871-0606

Fax: (858) 634-6918

After Hours Phone: (760)  
871-0606

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

**MALEKSHAMRAN, KEYVAN**

License Type: MD

Provider ID: 313071

Provider Gender: Male

License Number: A94845

NPI: 1952466112

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,

DESERT REGIONAL MED CTR  
Board Certified Specialty: No  
DAP HEALTH INC

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

Phone: (760) 871-0606

Fax: (858) 634-6918

After Hours Phone: (760)  
871-0606

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER


### PEDIATRICS




**SONG, JOYCE**




License Type: DO

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## C. Directorio de atención primaria



Provider ID: 305166  
 Provider Gender: Female  
 NPI: 1417510694  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: 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


### **PEDIATRICS**

#### **STRAZICICH, KARLA**

License Type: MD  
 Provider ID: 289876  
 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**



#### **STRAZICICH, KARLA**

License Type: MD  
 Provider ID: 289876  
 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**

License Type: MD  
 Provider ID: 289873  
 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**

#### **TELLECHEA-SANCHEZ,**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### SELMIRA


License Type: MD


Provider ID: 289873

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

#### THIRUNAGARI, HARRSHA


License Type: MD


Provider ID: 313071

Provider Gender: Female

License Number: A64928

NPI: 1447472212

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi, Spanish,

Telugu

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL

CENTER, RIVERSIDE

COMMUNITY HOSP, Parkview

Community Hospital Medical


Center

Board Certified Specialty: No

DAP HEALTH INC

 1121 E WASHINGTON AVE

ESCONDIDO, CA 92025

 Phone: (760) 871-0606

Fax: (858) 634-6918

 After Hours Phone: (760)

871-0606

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

### PEDIATRICS

#### THIRUNAGARI, HARRSHA


License Type: MD


Provider ID: 313071

Provider Gender: Female

License Number: A64928

NPI: 1447472212

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi, Spanish,

Telugu

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL

CENTER, RIVERSIDE

COMMUNITY HOSP, Parkview

Community Hospital Medical


Center

Board Certified Specialty: No

DAP HEALTH INC

 1121 E WASHINGTON AVE

ESCONDIDO, CA 92025

 Phone: (760) 871-0606

Fax: (858) 634-6918

 After Hours Phone: (760)

871-0606

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

### PEDIATRICS

#### ZAND, FARIBA

License Type: MD

Provider ID: 204844

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

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## C. Directorio de atención primaria

Board Certified Specialty: No  
**RADY CHILDRENS HEALTH 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**

License Type: PA

Provider ID: 289769

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**

#### **BAISLEY, SHAWN**

License Type: PA

Provider ID: 289769

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**

License Type: PA

Provider ID: 289769

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

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

License Type: PA

Provider ID: 289769

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

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## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

### **PODIATRIST**

#### **NEGRON, RICARDO**


*License Type: DPM*

*Provider ID: 289855*

*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*

### **PODIATRIST**

#### **NEGRON, RICARDO**


*License Type: DPM*

*Provider ID: 289855*

*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**


*License Type: NPF*

*Provider ID: 298304*

*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*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-4PM*

*TU 8AM-12:30PM*

*W-TH 8AM-5PM*

### **CERTIFIED NURSE**

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## C. Directorio de atención primaria

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-12:30PM  
 W-TH 8AM-5PM



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### **CERTIFIED NURSE PRACTITIONER**




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#### **EVERETT, ELIZABETH**

License Type: NPF  
 Provider ID: 298304  
 Provider Gender: Female  
 License Number: NP95025094  
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 Provider English Spoken: Y  
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Board Certified Specialty: No  
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 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

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 Accessibility: CONTACT

#### **PROVIDER**

 Hours: M 8AM-4PM  
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### **CERTIFIED NURSE PRACTITIONER**




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 NPI: 1942952767



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## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Sign Language*  
*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*  
 *Hours: M 8AM-4PM  
TU 8AM-12:30PM  
W-TH 8AM-5PM*

### **CERTIFIED NURSE** **PRACTITIONER**

#### **KELLEHER, BRIDGET**







*License Type: NP*  
*Provider ID: 298304*  
*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*


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 *Website: 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**

*License Type: NP*  
*Provider ID: 298304*  
*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*  
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### **CERTIFIED NURSE** **PRACTITIONER**

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*License Type: NP*  
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*NPI: 1245695006*



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## C. Directorio de atención primaria

**CERTIFIED NURSE**  
**PRACTITIONER**



**KELLEHER, BRIDGET**  
License Type: NP  
Provider ID: 298304  
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**  
License Type: NP  
Provider ID: 298304  
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





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

**CERTIFIED NURSE**  
**PRACTITIONER**

**KIRKLAND, STEPHANIE**  
License Type: NP  
Provider ID: 298304  
Provider Gender: Female  
License Number: NP95013844  
NPI: 1083813661

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: CHRISTUS  
SANTA ROSA MEDICAL  
CENTER  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP



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FALLBROOK, CA 92028  
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## C. Directorio de atención primaria


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-12:30PM  
 W-TH 8AM-5PM




### **CERTIFIED NURSE PRACTITIONER**


#### **KIRKLAND, STEPHANIE**



License Type: NP  
 Provider ID: 298304  
 Provider Gender: Female  
 License Number: NP95013844  
 NPI: 1083813661

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: CHRISTUS  
 SANTA ROSA MEDICAL  
 CENTER

Board Certified Specialty: No  
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 NPI: 1083813661

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 Provider ID: 298304

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## C. Directorio de atención primaria


Provider Gender: Female  
License Number: NP95013844  
NPI: 1083813661


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CHRISTUS  
SANTA ROSA MEDICAL  
CENTER

Board Certified Specialty: No  
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PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-12:30PM  
W-TH 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

#### **RACKHAM, KELLY**


License Type: NP


Provider ID: 298304

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

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Provider ID: 298304

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284


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 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
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American Sign Language (ASL):

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 Accessibility: CONTACT PROVIDER

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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):

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 Accessibility: CONTACT PROVIDER

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 Provider Language(s)


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## C. Directorio de atención primaria

Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP


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 American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


 Hours: M 8AM-4PM  
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 W-TH 8AM-5PM


### FQHC


**FALLBROOK FAMILY HLTH CTR,**  
 Provider ID: 289871  
 NPI: 1982756086

 Provider English Spoken: Y  
 Cultural Competency: N  
 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

 Website: N/A  
 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  
 SA 8AM-5PM

### FQHC

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 Provider ID: 289871  
 NPI: 1982756086

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 Cultural Competency: N  
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 Phone: (760) 451-4720  
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 After Hours Phone: (760) 451-4720


 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-5PM


### FQHC


**VISTA COMMUNITY CLINIC,**  
 Provider ID: 298304  
 NPI: 1851300123

 Provider English Spoken: Y  
 Cultural Competency: N


 321 E ALVARADO ST  
 FALLBROOK, CA 92028


 Phone: (760) 723-6200

 After Hours Phone: (760) 723-6200

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


Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


 Hours: M 8:30AM-4PM  
 TU 8:30AM-12:30PM  
 W-TH 8:30AM-4PM


### FQHC


**VISTA COMMUNITY CLINIC,**  
 Provider ID: 298304  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM

### FQHC

**VISTA COMMUNITY CLINIC,**  
Provider ID: 298304  
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 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM

### FQHC

**VISTA COMMUNITY CLINIC,**  
Provider ID: 298304  
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 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM

### FQHC

**VISTA COMMUNITY CLINIC,**  
Provider ID: 298304  
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 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM

### FQHC

**VISTA COMMUNITY CLINIC,**  
Provider ID: 298304  
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 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM

### OBSTETRICS / GYNECOLOGY

**PEARSON, LAWRENCE**

License Type: MD

Provider ID: 289871

Provider Gender: Male

License Number: G37412

NPI: 1538234190

🗉 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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## C. Directorio de atención primaria

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

 After Hours Phone: (760)  
451-4720

 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

### **OBSTETRICS / GYNECOLOGY**

#### **PEARSON, LAWRENCE**


License Type: MD

Provider ID: 289871

Provider Gender: Male

License Number: G37412

NPI: 1538234190


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

 After Hours Phone: (760)  
451-4720

 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

### **PEDIATRICS**


#### **DEL RE, AMANDA**

License Type: MD

Provider ID: 201533

Provider Gender: Female

NPI: 1548499957

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY 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**


#### **LINARES, YENDI**

License Type: MD

Provider ID: 279215

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,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY 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**

License Type: MD

Provider ID: 204471

Provider Gender: Female



NPI: 1659389740

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK*

 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*


 *After Hours Phone: (760) 631-5000*


 *Website: N/A*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-4PM*

### **PEDIATRICS**

#### **VU, WENDY**

*License Type: MD*

*Provider ID: 289871*

*Provider Gender: Female*

*License Number: A169529*


*NPI: 1508148370*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 1328 S MISSION RD

FALLBROOK, CA 92028

 *Phone: (760) 451-4770*

 *After Hours Phone: (760) 451-4770*


 *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-7:30PM SA 8AM-5PM*

### **PEDIATRICS**

#### **VU, WENDY**

*License Type: MD*

*Provider ID: 289871*

*Provider Gender: Female*


*License Number: A169529*


*NPI: 1508148370*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 1328 S MISSION RD  
 FALLBROOK, CA 92028

 *Phone: (760) 451-4770*

 *After Hours Phone: (760) 451-4770*


 *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-7:30PM*

SA 8AM-5PM

### **IMPERIAL BEACH**

#### **FAMILY PRACTICE**

#### **JOHNSON, DANIEL**

*License Type: DO*

*Provider ID: 289864*

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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**

#### **JOHNSON, DANIEL**

License Type: DO

Provider ID: 289864

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](http://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: 289864

NPI: 1790718351

Provider English Spoken: Y

Cultural Competency: N

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

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**

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

Provider ID: 289864

NPI: 1790718351

Provider English Spoken: Y

Cultural Competency: N

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

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**

License Type: MD

Provider ID: 289864

Provider Gender: Female

License Number: A66830

NPI: 1780609990

Provider English Spoken: Y

Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Hospital Affiliation: 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](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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## C. Directorio de atención primaria

### INTERNAL MEDICINE

#### RYAN, DANA

License Type: MD

Provider ID: 289864

Provider Gender: Female

License Number: A66830

NPI: 1780609990

Provider English Spoken: Y

Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Hospital Affiliation: 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](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

License Type: MD

Provider ID: 289864

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

### PEDIATRICS

#### DOKICH, SRETENKA

License Type: MD

Provider ID: 289864

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: 307283

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: (760) 765-1278

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

---

### **CLINIC OUTPATIENT**

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


Provider ID: 307283

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: (760) 765-1278

 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**

License Type: DO

Provider ID: 307283

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)  
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**

License Type: DO

Provider ID: 307283

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)

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: 307283

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: (760) 765-1278

 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

---

### **FQHC**

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

Provider ID: 307283

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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: (760) 765-1278

 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

License Type: MD


Provider ID: 279603


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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-12PM

#### PEDIATRICS

#### GANDHI, SHEETAL

License Type: MD

Provider ID: 205020

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

License Type: MD

Provider ID: 204947


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

 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







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: MD  
 Provider ID: 206224  
 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): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM


### PEDIATRICS

#### **ROBERTS, KENDALL**

License Type: MD  
 Provider ID: 205024

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

#### **TUNG, VIVIAN**

License Type: MD  
 Provider ID: 204348  
 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\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM


### **LA MESA**

### PEDIATRICS

#### **MOLINOS, NICOLE**

License Type: MD  
 Provider ID: 279283  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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

### LAKESIDE

#### CHIROPRACTOR

**PAGE, BIANCA**  
License Type: DC  
Provider ID: 289859  
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

#### CHIROPRACTOR

**PAGE, BIANCA**  
License Type: DC  
Provider ID: 289859  
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

**FERRAIOLO, NATALIE**  
License Type: MD  
Provider ID: 289859  
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

**FERRAIOLO, NATALIE**  
License Type: MD  
Provider ID: 289859  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): Provider ID: 289859

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### **FAMILY PRACTICE**

#### **LIU-BARBARO, DOROTHY**


License Type: MD


Provider ID: 289859

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 289859

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### **FAMILY PRACTICE**


#### **LIU-BARBARO, DOROTHY**


License Type: MD

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](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**

#### **NEIGHBORHOOD**

#### **HEALTHCARE LAKESIDE,**

Provider ID: 289859


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](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**

#### **NEIGHBORHOOD**

#### **HEALTHCARE LAKESIDE,**


Provider ID: 289859


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](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

---

### **GENERAL PRACTICE**

#### **MANNINO, ELIZABETH**

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## C. Directorio de atención primaria

License Type: MD

Provider ID: 289859

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

### GENERAL PRACTICE

#### **MANNINO, ELIZABETH**

License Type: MD

Provider ID: 289859

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**

License Type: MD

Provider ID: 289859

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

### INTERNAL MEDICINE

#### **MCFARLAND, NATHAN**

License Type: MD

Provider ID: 289859

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**

License Type: NP

Provider ID: 46661




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## C. Directorio de atención primaria

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


#### **ALLEN, KATHERINE**



License Type: NP  
 Provider ID: 46661  
 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

#### **SMITH, SHARON**

License Type: NP  
 Provider ID: 46661  
 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

#### **SMITH, SHARON**

License Type: NP  
 Provider ID: 46661  
 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

 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**

License Type: NP  
 Provider ID: 46661  
 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: 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**

License Type: NP

Provider ID: 46661

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**

License Type: NP

Provider ID: 46661

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

---

**TOTH, JESSICA**

License Type: NP

Provider ID: 46661

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**

License Type: NP

Provider ID: 46661


Provider Gender: Female

License Number: NP95013978

NPI: 1881727386




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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**  
 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**

*License Type: NP*  
*Provider ID: 46661*  
*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**

*License Type: MD*  
*Provider ID: 46661*  
*Provider Gender: Female*  
*License Number: C172318*  
*NPI: 1285074740*  
 *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*



### **FAMILY PRACTICE**

#### **DORN, TIA**

*License Type: MD*  
*Provider ID: 46661*  
*Provider Gender: Female*  
*License Number: C172318*  
*NPI: 1285074740*  
 *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*

### **FAMILY PRACTICE**

#### **KIM, YUHEE**

*License Type: MD*  
*Provider ID: 46661*  
*Provider Gender: Female*  
*License Number: A107323*  
*NPI: 1629289400*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Korean*  
*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

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

**KIM, YUHEE**

License Type: MD

Provider ID: 46661

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: 46661

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

### FQHC

**LEMON GROVE FAMILY  
HEALTH CENTER,**

Provider ID: 46661

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**

License Type: MD

Provider ID: 46661

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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**

#### **GALLARES, DANIEL**

License Type: MD

Provider ID: 46661

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

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

License Type: MD

Provider ID: 46661

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**

#### **BUECHNER, CHARLENE**

License Type: MD

Provider ID: 46661

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**

License Type: MD

Provider ID: 46661

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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## C. Directorio de atención primaria

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**

#### **CARTER, KHALIL**

License Type: MD  
Provider ID: 46661  
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**

License Type: MD  
Provider ID: 46661  
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

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**

#### **CHAKRABARTI, PRIYA**

License Type: MD  
Provider ID: 46661  
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

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):


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## C. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM*

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

*License Type: MD*

*Provider ID: 46661*

*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**

#### **DE MIK, TRAVIS**


*License Type: MD*

*Provider ID: 46661*


*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**



*License Type: MD*

*Provider ID: 46661*

*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**

#### **DORUELO, ASHLEY**

*License Type: MD*

*Provider ID: 46661*

*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):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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<br/>  <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b><br/> <b>HANLEY, LAUREN</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 46661</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: C174771</i><br/> <i>NPI: 1053392035</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp</i><br/> <i>Grossmont Hospital</i><br/> <i>Board Certified Specialty: No</i><br/> <i>FAMILY HEALTH CENTERS OF SAN DIEGO</i><br/>  7592 BROADWAY<br/>           LEMON GROVE, CA 91945<br/>  <i>Phone: (619) 515-2550</i><br/>  <i>After Hours Phone: (619) 515-2550</i><br/>  <i>Website: N/A</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 9AM-5PM</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b><br/> <b>HANLEY, LAUREN</b></p> | <p><i>License Type: MD</i><br/> <i>Provider ID: 46661</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: C174771</i><br/> <i>NPI: 1053392035</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp</i><br/> <i>Grossmont Hospital</i><br/> <i>Board Certified Specialty: No</i><br/> <i>FAMILY HEALTH CENTERS OF SAN DIEGO</i><br/>  7592 BROADWAY<br/>           LEMON GROVE, CA 91945<br/>  <i>Phone: (619) 515-2550</i><br/>  <i>After Hours Phone: (619) 515-2550</i><br/>  <i>Website: N/A</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 9AM-5PM</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b><br/> <b>LIPSCHITZ, LISA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 46661</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A72005</i><br/> <i>NPI: 1649208711</i><br/>  <i>Provider English Spoken: Y</i></p> | <p> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL</i><br/> <i>Board Certified Specialty: No</i><br/> <i>FAMILY HEALTH CENTERS OF SAN DIEGO</i><br/>  7592 BROADWAY<br/>           LEMON GROVE, CA 91945<br/>  <i>Phone: (619) 515-2550</i><br/>  <i>After Hours Phone: (619) 515-2550</i><br/>  <i>Website: N/A</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b><br/> <b>LIPSCHITZ, LISA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 46661</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A72005</i><br/> <i>NPI: 1649208711</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SHARP CORONADO HOSP AND</i></p> |
|--|---|--|

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## C. Directorio de atención primaria

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**

#### **SAPRA, SONIA**

License Type: MD  
Provider ID: 46661  
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  
PROVIDER  
Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**

License Type: MD  
Provider ID: 46661  
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  
PROVIDER

Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**

License Type: DO  
Provider ID: 46661  
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**

#### **STABEN, REBECCA**

License Type: DO  
Provider ID: 46661



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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**



#### **ZIEG, ALAN**







*License Type: MD*  
*Provider ID: 46661*  
*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) 515-2550*  
 *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 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**



#### **ZIEG, ALAN**

*License Type: MD*  
*Provider ID: 46661*  
*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) 515-2550*  
 *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 8AM-5PM*

### **PEDIATRICS**

#### **JACKSON, DANA**

*License Type: DO*  
*Provider ID: 46661*  
*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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### PEDIATRICS

**JACKSON, DANA**

License Type: DO

Provider ID: 46661

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**

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**

License Type: PA

Provider ID: 46661

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

### PHYSICIANS ASSISTANT

**FLEMING, DAVID**

License Type: PA

Provider ID: 46661

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**

License Type: NP

Provider ID: 25518

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

 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


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### **CERTIFIED NURSE** **PRACTITIONER**

---


**AQUINO, FELINO**  
 License Type: NP  
 Provider ID: 109486  
 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



 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**

---

**AQUINO, FELINO**  
 License Type: NP  
 Provider ID: 25518  
 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**  
 License Type: NP  
 Provider ID: 109486  
 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

 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

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### **CERTIFIED NURSE** **PRACTITIONER**

---

**DHARKAR-SURBER, SAPNA**  
 License Type: NP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 58606  
 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)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

---

### CERTIFIED NURSE PRACTITIONER

#### **DHARKAR-SURBER, SAPNA**

License Type: NP  
 Provider ID: 58606  
 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)

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

#### **LIM, IMELDA**

License Type: NP  
 Provider ID: 109486  
 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**

License Type: NP  
 Provider ID: 25518  
 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)

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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-TH 8AM-6PM  
F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

**LIM, IMELDA**

License Type: NP

Provider ID: 109486

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**


License Type: NP


Provider ID: 25518

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

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 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**

License Type: NP

Provider ID: 121626

Provider Gender: Female


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](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

**LUM, YUIN-WAH**

License Type: NP

Provider ID: 121626

Provider Gender: Female


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)





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## C. Directorio de atención primaria

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

### CERTIFIED NURSE PRACTITIONER

**NEVAREZ, IRENE**  
 License Type: NP  
 Provider ID: 58606  
 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](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

**NEVAREZ, IRENE**  
 License Type: NP  
 Provider ID: 58606  
 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](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

**OCHOA, ERLINDA**  
 License Type: NP  
 Provider ID: 58606  
 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](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

### CERTIFIED NURSE PRACTITIONER



**OCHOA, ERLINDA**  
 License Type: NP  
 Provider ID: 58606  
 Provider Gender: Female  
 License Number: NP4430  
 NPI: 1346437464  
 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*  
**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**  
*License Type: NP*  
*Provider ID: 58606*  
*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 PRACTITIONER**

**REAL, MARIA**  
*License Type: NP*  
*Provider ID: 58606*  
*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 PRACTITIONER**

**REID, EMILY**  
*License Type: NP*  
*Provider ID: 58606*  
*Provider Gender: Female*  
*License Number: NP95002766*  
*NPI: 1083081467*  
 *Provider English Spoken: Y*  
*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-5:30PM*


---




**CERTIFIED NURSE**  
**PRACTITIONER**

---

**REID, EMILY**

*License Type: NP*  
*Provider ID: 58606*  
*Provider Gender: Female*  
*License Number: NP95002766*  
*NPI: 1083081467*

 *Provider English Spoken: Y*  
*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**

---




**VERDUZCO GONZALEZ, AURORA**

*License Type: NP*  
*Provider ID: 58606*

*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**

 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**




---


**VERDUZCO GONZALEZ, AURORA**

*License Type: NP*  
*Provider ID: 58606*  
*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**

 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**


---

**VILLANUEVA DE GUTIE, BERENICE**

*License Type: NP*  
*Provider ID: 58606*  
*Provider Gender: Female*  
*License Number: NP95002188*  
*NPI: 1952795536*

 *Provider English Spoken: Y*  
*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*

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## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): License Type: NP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**VILLANUEVA DE GUTIE,  
BERENICE**

License Type: NP

Provider ID: 58606

Provider Gender: Female


License Number: NP95002188


NPI: 1952795536

 Provider English Spoken: Y  
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

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**WILLIAMS, BREAHA**


License Type: NP

Provider ID: 58606

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

 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

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**WILLIAMS, BREAHA**


License Type: NP

Provider ID: 58606

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

 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

---

**CHIROPRACTOR**

---

**HOURIHAN, KEITH**

License Type: DC


Provider ID: 58606

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)

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## C. Directorio de atención primaria








**g**  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: TH 8AM-2PM

### CHIROPRACTOR


**HOURIHAN, KEITH**  
 License Type: DC  
 Provider ID: 58606  
 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)







**g**  
 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**  
 License Type: MD  
 Provider ID: 42839  
 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

**ALGHAMDI, ASMA**  
 License Type: MD  
 Provider ID: 42839  
 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**  
 License Type: MD  
 Provider ID: 121626  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): License Number: A74777

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **ANDAYA, MIKHAEL**


License Type: MD

Provider ID: 121626

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**

License Type: MD

Provider ID: 25518

Provider Gender: Female

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**

#### **BAEZ, BEATRICE**


License Type: MD

Provider ID: 25518

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**

License Type: MD

Provider ID: 42839

Provider Gender: Female

License Number: A157488

NPI: 1316479892

 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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/clinic/s/paradise-hills-family-clinic](http://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**

#### **CAMPBELL, BRIANNA**


License Type: MD

Provider ID: 42839

Provider Gender: Female

License Number: A157488

NPI: 1316479892

 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](http://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**


License Type: MD


Provider ID: 25518

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](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

### **FAMILY PRACTICE**

#### **CANLAS, AVELINO**

License Type: MD


Provider ID: 25518

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](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

### **FAMILY PRACTICE**

#### **CARRIEDO-CENICEROS, MARIA**

License Type: MD

Provider ID: 25520

Provider Gender: Female

License Number: A78373

NPI: 1295746618

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
 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

### **FAMILY PRACTICE**

#### **CARRIEDO-CENICEROS, MARIA**

License Type: MD  
 Provider ID: 25520  
 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/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

### **FAMILY PRACTICE**

#### **CEVALLOS, JAMES**

License Type: MD  
 Provider ID: 25520  
 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/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

### **FAMILY PRACTICE**

#### **CEVALLOS, JAMES**

License Type: MD  
 Provider ID: 25520  
 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/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

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## C. Directorio de atención primaria

|  |   |   |
|--|---|---|
| <p><b>FAMILY PRACTICE</b></p> <p><b>DILLON, MAYRA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 25520</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A112571</i><br/> <i>NPI: 1629232715</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 1136 D AVE<br/>           NATIONAL CITY, CA 91950<br/> <i>Phone: (619) 662-4100</i><br/> <i>Fax: (619) 336-2323</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: syhealth.org/clinics/national-city-family-clinic-1</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i></p> | <p><i>Provider ID: 25520</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A112571</i><br/> <i>NPI: 1629232715</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 1136 D AVE<br/>           NATIONAL CITY, CA 91950<br/> <i>Phone: (619) 662-4100</i><br/> <i>Fax: (619) 336-2323</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: syhealth.org/clinics/national-city-family-clinic-1</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i></p> | <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 1000 EUCLID AVE<br/>           NATIONAL CITY, CA 91950<br/> <i>Phone: (619) 515-2399</i><br/> <i>After Hours Phone: (619) 515-2399</i><br/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M 8:30AM-3:30PM<br/>           TU 10:30AM-5:30PM<br/>           W 8:30AM-3:30PM<br/>           TH 10:30AM-5:30PM<br/>           F 8:30AM-3:30PM</i></p> |
| <p><b>FAMILY PRACTICE</b></p> <p><b>DILLON, MAYRA</b><br/> <i>License Type: MD</i></p>   | <p><b>FAMILY PRACTICE</b></p> <p><b>LANUZA, MARK J</b><br/> <i>License Type: DO</i><br/> <i>Provider ID: 121626</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: 20A18460</i><br/> <i>NPI: 1992230593</i></p>  | <p><b>FAMILY PRACTICE</b></p> <p><b>LANUZA, MARK J</b><br/> <i>License Type: DO</i><br/> <i>Provider ID: 121626</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: 20A18460</i><br/> <i>NPI: 1992230593</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 1000 EUCLID AVE<br/>           NATIONAL CITY, CA 91950</p>   |

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## C. Directorio de atención primaria


 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

### **FAMILY PRACTICE**

#### **LAW, KAREN**

License Type: MD  
 Provider ID: 42839  
 Provider Gender: Female  
 License Number: A138534  
 NPI: 1205253150  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: CHULA VISTA COMM HOSP  
 Board Certified Specialty: No 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](http://syhealth.org/clinic/s/paradise-hills-family-clinic)

nic  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **LAW, KAREN**

License Type: MD  
 Provider ID: 42839  
 Provider Gender: Female  
 License Number: A138534  
 NPI: 1205253150  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: CHULA VISTA COMM HOSP  
 Board Certified Specialty: No 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](http://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**

#### **LEUTE, ERIC**

License Type: MD  
 Provider ID: 42839  
 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  
 2400 E 8TH ST STE A NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinic/s/paradise-hills-family-clinic](http://syhealth.org/clinic/s/paradise-hills-family-clinic)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **LEUTE, ERIC**

License Type: MD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 42839  
 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  
 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**

**MEDINA, ALEXANDER**  
 License Type: MD  
 Provider ID: 247959  
 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**

**MEDINA, ALEXANDER**  
 License Type: MD  
 Provider ID: 247959  
 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**  
 License Type: MD  
 Provider ID: 42839  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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



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### **FAMILY PRACTICE**

---



#### **MOHAMEDI, NADIA**


License Type: MD  
 Provider ID: 42839  
 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/clinic/s/paradise-hills-family-clinic](http://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

 Hours: M-F 8AM-5PM

---



### **FAMILY PRACTICE**

---

#### **NAVARRO, VANESSA MARIA**

License Type: MD  
 Provider ID: 42839  
 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/clinic/s/paradise-hills-family-clinic](http://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**

---

#### **NAVARRO, VANESSA MARIA**

License Type: MD  
 Provider ID: 42839  
 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/clinic/s/paradise-hills-family-clinic](http://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**

---

#### **NIKZAD, JASON**

License Type: DO  
 Provider ID: 247959  
 Provider Gender: Male  
 License Number: 20A12653  
 NPI: 1508121674

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, 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

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

#### NIKZAD, JASON

License Type: DO

Provider ID: 247959

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

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

License Type: MD

Provider ID: 25520

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

#### NOLASCO, JOANNA

License Type: MD

Provider ID: 25520

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

License Type: MD

Provider ID: 25520

Provider Gender: Male

License Number: A165184

NPI: 1336643345

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

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**

#### **OCEGUEDA, JOSHUA**

License Type: MD

Provider ID: 25520

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**

License Type: MD

Provider ID: 42839

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**

#### **RICHARDSON, DANIELLE**

License Type: MD

Provider ID: 42839

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>ROBERTS, POMAI</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 25520</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A103218</i><br/> <i>NPI: 1023278314</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 1136 D AVE<br/>           NATIONAL CITY, CA 91950<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: syhealth.org/clinics/national-city-family-clinic-1</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i></p> | <p><i>License Number: A103218</i><br/> <i>NPI: 1023278314</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 1136 D AVE<br/>           NATIONAL CITY, CA 91950<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: syhealth.org/clinics/national-city-family-clinic-1</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i></p> | <p><i>Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</i></p> <p> 217 HIGHLAND AVE<br/>           NATIONAL CITY, CA 91950<br/> <i>Phone: (619) 434-7308</i><br/> <i>After Hours Phone: (619) 434-7308</i><br/> <i>Website: www.lamaestra.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p>   |
| <p><b>FAMILY PRACTICE</b></p> <p><b>ROBERTS, POMAI</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 25520</i><br/> <i>Provider Gender: Female</i></p>   | <p><b>FAMILY PRACTICE</b></p> <p><b>SCHUMAKER, EDWARD</b><br/> <i>License Type: DO</i><br/> <i>Provider ID: 58606</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: 20A6433</i><br/> <i>NPI: 1184616872</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i></p>   | <p><b>FAMILY PRACTICE</b></p> <p><b>SCHUMAKER, EDWARD</b><br/> <i>License Type: DO</i><br/> <i>Provider ID: 58606</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: 20A6433</i><br/> <i>NPI: 1184616872</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</i></p> <p> 217 HIGHLAND AVE<br/>           NATIONAL CITY, CA 91950<br/> <i>Phone: (619) 434-7308</i><br/> <i>After Hours Phone: (619) 434-7308</i><br/> <i>Website: www.lamaestra.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\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.

## C. Directorio de atención primaria

American Sign Language (ASL): Provider ID: 42839

N

 Accessibility: CONTACT PROVIDER

---

### FAMILY PRACTICE

---

#### SNOOK, BRIAN


License Type: DO

Provider ID: 42839

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

---


#### SNOOK, BRIAN

License Type: DO

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


License Type: MD


Provider ID: 58606

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

---

#### STONES, RACHEL

License Type: MD

Provider ID: 58606

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: TH 8AM-2PM

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**


License Type: MD

Provider ID: 42839

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

 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

PROVIDER

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**


License Type: MD

Provider ID: 42839

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

 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: 121626

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

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

### **FQHC**

#### **FAMILY HEALTH CTR SD**


**NATIONAL CITY,**


Provider ID: 121626

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 515-2399

🌐 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

### FQHC

#### LA MAESTRA FAMILY CLINIC INC,

Provider ID: 58606

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

#### LA MAESTRA FAMILY CLINIC INC,

Provider ID: 58606

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: 25518

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 - NATIONAL C,

Provider ID: 25518

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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**FQHC**





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**OPERATION SAMAHAN  
GRANGER SCHOOL BASED,**  
*Provider ID: 109486  
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.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-5PM*

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**FQHC**

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**OPERATION SAMAHAN  
GRANGER SCHOOL BASED,**  
*Provider ID: 109486  
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.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-5PM*

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**FQHC**

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**SAN YSIDRO HEALTH  
NATIONAL CITY,**  
*Provider ID: 25520  
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/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*  
 *Hours: M-F 8AM-5PM*

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**FQHC**

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**SAN YSIDRO HEALTH**

**NATIONAL CITY,**  
*Provider ID: 25520  
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/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*  
 *Hours: M-F 8AM-5PM*

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**FQHC**

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**SAN YSIDRO HEALTH  
PARADISE HILLS,**  
*Provider ID: 42839  
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) 259-2811*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: syhealth.org/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.

## C. Directorio de atención primaria

*s/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

##### PARADISE HILLS,

Provider ID: 42839

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) 259-2811

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: 247959

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

### FQHC

#### SAN YSIDRO HEALTH SOUTH

##### BAY,

Provider ID: 247959

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

License Type: MD

Provider ID: 58606

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

### HEPATOLOGY

#### GISH, ROBERT

License Type: MD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 58606

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**

License Type: MD

Provider ID: 125093

Provider Gender: Male

NPI: 1124039755

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL

Board Certified Specialty: Yes

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**

License Type: MD

Provider ID: 129795

Provider Gender: Male

NPI: 1871501205

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: KINDRED

HOSPITAL SAN DIEGO,  
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**

License Type: MD

Provider ID: 25520

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*

### **INTERNAL MEDICINE**

#### **LAMANTIA, MICHELE**


*License Type: MD*

*Provider ID: 25520*

*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**


*License Type: MD*

*Provider ID: 247959*

*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**

#### **LAMANTIA, MICHELE**


*License Type: MD*


*Provider ID: 247959*

*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**


*License Type: MD*


*Provider ID: 58606*

*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*

 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):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-5:30PM</i></p> <hr/> <p style="text-align: center;"><b>INTERNAL MEDICINE</b></p> <p><b>ROUEL, WADI</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 58606</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: C55979</i></p> <p><i>NPI: 1740254713</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL</i></p> <p><i>Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</i></p> <p> 217 HIGHLAND AVE<br/>NATIONAL CITY, CA 91950</p> <p> <i>Phone: (619) 434-7308</i></p> <p> <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></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-5:30PM</i></p> <hr/> <p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>CANTU-REYNA, GUILLERMO</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 58606</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A41375</i></p> <p><i>NPI: 1447389101</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 CHULA VISTA MED CTR</i></p> <p><i>Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</i></p> <p> 217 HIGHLAND AVE<br/>NATIONAL CITY, CA 91950</p> <p> <i>Phone: (619) 798-3977</i></p> <p> <i>After Hours Phone: (619) 798-3977</i></p> <p> <i>Website: www.lamaestra.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>NEUROLOGY</b></p> <p><b>CANTU-REYNA, GUILLERMO</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 58606</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A41375</i></p> | <p><i>NPI: 1447389101</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 CHULA VISTA MED CTR</i></p> <p><i>Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</i></p> <p> 217 HIGHLAND AVE<br/>NATIONAL CITY, CA 91950</p> <p> <i>Phone: (619) 798-3977</i></p> <p> <i>After Hours Phone: (619) 798-3977</i></p> <p> <i>Website: www.lamaestra.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>OBSTETRICS / GYNECOLOGY</b></p> <p><b>ASLIAN, AZITA</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 42839</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A118227</i></p> <p><i>NPI: 1851667661</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Faroese, Fataleka</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: Hemet Global Medical Center, Menifee Global Medical Center,</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

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](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

### **OBSTETRICS / GYNECOLOGY**

#### **ASLIAN, AZITA**

License Type: MD

Provider ID: 42839

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](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

### **PEDIATRICS**

#### **BAILONY, AHMAD**

License Type: MD

Provider ID: 204623

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**

#### **BAILONY, MOHAMMED**

License Type: MD

Provider ID: 204571

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 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**


License Type: MD

Provider ID: 204705

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 8AM-5PM

### **PEDIATRICS**

#### **BONSU, BEMA**

License Type: MD

Provider ID: 25520

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**

#### **BONSU, BEMA**

License Type: MD

Provider ID: 25520

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**

License Type: MD

Provider ID: 58606


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: 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

 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**

#### **CONE, STEPHANIE**

License Type: MD

Provider ID: 58606

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

 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**


#### **DABU, LISA**

License Type: MD

Provider ID: 310258

Provider Gender: Female

NPI: 1881128254


 Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

 502 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950

 Phone: (619) 475-6204

Fax: (619) 475-5174

 After Hours Phone: (619)  
475-6204

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **DAY, CHRISTOPHER**

License Type: MD

Provider ID: 121626

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 8:30AM-3:30PM  
TU 10:30AM-5:30PM  
W 8:30AM-3:30PM  
TH 10:30AM-5:30PM  
F 8:30AM-3:30PM*

### **PEDIATRICS**

#### **DAY, CHRISTOPHER**

*License Type: MD  
Provider ID: 121626  
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*  
*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**

*License Type: MD  
Provider ID: 204715  
Provider Gender: Female  
NPI: 1346258787*

🗣️ *Provider English Spoken: Y*  
🗣️ *Provider Language(s)  
Spoken: Spanish*  
*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**

*License Type: MD  
Provider ID: 204938  
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*

*American Sign Language (ASL):  
N*

♿️ *Accessibility: CONTACT  
PROVIDER*

🕒 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**

#### **RANA, DEBORAH**

*License Type: MD  
Provider ID: 42839  
Provider Gender: Female  
License Number: G88347  
NPI: 1033191457*

🗣️ *Provider English Spoken: Y*  
*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

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

### PEDIATRICS

**RANA, DEBORAH**

License Type: MD

Provider ID: 42839

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

### PEDIATRICS

**UY, CARMELITA**

License Type: MD

Provider ID: 204563

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

### PEDIATRICS

**VALENCIA, MARILES**

License Type: MD

Provider ID: 204503

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: SU-SA 8AM-5PM

### PHYSICIANS ASSISTANT


#### ARMENTA, JORGE






License Type: PA  
Provider ID: 58606  
Provider Gender: Male  
License Number: PA13694  
NPI: 1346382611  
 Provider English Spoken: Y  
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

### PHYSICIANS ASSISTANT


#### ARMENTA, JORGE

License Type: PA  
Provider ID: 58606  
Provider Gender: Male  
License Number: PA13694  
NPI: 1346382611  
 Provider English Spoken: Y  
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

### PHYSICIANS ASSISTANT

#### BANGS, SASHA


License Type: PA  
Provider ID: 121626  
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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### BANGS, SASHA

License Type: PA  
Provider ID: 121626  
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  
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


| <b>PHYSICIANS ASSISTANT</b>                 |  |  |  |
|---|--|--|--|
| <b>MARTINEZ-MURGUIA, IRENE</b>              |  | <i>Cultural Competency: N</i>            | <i>Min/Max Age: 0\None</i>             |
| <i>License Type: PA</i>                     |  | <i>Board Certified Specialty: No</i>     | <i>American Sign Language (ASL): N</i> |
| <i>Provider ID: 58606</i>                   |  | <b>LA MAESTRA FAMILY CLINIC</b>          | <i>Accessibility: CONTACT PROVIDER</i> |
| <i>Provider Gender: Female</i>              |  | 217 HIGHLAND AVE                         | <i>Hours: M-F 8AM-5:30PM</i>           |
| <i>License Number: PA20296</i>              |  | NATIONAL CITY, CA 91950                  |  |
| <i>NPI: 1447492889</i>                      |  | <i>Phone: (619) 434-7308</i>             |  |
| <i>Provider English Spoken: Y</i>           |  | <i>After Hours Phone: (619) 434-7308</i> |  |
| <i>Provider Language(s) Spoken: Spanish</i> |  | <i>Website: www.lamaestra.org</i>        |  |
| <i>Cultural Competency: N</i>               |  | <i>Medi-Cal Open Panel: Yes</i>          |  |
| <i>Board Certified Specialty: No</i>        |  | <i>Min/Max Age: 0\None</i>               |  |
| <b>LA MAESTRA FAMILY CLINIC</b>             |  | <i>American Sign Language (ASL): N</i>   |  |
| 217 HIGHLAND AVE                            |  | <i>Accessibility: CONTACT PROVIDER</i>   |  |
| NATIONAL CITY, CA 91950                     |  |  |  |
| <i>Phone: (619) 434-7308</i>                |  |  |  |
| <i>After Hours Phone: (619) 434-7308</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>      |  |  |  |
| <b>PHYSICIANS ASSISTANT</b>                 |  |  |  |
| <b>MERCER, KELLY</b>                        |  | <i>Cultural Competency: N</i>            | <i>Min/Max Age: 0\None</i>             |
| <i>License Type: PA</i>                     |  | <i>Board Certified Specialty: No</i>     | <i>American Sign Language (ASL): N</i> |
| <i>Provider ID: 58606</i>                   |  | <b>LA MAESTRA FAMILY CLINIC</b>          | <i>Accessibility: CONTACT PROVIDER</i> |
| <i>Provider Gender: Female</i>              |  | 217 HIGHLAND AVE                         | <i>Hours: M-F 8AM-5:30PM</i>           |
| <i>License Number: PA21625</i>              |  | NATIONAL CITY, CA 91950                  |  |
| <i>NPI: 1154609790</i>                      |  | <i>Phone: (619) 434-7308</i>             |  |
| <i>Provider English Spoken: Y</i>           |  | <i>After Hours Phone: (619) 434-7308</i> |  |
| <i>Provider Language(s) Spoken: Arabic</i>  |  | <i>Website: www.lamaestra.org</i>        |  |
| <i>Cultural Competency: N</i>               |  | <i>Medi-Cal Open Panel: Yes</i>          |  |
| <i>Board Certified Specialty: No</i>        |  | <i>Min/Max Age: 0\None</i>               |  |
| <b>LA MAESTRA FAMILY CLINIC</b>             |  | <i>American Sign Language (ASL): N</i>   |  |
| 217 HIGHLAND AVE                            |  | <i>Accessibility: CONTACT PROVIDER</i>   |  |
| NATIONAL CITY, CA 91950                     |  |  |  |
| <i>Phone: (619) 434-7308</i>                |  |  |  |
| <i>After Hours Phone: (619) 434-7308</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>      |  |  |  |
| <b>PHYSICIANS ASSISTANT</b>                 |  |  |  |
| <b>MARTINEZ-MURGUIA, IRENE</b>              |  | <i>Cultural Competency: N</i>            | <i>Min/Max Age: 0\None</i>             |
| <i>License Type: PA</i>                     |  | <i>Board Certified Specialty: No</i>     | <i>American Sign Language (ASL): N</i> |
| <i>Provider ID: 58606</i>                   |  | <b>LA MAESTRA FAMILY CLINIC</b>          | <i>Accessibility: CONTACT PROVIDER</i> |
| <i>Provider Gender: Female</i>              |  | 217 HIGHLAND AVE                         | <i>Hours: M-F 8AM-5:30PM</i>           |
| <i>License Number: PA20296</i>              |  | NATIONAL CITY, CA 91950                  |  |
| <i>NPI: 1447492889</i>                      |  | <i>Phone: (619) 434-7308</i>             |  |
| <i>Provider English Spoken: Y</i>           |  | <i>After Hours Phone: (619) 434-7308</i> |  |
| <i>Provider Language(s) Spoken: Spanish</i> |  | <i>Website: www.lamaestra.org</i>        |  |
| <i>Cultural Competency: N</i>               |  | <i>Medi-Cal Open Panel: Yes</i>          |  |
| <i>Board Certified Specialty: No</i>        |  | <i>Min/Max Age: 0\None</i>               |  |
| <b>LA MAESTRA FAMILY CLINIC</b>             |  | <i>American Sign Language (ASL): N</i>   |  |
| 217 HIGHLAND AVE                            |  | <i>Accessibility: CONTACT PROVIDER</i>   |  |
| NATIONAL CITY, CA 91950                     |  |  |  |
| <i>Phone: (619) 434-7308</i>                |  |  |  |
| <i>After Hours Phone: (619) 434-7308</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>      |  |  |  |

### OCEANSIDE

#### 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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

| <b>PRACTITIONER</b>   |   |
|---|---|
| <b>BAEK, KILHYO</b>   |   |
| License Type: NP  |   |
| Provider ID: 289902   |   |
| Provider Gender: Female   |   |
| License Number: NP95003571  |   |
| NPI: 1053776914   |   |
|  Provider English Spoken: Y  |  Provider Language(s) Spoken: Korean   |
|  Provider Language(s) Spoken: Korean   |   |
| Cultural Competency: N  |   |
| Board Certified Specialty: No   |   |
| IHP OF SOUTHERN CAL-PHP   |   |
|  4700 N RIVER RD   |  4700 N RIVER RD   |
| OCEANSIDE, CA 92057   | OCEANSIDE, CA 92057   |
|  Phone: (760) 631-5000   |  Phone: (760) 631-5000   |
|  After Hours Phone: (760) 631-5000   |  After Hours Phone: (760) 631-5000   |
|  Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a>  |  Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a>    |
| Medi-Cal Open Panel: Yes  |   |
| Min/Max Age: 0\None   |   |
| American Sign Language (ASL): N   |   |
|  Accessibility: CONTACT PROVIDER   |  Accessibility: CONTACT PROVIDER   |
|  Hours: M-F 8AM-5PM SA 9AM-4PM   |  Hours: M-F 8AM-5PM SA 9AM-4PM   |
| <b>CERTIFIED NURSE PRACTITIONER</b>   |   |
| <b>BAEK, KILHYO</b>   |   |
| License Type: NP  |   |
| Provider ID: 289902   |   |
| Provider Gender: Female   |   |
| License Number: NP95003571  |   |
| NPI: 1053776914   |   |
|  Provider English Spoken: Y  |  Phone: (760) 631-5000   |
|  Provider Language(s) Spoken: Korean   |  After Hours Phone: (760) 631-5000   |
| Cultural Competency: N  |   |
| Board Certified Specialty: No   |   |
| IHP OF SOUTHERN CAL-PHP   |   |
|  4700 N RIVER RD   |  4700 N RIVER RD   |
| OCEANSIDE, CA 92057   | OCEANSIDE, CA 92057   |
|  Phone: (760) 631-5000   |  After Hours Phone: (760) 631-5000   |
|  After Hours Phone: (760) 631-5000   |   |
|  Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a> |  Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a> |
| 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*  
 *Hours: M-F 8AM-5PM  
SA 9AM-4PM*



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**CERTIFIED NURSE**  
**PRACTITIONER**

---



**BAEK, KILHYO**

*License Type: NP*  
*Provider ID: 289902*  
*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*


*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**

---



**BAEK, KILHYO**

*License Type: NP*  
*Provider ID: 289902*  
*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*


*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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
**BINETTE, DONYA**

*License Type: NP*  
*Provider ID: 289857*  
*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*



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**CERTIFIED NURSE**  
**PRACTITIONER**

---



**BINETTE, DONYA**

*License Type: NP*  
*Provider ID: 305294*  
*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)*

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## C. Directorio de atención primaria

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**  
License Type: NP  
Provider ID: 289857  
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**  
License Type: NP  
Provider ID: 305294  
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**

**CHILAKA, SAMUEL**  
License Type: NP  
Provider ID: 289902

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):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **CERTIFIED NURSE PRACTITIONER**

**CHILAKA, SAMUEL**  
License Type: NP  
Provider ID: 289902  
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

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## C. Directorio de atención primaria


 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

#### **CHILAKA, SAMUEL**

License Type: NP

Provider ID: 289902

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](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

#### **CHILAKA, SAMUEL**

License Type: NP

Provider ID: 289902

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  
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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  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **CHILAKA, SAMUEL**


License Type: NP

Provider ID: 289902

Provider Gender: Male



License Number: NP95017483

NPI: 1679140644

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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 Phone: (760) 631-5000  
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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  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **CHILAKA, SAMUEL**

License Type: NP

Provider ID: 289902

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

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## C. Directorio de atención primaria


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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### **CERTIFIED NURSE PRACTITIONER**

---

#### **CHRISTY, TYLER**

License Type: NPF

Provider ID: 289902

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.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**

---

#### **CHRISTY, TYLER**

License Type: NPF

Provider ID: 289902

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.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**

---

#### **CHRISTY, TYLER**

License Type: NPF

Provider ID: 289902

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.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**

---

#### **CHRISTY, TYLER**

License Type: NPF

Provider ID: 289902

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

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## C. Directorio de atención primaria


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### **CERTIFIED NURSE PRACTITIONER**

---

#### **CHRISTY, TYLER**

License Type: NPF

Provider ID: 289902

Provider Gender: Male



License Number: NP95025871

NPI: 1689094971

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
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### **CERTIFIED NURSE PRACTITIONER**

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#### **CHRISTY, TYLER**

License Type: NPF

Provider ID: 289902

Provider Gender: Male



License Number: NP95025871

NPI: 1689094971

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
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### **CERTIFIED NURSE PRACTITIONER**

---

#### **CORY, ALLISON**

License Type: NP

Provider ID: 289902

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

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER

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### **CERTIFIED NURSE PRACTITIONER**

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#### **CORY, ALLISON**


License Type: NP

Provider ID: 289902

Provider Gender: Female

License Number: NP20497

NPI: 1194027706

 Provider English Spoken: Y  
Cultural Competency: N




Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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Min/Max Age: 0\None

American Sign Language (ASL):  
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### CERTIFIED NURSE PRACTITIONER

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#### **CORY, ALLISON**

License Type: NP

Provider ID: 289902

Provider Gender: Female



License Number: NP20497

NPI: 1194027706

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
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### CERTIFIED NURSE PRACTITIONER

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#### **CORY, ALLISON**

License Type: NP

Provider ID: 289902

Provider Gender: Female



License Number: NP20497

NPI: 1194027706

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
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### CERTIFIED NURSE PRACTITIONER

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License Type: NP

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NPI: 1194027706

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License Type: NP

Provider ID: 289902

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American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

### **CERTIFIED NURSE PRACTITIONER**

---

#### **DECARLI, TASIA**

License Type: NP

Provider ID: 289902

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) 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**

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#### **DECARLI, TASIA**

License Type: NP

Provider ID: 289902

Provider Gender: Female


License Number: NP95001650


NPI: 1598158768

 Provider English Spoken: Y  
Cultural Competency: N

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N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

### **CERTIFIED NURSE PRACTITIONER**

---

#### **EVERETT, ELIZABETH**

License Type: NPF


Provider ID: 289902

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  
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### **CERTIFIED NURSE PRACTITIONER**

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#### **EVERETT, ELIZABETH**

License Type: NPF


Provider ID: 289902

Provider Gender: Female

License Number: NP95025094

NPI: 1942952767

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Sign Language

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## C. Directorio de atención primaria

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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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
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Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **EVERETT, ELIZABETH**

License Type: NPF

Provider ID: 289902

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  
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License Type: NPF

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License Number: NP95025094

NPI: 1942952767

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Provider Language(s)  
Spoken: Sign Language

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License Type: NPF

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Provider Gender: Female

License Number: NP95025094

NPI: 1942952767

Provider English Spoken: Y

Provider Language(s)  
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PROVIDER

Hours: M-F 8AM-5PM  
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### CERTIFIED NURSE PRACTITIONER

#### **EVERETT, ELIZABETH**

License Type: NPF

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## C. Directorio de atención primaria

Provider ID: 289902  
 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

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 OCEANSIDE, CA 92057


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Medi-Cal Open Panel: Yes  
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 Hours: M-F 8AM-5PM  
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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **HALGEDAHL, YI TING**

License Type: NP  
 Provider ID: 289902  
 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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 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):  
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 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
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### **CERTIFIED NURSE** **PRACTITIONER**

---



#### **HALGEDAHL, YI TING**

License Type: NP  
 Provider ID: 289902  
 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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 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

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### **CERTIFIED NURSE** **PRACTITIONER**

---



#### **HALGEDAHL, YI TING**

License Type: NP  
 Provider ID: 289943  
 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  
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American Sign Language (ASL):  
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 Accessibility: CONTACT

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## C. Directorio de atención primaria

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM



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**CERTIFIED NURSE**  
**PRACTITIONER**





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**HALGEDAHL, YI TING**

License Type: NP  
 Provider ID: 304702  
 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  
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 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):  
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 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
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**CERTIFIED NURSE**  
**PRACTITIONER**

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**HALGEDAHL, YI TING**

License Type: NP

Provider ID: 289899  
 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):  
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 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM



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**CERTIFIED NURSE**  
**PRACTITIONER**





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**HALGEDAHL, YI TING**

License Type: NP  
 Provider ID: 304701  
 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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 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**

License Type: NP  
 Provider ID: 289902  
 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**HALGEDAHL, YI TING**


License Type: NP

Provider ID: 304702

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**


License Type: NP

Provider ID: 289899

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

### CERTIFIED NURSE PRACTITIONER

**HALGEDAHL, YI TING**


License Type: NP

Provider ID: 304701

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

### CERTIFIED NURSE PRACTITIONER

**HALGEDAHL, YI TING**

License Type: NP

Provider ID: 289943

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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## C. Directorio de atención primaria

 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**



License Type: NP

Provider ID: 289902




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**



License Type: NP

Provider ID: 289902

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  
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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  
 SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **HALGEDAHL, YI TING**

License Type: NP


Provider ID: 289902

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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 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

### CERTIFIED NURSE PRACTITIONER

#### **HARRIS, PAMELA**

License Type: NP

Provider ID: 289902

Provider Gender: Female

License Number: NP95022679

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 1407545221

 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

### **CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**

License Type: NP

Provider ID: 289902

Provider Gender: Female


License Number: NP95022679

NPI: 1407545221

 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

### **CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**

License Type: NP

Provider ID: 289902

Provider Gender: Female


License Number: NP95022679


NPI: 1407545221

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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 Phone: (760) 631-5000

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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  
SA 9AM-4PM

### **CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**


License Type: NP

Provider ID: 289902

Provider Gender: Female


License Number: NP95022679


NPI: 1407545221

 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

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**

License Type: NP

Provider ID: 289902

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: NP95022679  
NPI: 1407545221

 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

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **HARRIS, PAMELA**

License Type: NP

Provider ID: 289902

Provider Gender: Female


License Number: NP95022679


NPI: 1407545221

 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

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **HOWELL, AMANDA**

License Type: NP

Provider ID: 289902

Provider Gender: Female


License Number: NP95020894


NPI: 1427797943

 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

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **HOWELL, AMANDA**

License Type: NP

Provider ID: 289902

Provider Gender: Female


License Number: NP95020894


NPI: 1427797943

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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OCEANSIDE, CA 92057

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 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**

---

#### **HOWELL, AMANDA**

License Type: NP

Provider ID: 289902

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: NP95020894  
NPI: 1427797943

 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

---

### CERTIFIED NURSE PRACTITIONER

---



#### **HOWELL, AMANDA**

License Type: NP  
Provider ID: 289902  
Provider Gender: Female  
License Number: NP95020894  
NPI: 1427797943

 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

---

### CERTIFIED NURSE PRACTITIONER

---



#### **HOWELL, AMANDA**

License Type: NP  
Provider ID: 289902  
Provider Gender: Female  
License Number: NP95020894  
NPI: 1427797943

 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

---

### CERTIFIED NURSE PRACTITIONER

---



#### **HOWELL, AMANDA**


License Type: NP  
Provider ID: 289902  
Provider Gender: Female  
License Number: NP95020894  
NPI: 1427797943

 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

---

### CERTIFIED NURSE PRACTITIONER

---

#### **KELLEHER, BRIDGET**

License Type: NP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 289899  
 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  
 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-TU 8AM-5PM  
 W 8AM-7PM  
 TH-F 8AM-5PM  
 SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**KELLEHER, BRIDGET**  
 License Type: NP  
 Provider ID: 304701  
 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  
 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-TU 8AM-5PM  
 W 8AM-7PM  
 TH-F 8AM-5PM  
 SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**KELLEHER, BRIDGET**  
 License Type: NP  
 Provider ID: 289899  
 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  
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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-TU 8AM-5PM  
 W 8AM-7PM  
 TH-F 8AM-5PM  
 SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER





**KELLEHER, BRIDGET**  
 License Type: NP  
 Provider ID: 304701  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 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<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





### CERTIFIED NURSE PRACTITIONER

**TAYLOR, CHRISTOPHER**

License Type: NP  
Provider ID: 289902  
Provider Gender: Male  
License Number: NP95020584  
NPI: 1851747166

 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](http://www.vistacommu<br/>nityclinic.org)


[nityclinic.org](http://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

**TAYLOR, CHRISTOPHER**

License Type: NP  
Provider ID: 289902  
Provider Gender: Male  
License Number: NP95020584  
NPI: 1851747166

 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](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


### CERTIFIED NURSE PRACTITIONER

**TAYLOR, CHRISTOPHER**

License Type: NP  
Provider ID: 289902  
Provider Gender: Male  
License Number: NP95020584  
NPI: 1851747166

 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](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






### CERTIFIED NURSE PRACTITIONER

**TAYLOR, CHRISTOPHER**

License Type: NP  
Provider ID: 289902  
Provider Gender: Male  
License Number: NP95020584  
NPI: 1851747166

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*  
*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**

#### **TAYLOR, CHRISTOPHER**


*License Type: NP*

*Provider ID: 289902*


*Provider Gender: Male*


*License Number: NP95020584*

*NPI: 1851747166*

 *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**

#### **TAYLOR, CHRISTOPHER**

*License Type: NP*

*Provider ID: 289902*

*Provider Gender: Male*


*License Number: NP95020584*


*NPI: 1851747166*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 4700 N RIVER RD  
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 *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**

#### **ESPINOSA-SILVA, YAMINAH**

*License Type: DO*

*Provider ID: 289902*

*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*

 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**

#### **ESPINOSA-SILVA, YAMINAH**

*License Type: DO*

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## C. Directorio de atención primaria

Provider ID: 289902  
 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  
 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**

**ESPINOSA-SILVA, YAMINAH**  
 License Type: DO  
 Provider ID: 289902  
 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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 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### **FAMILY PRACTICE**

**ESPINOSA-SILVA, YAMINAH**  
 License Type: DO  
 Provider ID: 289902  
 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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 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**

**ESPINOSA-SILVA, YAMINAH**  
 License Type: DO  
 Provider ID: 289902  
 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

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## C. Directorio de atención primaria

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

#### ESPINOSA-SILVA, YAMINAH

License Type: DO

Provider ID: 289902

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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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

#### FATLAND, SARAH

License Type: DO

Provider ID: 289902

Provider Gender: Female

License Number: 20A18374

NPI: 1831354026

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

#### FATLAND, SARAH

License Type: DO

Provider ID: 289902

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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OCEANSIDE, CA 92057

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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

#### FATLAND, SARAH

License Type: DO

Provider ID: 289902

Provider Gender: Female

License Number: 20A18374

NPI: 1831354026

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
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**

#### **FATLAND, SARAH**

License Type: DO

Provider ID: 289902

Provider Gender: Female


License Number: 20A18374


NPI: 1831354026

 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**

#### **FATLAND, SARAH**

License Type: DO

Provider ID: 289902

Provider Gender: Female


License Number: 20A18374


NPI: 1831354026

 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**

#### **FATLAND, SARAH**

License Type: DO

Provider ID: 289902

Provider Gender: Female


License Number: 20A18374


NPI: 1831354026

 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**

#### **KETCHEL, CLINT**

License Type: MD

Provider ID: 289902

Provider Gender: Male

License Number: A135564






NPI: 1699038125

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Arabic, Chaldean  
Neo-Aramaic, 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







*Syriac*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 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*  
*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**


*License Type: MD*  
*Provider ID: 289899*  
*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,  
 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*  
*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**

*License Type: MD*  
*Provider ID: 289902*  
*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,  
 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*  
*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**

*License Type: MD*  
*Provider ID: 289902*  
*Provider Gender: Male*  
*License Number: A135564*

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## C. Directorio de atención primaria

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,  
TRI CITY MEDICAL CTR,  
WHITTIER HOSPITAL MEDICAL  
CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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OCEANSIDE, CA 92057

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 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**



License Type: MD

Provider ID: 289902

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,  
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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

---

**KETCHEL, CLINT**



License Type: MD

Provider ID: 289902

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,  
TRI CITY MEDICAL CTR,  
WHITTIER HOSPITAL MEDICAL  
CENTER

Board Certified Specialty: No  
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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

| FAMILY PRACTICE  | SA 9AM-4PM  | PROVIDER  |
|--|---|---|
| <p><b>KETCHEL, CLINT</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 289902</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A135564</i><br/> <i>NPI: 1699038125</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic, Spanish, Syriac</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, TRI CITY MEDICAL CTR, WHITTIER HOSPITAL MEDICAL CENTER</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p><input type="checkbox"/> <i>4700 N RIVER RD OCEANSIDE, CA 92057</i><br/> <input type="checkbox"/> <i>Phone: (760) 631-5000</i><br/> <input type="checkbox"/> <i>After Hours Phone: (760) 631-5000</i><br/> <input type="checkbox"/> <i>Website: www.vistacommunityclinic.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="checkbox"/> <i>Hours: M-F 8AM-5PM</i></p> | <p><b>KETCHEL, CLINT</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 289899</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A135564</i><br/> <i>NPI: 1699038125</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic, Spanish, Syriac</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, TRI CITY MEDICAL CTR, WHITTIER HOSPITAL MEDICAL CENTER</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p><input type="checkbox"/> <i>818 PIER VIEW WAY OCEANSIDE, CA 92054</i><br/> <input type="checkbox"/> <i>Phone: (760) 631-5000</i><br/> <input type="checkbox"/> <i>After Hours Phone: (760) 631-5000</i><br/> <input type="checkbox"/> <i>Website: www.vistacommunityclinic.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="checkbox"/> <i>Accessibility: CONTACT</i></p> | <p><b>KETCHEL, CLINT</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 304701</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A135564</i><br/> <i>NPI: 1699038125</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic, Spanish, Syriac</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, TRI CITY MEDICAL CTR, WHITTIER HOSPITAL MEDICAL CENTER</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p><input type="checkbox"/> <i>818 PIER VIEW WAY OCEANSIDE, CA 92054</i><br/> <input type="checkbox"/> <i>Phone: (760) 631-5000</i><br/> <input type="checkbox"/> <i>After Hours Phone: (760) 631-5000</i><br/> <input type="checkbox"/> <i>Website: www.vistacommunityclinic.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> |

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## C. Directorio de atención primaria



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **FAMILY PRACTICE**

#### **KETCHEL, CLINT**







*License Type: MD*  
*Provider ID: 304701*  
*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, 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*  
*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**

#### **MILLER, DIANA**

*License Type: DO*  
*Provider ID: 289943*  
*Provider Gender: Female*  
*License Number: 20A17371*  
*NPI: 1407204969*  
 *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*  
 *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*

### **FAMILY PRACTICE**

#### **MILLER, DIANA**

*License Type: DO*  
*Provider ID: 304702*  
*Provider Gender: Female*  
*License Number: 20A17371*  
*NPI: 1407204969*  
 *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*  
 *517 N HORNE ST OCEANSIDE, CA 92054*  
 *Phone: (760) 631-5000*  
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 *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*


### **FAMILY PRACTICE**





#### **MILLER, DIANA**

*License Type: DO*  
*Provider ID: 289943*  
*Provider Gender: Female*  
*License Number: 20A17371*  
*NPI: 1407204969*  
 *Provider English Spoken: Y*



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## C. Directorio de atención primaria

 *Provider Language(s)*  
Spoken: Spanish  
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.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**

#### **MILLER, DIANA**

License Type: DO  
Provider ID: 304702  
Provider Gender: Female  
License Number: 20A17371  
NPI: 1407204969  
 *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 N  
 517 N HORNE ST  
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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  
SA 9AM-4PM

### **FAMILY PRACTICE**



#### **NGUYEN, DANIELA**

License Type: DO  
Provider ID: 289902  
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  
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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

### **FAMILY PRACTICE**



#### **NGUYEN, DANIELA**

License Type: DO  
Provider ID: 289902  
Provider Gender: Female  
License Number: 20A21066  
NPI: 1891069662

 *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  
 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**

#### **NGUYEN, DANIELA**

License Type: DO  
Provider ID: 289902

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## C. Directorio de atención primaria

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

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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):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 9AM-4PM

### FAMILY PRACTICE

#### NGUYEN, DANIELA

License Type: DO

Provider ID: 289902

Provider Gender: Female

License Number: 20A21066

NPI: 1891069662

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

### FAMILY PRACTICE

#### NGUYEN, DANIELA

License Type: DO

Provider ID: 289902

Provider Gender: Female

License Number: 20A21066

NPI: 1891069662

Provider English Spoken: Y  
Cultural Competency: N

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

#### NGUYEN, DANIELA

License Type: DO

Provider ID: 289902

Provider Gender: Female

License Number: 20A21066

NPI: 1891069662

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

Hours: M-F 8AM-5PM  
SA 9AM-4PM

### FAMILY PRACTICE

#### PANICKER, CIBU

License Type: MD

Provider ID: 289902

Provider Gender: Male

License Number: A149340




NPI: 1235492760



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*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*  
*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*



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 Phone: (760) 631-5000  
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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

### **FAMILY PRACTICE**





#### **PANICKER, CIBU**



*License Type: MD*  
*Provider ID: 289902*  
*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  
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 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**

*License Type: MD*  
*Provider ID: 289902*  
*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*  
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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


### **FAMILY PRACTICE**

#### **PANICKER, CIBU**

*License Type: MD*  
*Provider ID: 289902*  
*Provider Gender: Male*  
*License Number: A149340*  
*NPI: 1235492760*  
 Provider English Spoken: Y  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*  
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*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **PANICKER, CIBU**

*License Type: MD*  
*Provider ID: 289902*  
*Provider Gender: Male*  
*License Number: A149340*  
*NPI: 1235492760*  
 Provider English Spoken: Y  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY*

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## C. Directorio de atención primaria

### MEDICAL CTR

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](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

License Type: MD

Provider ID: 289902

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

### VIDAL, MONICA

License Type: DO

Provider ID: 289902

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.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

### VIDAL, MONICA

License Type: DO

Provider ID: 289902

Provider Gender: Female

License Number: 20A8949

NPI: 1871791749

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

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](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

### VIDAL, MONICA

License Type: DO

Provider ID: 289902

Provider Gender: Female

License Number: 20A8949

NPI: 1871791749

Provider English Spoken: Y

Provider Language(s)

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## C. Directorio de atención primaria

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.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**

**VIDAL, MONICA**  
 License Type: DO  
 Provider ID: 289902  
 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  
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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): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### **FAMILY PRACTICE**

**VIDAL, MONICA**  
 License Type: DO  
 Provider ID: 289902  
 Provider Gender: Female  
 License Number: 20A8949  
 NPI: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 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  
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 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

SA 9AM-4PM

### **FAMILY PRACTICE**

**VIDAL, MONICA**  
 License Type: DO  
 Provider ID: 289902  
 Provider Gender: Female  
 License Number: 20A8949  
 NPI: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### **FQHC**

**TRUECARE,**  
 Provider ID: 289857  
 NPI: 1245246917  
 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

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

TRUECARE,

Provider ID: 289857

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: 289902

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-W 8AM-5PM  
TH 8AM-12PM  
F 8AM-5PM  
SA 9AM-4PM

### FQHC

VISTA COMMUNITY CLINIC,

Provider ID: 289902

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.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-W 8AM-5PM  
TH 8AM-12PM  
F 8AM-5PM  
SA 9AM-4PM

### FQHC

VISTA COMMUNITY CLINIC,

Provider ID: 289902

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.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-W 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

TH 8AM-12PM  
F 8AM-5PM  
SA 9AM-4PM

### FQHC

#### VISTA COMMUNITY CLINIC,


Provider ID: 289902

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.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-W 8AM-5PM  
TH 8AM-12PM  
F 8AM-5PM  
SA 9AM-4PM

### FQHC

#### VISTA COMMUNITY CLINIC,

Provider ID: 289902


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-W 8AM-5PM  
TH 8AM-12PM  
F 8AM-5PM  
SA 9AM-4PM

### FQHC

#### VISTA COMMUNITY CLINIC,


Provider ID: 289902

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.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-W 8AM-5PM

TH 8AM-12PM

F 8AM-5PM

SA 9AM-4PM

### FQHC

#### VISTA COMMUNITY CLINIC

HORNE STREET,


Provider ID: 289943

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

### FQHC

#### VISTA COMMUNITY CLINIC

HORNE STREET,

Provider ID: 304702

NPI: 1609094036

 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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria

 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

### FQHC




**VISTA COMMUNITY CLINIC**  
**HORNE STREET,**  
Provider ID: 289943  
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





### FQHC

**VISTA COMMUNITY CLINIC**  
**HORNE STREET,**  
Provider ID: 304702  
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

### FQHC

**VISTA COMMUNITY CLINIC**  
**PIER VIEW WAY,**  
Provider ID: 289899  
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: 304701  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-TU 8AM-5PM  
W 8AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM*

### **FQHC**

#### **VISTA COMMUNITY CLINIC**

##### **PIER VIEW WAY,**

*Provider ID: 289899*

*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*

*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: 304701*

*NPI: 1629357355*

🗣️ *Provider English Spoken: Y*

*Cultural Competency: N*

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*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-TU 8AM-5PM  
W 8AM-7PM*

*TH-F 8AM-5PM*

*SA 9AM-4PM*

### **INTERNAL MEDICINE**

#### **HASSANI, FARZANEH**

*License Type: MD*

*Provider ID: 289902*

*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: 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*

*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**

*License Type: MD*

*Provider ID: 289902*

*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: 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*


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## C. Directorio de atención primaria

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**

License Type: MD  
 Provider ID: 289902  
 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: 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


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**

License Type: MD  
 Provider ID: 289902  
 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: 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


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**

License Type: MD  
 Provider ID: 289902  
 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: 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


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**


License Type: MD  
 Provider ID: 289902  
 Provider Gender: Female  
 License Number: C54458

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## C. Directorio de atención primaria

NPI: 1942204979

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic, Farsi,  
Persian, Urdu


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

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### PEDIATRICS

#### CALHOUN, CHANELLE

License Type: MD

Provider ID: 303883

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\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### CALHOUN, CHANELLE


License Type: MD


Provider ID: 289857

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

License Type: MD


Provider ID: 305294

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): License Type: MD

N

 Accessibility: CONTACT PROVIDER

---

### PEDIATRICS

#### **CALHOUN, CHANELLE**


License Type: MD

Provider ID: 289857

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**


License Type: MD

Provider ID: 305294

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):

 Accessibility: CONTACT PROVIDER

---

### PEDIATRICS

#### **CURLEY, EDWARD**


License Type: MD

Provider ID: 289857

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):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

---

### PEDIATRICS

#### **CURLEY, EDWARD**

License Type: MD

Provider ID: 305294

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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


 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**


License Type: MD

Provider ID: 289857

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**


License Type: MD

Provider ID: 305294

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**

License Type: MD

Provider ID: 303869

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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

### PEDIATRICS

**DANIELS, SARAH**

License Type: MD


Provider ID: 204869

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


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  
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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **GUNTA, SUJANA**


License Type: MD


Provider ID: 289899

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

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


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**


License Type: MD


Provider ID: 304701

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

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


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**

License Type: MD


Provider ID: 289899

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

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 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. 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

### **PEDIATRICS**

#### **GUNTA, SUJANA**


License Type: MD


Provider ID: 304701

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

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): **MAC, VICTOR**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **KRAMER, MELISSA**

License Type: MD

Provider ID: 278249

Provider Gender: Female

NPI: 1467833467


 Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO, TRI CITY MEDICAL CTR

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\18

American Sign Language (ASL): **MAC, VICTOR**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM SA 8AM-12PM

### **PEDIATRICS**

License Type: DO

Provider ID: 289857

Provider Gender: Male

License Number: 20A17766

NPI: 1790281236


 Provider English Spoken: Y Cultural Competency: N


Hospital Affiliation:

COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

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**

American Sign Language (ASL): **MAC, VICTOR**

License Type: DO

Provider ID: 305294

Provider Gender: Male

License Number: 20A17766

NPI: 1790281236

 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


*Hospital Affiliation:*

COMMUNITY HOSPITAL OF  
THE MONTEREY PENINSULA

*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

#### MAC, VICTOR

*License Type: DO*

*Provider ID: 289857*

*Provider Gender: Male*

*License Number: 20A17766*

*NPI: 1790281236*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*

COMMUNITY HOSPITAL OF  
THE MONTEREY PENINSULA

*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

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### PEDIATRICS

#### MAC, VICTOR

*License Type: DO*

*Provider ID: 305294*

*Provider Gender: Male*

*License Number: 20A17766*

*NPI: 1790281236*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation:*


COMMUNITY HOSPITAL OF  
THE MONTEREY PENINSULA

*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

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### PEDIATRICS

#### MACINTYRE, ELIZABETH

*License Type: MD*

*Provider ID: 282327*


*Provider Gender: Female*

*NPI: 1336520766*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: Yes*  
RADY CHILDRENS HEALTH  
NETWORK

 3605 VISTA WAY 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\18*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT*  
PROVIDER

 *Hours: M-F 8AM-5PM*  
SA 8AM-12PM

---

### PEDIATRICS

#### MCCAMMACK, BRADLEY

*License Type: MD*

*Provider ID: 289902*


*Provider Gender: Male*

*License Number: A130883*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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.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

### PEDIATRICS

#### **MCCAMMACK, BRADLEY**

License Type: MD


Provider ID: 289902

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.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

### PEDIATRICS

#### **MCCAMMACK, BRADLEY**

License Type: MD


Provider ID: 289902

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.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

### PEDIATRICS

#### **MCCAMMACK, BRADLEY**

License Type: MD

Provider ID: 289902

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.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.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*

### **PEDIATRICS**

#### **MCCAMMACK, BRADLEY**


*License Type: MD*

*Provider ID: 289902*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **MCCAMMACK, BRADLEY**


*License Type: MD*

*Provider ID: 289902*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**


#### **MILLER, DONALD**

*License Type: MD*

*Provider ID: 204370*

*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 STE 130 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**

#### **NOVOTA, GABRIELA**

*License Type: MD*

*Provider ID: 309792*

*Provider Gender: Female*

*NPI: 1154520096*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*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

 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\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

### PEDIATRICS

#### PARK, RONALD

License Type: MD

Provider ID: 303868

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

License Type: MD

Provider ID: 206313

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  
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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### RONAN, KEVIN

License Type: MD


Provider ID: 289902

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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
SA 9AM-4PM*

### PEDIATRICS

#### **RONAN, KEVIN**

*License Type: MD*  
*Provider ID: 289902*  
*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*  
*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*




### PEDIATRICS

#### **RONAN, KEVIN**

*License Type: MD*  
*Provider ID: 289902*  
*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*

*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*

### PEDIATRICS

#### **RONAN, KEVIN**


*License Type: MD*  
*Provider ID: 289902*  
*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*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 *4700 N RIVER RD  
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 *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*

### PEDIATRICS

#### **RONAN, KEVIN**

*License Type: MD*  
*Provider ID: 289902*  
*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*

*Board Certified Specialty: No*

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## C. Directorio de atención primaria

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

### PEDIATRICS

**RONAN, KEVIN**


License Type: MD

Provider ID: 289902

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

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)


[nityclinic.org](http://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

### **POWAY**

### FAMILY PRACTICE

**KAUR, JATINDER**


License Type: MD


Provider ID: 289883

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

### FAMILY PRACTICE

**KAUR, JATINDER**

License Type: MD


Provider ID: 289883

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: 289883

NPI: 1023518768

 Provider English Spoken: Y

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## C. Directorio de atención primaria

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

### FQHC

#### NEIGHBORHOOD

#### HEALTHCARE GOLD FAMILY HEALTH CENTER,

Provider ID: 289883

NPI: 1023518768

Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

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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

License Type: MD

Provider ID: 289883

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

#### CURET, ZULMA

License Type: MD

Provider ID: 289883

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

License Type: MD

Provider ID: 204859

Provider Gender: Female

NPI: 1427345487

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, SCRIPPS MEMORIAL

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
PALOMAR MEDICAL CENTER  
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**

License Type: MD

Provider ID: 204611

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, PALOMAR MEDICAL

CENTER

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\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **PEDIATRICS**

#### **MOREIRA, LUCILA**

License Type: DO

Provider ID: 276093

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,  
PALOMAR MEDICAL CENTER  
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\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8AM-5PM

### **PEDIATRICS**

#### **MORTIMER, DORI**

License Type: MD

Provider ID: 204396

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, PALOMAR MEDICAL  
CENTER

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK



15725 POMERADO RD STE  
203

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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


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**

#### **RAMGREN, AILEEN**



License Type: DO  
 Provider ID: 223702  
 Provider Gender: Female  
 NPI: 1356785505  
 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

 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**



#### **TAI, KUANGKAI**

License Type: MD  
 Provider ID: 204807  
 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, PALOMAR MEDICAL CENTER  
 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-12PM



### **PHYSICIANS ASSISTANT**

#### **BALDWIN, DONNA**

License Type: PA  
 Provider ID: 289883  
 Provider Gender: Female  
 License Number: PA23310  
 NPI: 1649692369  
 Provider English Spoken: Y  
 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-4:30PM






### **PHYSICIANS ASSISTANT**

#### **BALDWIN, DONNA**

License Type: PA  
 Provider ID: 289883  
 Provider Gender: Female  
 License Number: PA23310  
 NPI: 1649692369

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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*  
 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**


*License Type: NP*

*Provider ID: 289875*

*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*

#### CERTIFIED NURSE PRACTITIONER

#### **DOAN, CHINH**


*License Type: NP*

*Provider ID: 289875*

*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: 289875*

*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-12PM*

#### FQHC

#### **TRUECARE,**


*Provider ID: 289875*

*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*


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## C. Directorio de atención primaria

American Sign Language (ASL): Provider ID: 289875

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-12PM

---

### INTERNAL MEDICINE

---

#### HO, LYSA


License Type: DO


Provider ID: 289875

Provider Gender: Female

License Number: 20A17507

NPI: 1821494337


 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](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-12PM

---

### INTERNAL MEDICINE

---


#### HO, LYSA

License Type: DO

Provider Gender: Female

License Number: 20A17507

NPI: 1821494337


 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](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-12PM

---

### INTERNAL MEDICINE

---

#### YUNG, DORIS


License Type: MD

Provider ID: 289875

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### INTERNAL MEDICINE

---

#### YUNG, DORIS

License Type: MD


Provider ID: 289875

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


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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

### **PHYSICIANS ASSISTANT**


#### **REIFENBERGER, JODY**






License Type: PA  
Provider ID: 289875  
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**




#### **REIFENBERGER, JODY**



License Type: PA  
Provider ID: 289875  
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**


**ZANGEN, ROCHELLE**  
License Type: PA  
Provider ID: 289875  
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

### **PHYSICIANS ASSISTANT**

#### **ZANGEN, ROCHELLE**

License Type: PA  
Provider ID: 289875  
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**

#### **GARIBYAN, VARTAN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: DO  
 Provider ID: 100421  
 Provider Gender: Male  
 License Number: 20A12504  
 NPI: 1790084143  
 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  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### CARDIOVASCULAR DISEASE





#### **GARIBYAN, VARTAN**




License Type: DO  
 Provider ID: 100421  
 Provider Gender: Male  
 License Number: 20A12504  
 NPI: 1790084143  
 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  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER







#### **AQUINO, FELINO**

License Type: NP  
 Provider ID: 112894  
 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  
 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**

License Type: NP  
 Provider ID: 203755  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### CERTIFIED NURSE PRACTITIONER

#### **AQUINO, FELINO**


License Type: NP


Provider ID: 112894

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  
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

### CERTIFIED NURSE PRACTITIONER

#### **AQUINO, FELINO**


License Type: NP


Provider ID: 203755

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.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

#### **ARTS, SERENA**


License Type: NPF

Provider ID: 289863

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

#### **ARTS, SERENA**

License Type: NPF

Provider ID: 289863

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):

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## C. Directorio de atención primaria

|   |  |   |
|---|--|---|
| <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b><br/><b><u>PRACTITIONER</u></b></p> <hr/> <p><b>ARVIZU, MARGARITA</b></p> <p><i>License Type: NPF</i><br/><i>Provider ID: 25517</i><br/><i>Provider Gender: Female</i><br/><i>License Number: NP95024510</i><br/><i>NPI: 1558058636</i></p> <p> <i>Provider English Spoken: Y</i><br/><i>Cultural Competency: N</i><br/><i>Board Certified Specialty: No OPERATION SAMAHAN</i></p> <p> 10737 CAMINO RUIZ STE 235<br/>SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i><br/> <i>After Hours Phone: (844) 200-2426</i></p> <p> <i>Website: www.operationsamahan.org</i><br/><i>Medi-Cal Open Panel: Yes</i><br/><i>Min/Max Age: 0\None</i><br/><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-4:30PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b><br/><b><u>PRACTITIONER</u></b></p> <hr/> <p><b>ARVIZU, MARGARITA</b></p> <p><i>License Type: NPF</i><br/><i>Provider ID: 25517</i></p> | <p><i>Provider Gender: Female</i><br/><i>License Number: NP95024510</i><br/><i>NPI: 1558058636</i></p> <p> <i>Provider English Spoken: Y</i><br/><i>Cultural Competency: N</i><br/><i>Board Certified Specialty: No OPERATION SAMAHAN</i></p> <p> 10737 CAMINO RUIZ STE 235<br/>SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i><br/> <i>After Hours Phone: (844) 200-2426</i></p> <p> <i>Website: www.operationsamahan.org</i><br/><i>Medi-Cal Open Panel: Yes</i><br/><i>Min/Max Age: 0\None</i><br/><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-4:30PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b><br/><b><u>PRACTITIONER</u></b></p> <hr/> <p><b>BELEN, NEZER</b></p> <p><i>License Type: NP</i><br/><i>Provider ID: 78906</i><br/><i>Provider Gender: Male</i><br/><i>License Number: NP95009292</i><br/><i>NPI: 1386120723</i></p> <p> <i>Provider English Spoken: Y</i><br/><i>Cultural Competency: N</i><br/><i>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 4725 MARKET ST</p> | <p>SAN DIEGO, CA 92102</p> <p> <i>Phone: (619) 515-2560</i><br/> <i>After Hours Phone: (619) 515-2560</i></p> <p> <i>Website: www.fhcsd.org</i><br/><i>Medi-Cal Open Panel: Yes</i><br/><i>Min/Max Age: 0\None</i><br/><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b><br/><b><u>PRACTITIONER</u></b></p> <hr/> <p><b>BELEN, NEZER</b></p> <p><i>License Type: NP</i><br/><i>Provider ID: 78906</i><br/><i>Provider Gender: Male</i><br/><i>License Number: NP95009292</i><br/><i>NPI: 1386120723</i></p> <p> <i>Provider English Spoken: Y</i><br/><i>Cultural Competency: N</i><br/><i>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 4725 MARKET ST<br/>SAN DIEGO, CA 92102</p> <p> <i>Phone: (619) 515-2560</i><br/> <i>After Hours Phone: (619) 515-2560</i></p> <p> <i>Website: www.fhcsd.org</i><br/><i>Medi-Cal Open Panel: Yes</i><br/><i>Min/Max Age: 0\None</i><br/><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> |
|---|--|---|

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## C. Directorio de atención primaria

### CERTIFIED NURSE PRACTITIONER

#### **BROWN, VICTORIA**

License Type: NP

Provider ID: 100421

Provider Gender: Female

License Number: NP95027973

NPI: 1750033890


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: 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

### CERTIFIED NURSE PRACTITIONER

#### **BROWN, VICTORIA**

License Type: NP

Provider ID: 100421

Provider Gender: Female

License Number: NP95027973

NPI: 1750033890


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: 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

### CERTIFIED NURSE PRACTITIONER

#### **BURNS, DELLA**

License Type: NP

Provider ID: 289882

Provider Gender: Female

License Number: NP7413


NPI: 1871577023


 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

### CERTIFIED NURSE PRACTITIONER

#### **BURNS, DELLA**

License Type: NP

Provider ID: 289882

Provider Gender: Female


License Number: NP7413


NPI: 1871577023


 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>PROVIDER</p>                                | <p>Provider ID: 217520</p>  | <p>Spoken: Spanish</p>  |  |
| <p><b>CERTIFIED NURSE<br/>PRACTITIONER</b></p> | <p>Provider Gender: Female<br/>License Number: NP8563<br/>NPI: 1447450275</p> | <p>Cultural Competency: N<br/>Board Certified Specialty: No</p>                 |  |
| <p><b>CELESTIN-RAMSEY, AKANKE</b></p>          | <p>Provider English Spoken: Y</p>   | <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>                                       |  |
| <p>License Type: NPF</p>                       | <p>Cultural Competency: N</p>   | <p>1809 NATIONAL AVE</p>  |  |
| <p>Provider ID: 217520</p>                     | <p>Hospital Affiliation: SCRIPPS</p>  | <p>SAN DIEGO, CA 92113</p>  |  |
| <p>Provider Gender: Female</p>                 | <p>MEMORIAL HOSPITAL</p>  | <p>Phone: (619) 515-2300</p>  |  |
| <p>License Number: NP8563</p>                  | <p>Board Certified Specialty: No</p>  | <p>After Hours Phone: (619) 515-2300</p>  |  |
| <p>NPI: 1447450275</p>                         | <p>IHP OF SOUTHERN CAL-PHP</p>  | <p>Website: www.fhcsd.org</p>   |  |
| <p>Provider English Spoken: Y</p>              | <p>950 S EUCLID AVE</p>   | <p>Medi-Cal Open Panel: Yes</p>   |  |
| <p>Cultural Competency: N</p>                  | <p>SAN DIEGO, CA 92114</p>  | <p>Min/Max Age: 0\None</p>  |  |
| <p>Hospital Affiliation: SCRIPPS</p>           | <p>Phone: (619) 662-4100</p>  | <p>American Sign Language (ASL): N</p>  |  |
| <p>MEMORIAL HOSPITAL</p>                       | <p>After Hours Phone: (619) 662-4100</p>                                      | <p>Accessibility: CONTACT PROVIDER</p>  |  |
| <p>Board Certified Specialty: No</p>           | <p>Website: www.syhealth.org</p>  | <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>  |  |
| <p>IHP OF SOUTHERN CAL-PHP</p>                 | <p>/clinics/king- chavez- health-center</p>                                   | <p>Provider English Spoken: Y</p>   |  |
| <p>950 S EUCLID AVE</p>                        | <p>Medi-Cal Open Panel: Yes</p>   | <p>Provider Language(s) Spoken: Spanish</p>                                     |  |
| <p>SAN DIEGO, CA 92114</p>                     | <p>Min/Max Age: 0\None</p>  | <p>Cultural Competency: N</p>   |  |
| <p>Phone: (619) 662-4100</p>                   | <p>American Sign Language (ASL): N</p>  | <p>Board Certified Specialty: No</p>  |  |
| <p>After Hours Phone: (619) 662-4100</p>       | <p>Accessibility: CONTACT PROVIDER</p>  | <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>                                       |  |
| <p>Website: www.syhealth.org</p>               | <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>                                      | <p>1809 NATIONAL AVE</p>  |  |
| <p>/clinics/king- chavez- health-center</p>    | <p>Provider Gender: Female</p>  | <p>SAN DIEGO, CA 92113</p>  |  |
| <p>Medi-Cal Open Panel: Yes</p>                | <p>License Number: NP95000602</p>   | <p>Phone: (619) 515-2300</p>  |  |
| <p>Min/Max Age: 0\None</p>                     | <p>NPI: 1164496386</p>  | <p>After Hours Phone: (619)</p>   |  |
| <p>American Sign Language (ASL): N</p>         | <p>Provider English Spoken: Y</p>   | <td data-bbox="105 1297 576 1339"> <p>Accessibility: CONTACT PROVIDER</p> </td> | <p>Accessibility: CONTACT PROVIDER</p> |
| <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>       | <p>Provider Language(s) Spoken: Spanish</p>                                   | <p>Cultural Competency: N</p>   |  |
| <p>Accessibility: CONTACT PROVIDER</p>         | <p>Board Certified Specialty: No</p>  | <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>                                       |  |
| <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>       | <p>1809 NATIONAL AVE</p>  | <p>SAN DIEGO, CA 92113</p>  |  |
| <p>Accessibility: CONTACT PROVIDER</p>         | <p>Phone: (619) 515-2300</p>  | <p>After Hours Phone: (619)</p>   |  |
| <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>       | <p>After Hours Phone: (619)</p>   |   |  |
| <p>Accessibility: CONTACT PROVIDER</p>         |   |   |  |
| <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>       |   |   |  |
| <p>Accessibility: CONTACT PROVIDER</p>         |   |   |  |
| <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>       |   |   |  |
| <p>Accessibility: CONTACT PROVIDER</p>         |   |   |  |
| <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>       |   |   |  |
| <p>Accessibility: CONTACT PROVIDER</p>         |   |   |  |
| <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>       |   |   |  |
| <p>Accessibility: CONTACT PROVIDER</p>         |   |   |  |
| <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>       |   |   |  |
| <p>Accessibility: CONTACT PROVIDER</p>         |   |   |  |
| <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>       |   |   |  |
| <p>Accessibility: CONTACT PROVIDER</p>         |   |   |  |
| <p>Hours: M-F 8AM-5PM<br/>SA 8AM-4PM</p>       |   |   |  |

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## C. Directorio de atención primaria


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**

---

#### **CHUNG, SUEMIN**

License Type: NP  
Provider ID: 100421  
Provider Gender: Female  
License Number: NP95027296  
NPI: 1598477093  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: 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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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **CHUNG, SUEMIN**



License Type: NP  
Provider ID: 100421  
Provider Gender: Female  
License Number: NP95027296  
NPI: 1598477093

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: 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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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **DAVIES-UPPAL, ALLISON**



License Type: NP  
Provider ID: 289869

Provider Gender: Female  
License Number: NP95026125  
NPI: 1053002360

 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


---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **DAVIES-UPPAL, ALLISON**




License Type: NP  
Provider ID: 289869  
Provider Gender: Female  
License Number: NP95026125  
NPI: 1053002360

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2630 1ST 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) 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

### CERTIFIED NURSE PRACTITIONER

#### **DEMESSIE, RAHEL**


License Type: NP

Provider ID: 25517

Provider Gender: Female

License Number: NP95027483

NPI: 1619749041

 Provider English Spoken: Y


 Provider Language(s) Spoken: Amharic


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): **DHARKAR-SURBER, SAPNA**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

### CERTIFIED NURSE PRACTITIONER

#### **DEMESSIE, RAHEL**


License Type: NP


Provider ID: 25517

Provider Gender: Female

License Number: NP95027483

NPI: 1619749041

 Provider English Spoken: Y


 Provider Language(s) Spoken: Amharic


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-F 8AM-4:30PM

### CERTIFIED NURSE PRACTITIONER

License Type: NP


Provider ID: 46039

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

#### **DHARKAR-SURBER, SAPNA**

License Type: NP

Provider ID: 46039

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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](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

#### **GALLEGOS, CYNTHIA**

License Type: NPF  
Provider ID: 25731  
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](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

#### **GALLEGOS, CYNTHIA**

License Type: NPF  
Provider ID: 25731  
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](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

#### **GARCIA, JOHNNY**

License Type: NP  
Provider ID: 78906  
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](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

|  |  |  |
|--|--|--|
| <p>PROVIDER</p>  | <p>NPI: 1134686744</p>   | <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> |
| <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>  | <p> Provider English Spoken: Y<br/>Cultural Competency: N</p>                               | <p>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None</p>  |
| <p><b>GARCIA, JOHNNY</b></p>   | <p>Board Certified Specialty: No</p>   | <p>American Sign Language (ASL): N</p>   |
| <p>License Type: NP</p>  | <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>  | <p> Accessibility: CONTACT PROVIDER</p>                           |
| <p>Provider ID: 78906</p>  | <p> 1809 NATIONAL AVE</p>   |  |
| <p>Provider Gender: Male</p>   | <p>SAN DIEGO, CA 92113</p>   |  |
| <p>License Number: NP95007000</p>  | <p> Phone: (619) 515-2300</p>   |  |
| <p>NPI: 1932622156</p>   | <p> After Hours Phone: (619) 515-2300</p>   |  |
| <p> Provider English Spoken: Y</p>                                  | <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p>                           |  |
| <p> Provider Language(s) Spoken: Spanish</p>                        | <p>Medi-Cal Open Panel: Yes</p>  |  |
| <p>Cultural Competency: N</p>  | <p>Min/Max Age: 0\None</p>   |  |
| <p>Board Certified Specialty: No</p>   | <p>American Sign Language (ASL): N</p>   |  |
| <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>  | <p> Accessibility: CONTACT PROVIDER</p>   |  |
| <p> 4725 MARKET ST</p>  | <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>  |  |
| <p>SAN DIEGO, CA 92102</p>   | <p><b>GOLDFINGER, SARAH</b></p>  |  |
| <p> Phone: (619) 515-2560</p>                                     | <p>License Type: NP</p>  |  |
| <p> After Hours Phone: (619) 515-2560</p>                         | <p>Provider ID: 25731</p>  |  |
| <p> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a></p> | <p>Provider Gender: Female</p>   |  |
| <p>Medi-Cal Open Panel: Yes</p>  | <p>License Number: NP95011313</p>  |  |
| <p>Min/Max Age: 0\None</p>   | <p>NPI: 1134686744</p>   |  |
| <p>American Sign Language (ASL): N</p>   | <p> Provider English Spoken: Y</p>  |  |
| <p> Accessibility: CONTACT PROVIDER</p>                           | <p>Cultural Competency: N</p>  |  |
| <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p>  | <p>Board Certified Specialty: No</p>   |  |
| <p><b>GOLDFINGER, SARAH</b></p>  | <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p>  |  |
| <p>License Type: NP</p>  | <p> 1809 NATIONAL AVE</p>   |  |
| <p>Provider ID: 25731</p>  | <p>SAN DIEGO, CA 92113</p>   |  |
| <p>Provider Gender: Female</p>   | <p> Phone: (619) 515-2300</p>   |  |
| <p>License Number: NP95011313</p>  | <p> After Hours Phone: (619) 515-2300</p>   |  |
|  | <p> Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p> |  |
|  | <p>Board Certified Specialty: No</p>   |  |
|  | <p>American Sign Language (ASL): N</p>   |  |
|  | <p> Accessibility: CONTACT PROVIDER</p>   |  |
|  | <p> 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](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

#### GRAYSON, ANDREA

License Type: NPF

Provider ID: 25517

Provider Gender: Female

License Number: NP23206


NPI: 1447577671


 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-5PM  
SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER

#### HA, THU


License Type: NP

Provider ID: 289872

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### HA, THU


License Type: NP

Provider ID: 289868

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](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

License Type: NP


Provider ID: 289868

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](http://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](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

**HA, THU**

License Type: NP

Provider ID: 289872

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**HA, THU**

License Type: NP

Provider ID: 289868

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](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**

License Type: NP

Provider ID: 289868

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](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

**HARRINGTON, BARBARA  
LORRAINE**

License Type: NP

Provider ID: 46039

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 8AM-2PM

### CERTIFIED NURSE PRACTITIONER

#### **HARRINGTON, BARBARA LORRAINE**

License Type: NP

Provider ID: 46039

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**

License Type: NPF

Provider ID: 289863

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

#### **HART, BECKY**

License Type: NPF

Provider ID: 289863

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

#### **HEFNER, ANNA**

License Type: NP

Provider ID: 25517

Provider Gender: Female

License Number: NP5512

NPI: 1588913537

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SHARP


CORONADO HOSP AND  
HEALTHCARE CTR


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

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## C. Directorio de atención primaria

|   |   |  |
|---|---|--|
| <p align="center"><b><u>CERTIFIED NURSE<br/>PRACTITIONER</u></b></p> <p><b>HEFNER, ANNA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 25517</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP5512</i><br/> <i>NPI: 1588913537</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SHARP<br/>CORONADO HOSP AND<br/>HEALTHCARE CTR</i><br/> <i>Board Certified Specialty: No<br/>OPERATION SAMAHAN</i></p> <p> 10737 CAMINO RUIZ STE<br/>235<br/>SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i><br/> <i>After Hours Phone: (844)<br/>200-2426</i><br/> <i>Website: www.operationsa<br/>mahan.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL):<br/>N</i><br/> <i>Accessibility: CONTACT<br/>PROVIDER</i><br/> <i>Hours: M-F 8AM-4:30PM</i></p> | <p><i>Provider Gender: Female</i><br/> <i>License Number: NP95020046</i><br/> <i>NPI: 1710632435</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s)<br/>Spoken: Tagalog</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No<br/>OPERATION SAMAHAN</i></p> <p> 10737 CAMINO RUIZ STE<br/>235<br/>SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i><br/> <i>After Hours Phone: (844)<br/>200-2426</i><br/> <i>Website: www.operationsa<br/>mahan.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL):<br/>N</i><br/> <i>Accessibility: CONTACT<br/>PROVIDER</i><br/> <i>Hours: M-F 8AM-4:30PM</i></p> | <p><i>Board Certified Specialty: No<br/>OPERATION SAMAHAN</i></p> <p> 10737 CAMINO RUIZ STE<br/>235<br/>SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i><br/> <i>After Hours Phone: (844)<br/>200-2426</i><br/> <i>Website: www.operationsa<br/>mahan.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL):<br/>N</i><br/> <i>Accessibility: CONTACT<br/>PROVIDER</i><br/> <i>Hours: M-F 8AM-4:30PM</i></p>   |
| <p align="center"><b><u>CERTIFIED NURSE<br/>PRACTITIONER</u></b></p> <p><b>HILL, GENIELYN</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 25517</i></p>   | <p align="center"><b><u>CERTIFIED NURSE<br/>PRACTITIONER</u></b></p> <p><b>HILL, GENIELYN</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 25517</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95020046</i><br/> <i>NPI: 1710632435</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s)<br/>Spoken: Tagalog</i><br/> <i>Cultural Competency: N</i></p>  | <p align="center"><b><u>CERTIFIED NURSE<br/>PRACTITIONER</u></b></p> <p><b>HILLIARD, THESALONICA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 25517</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95010585</i><br/> <i>NPI: 1861956724</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s)<br/>Spoken: Tagalog</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No<br/>OPERATION SAMAHAN</i></p> <p> 10737 CAMINO RUIZ STE<br/>235<br/>SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i><br/> <i>After Hours Phone: (844)<br/>200-2426</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


 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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### **CERTIFIED NURSE PRACTITIONER**

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**HILLIARD, THESALONICA**


License Type: NP


Provider ID: 25517

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):  
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-4:30PM

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### **CERTIFIED NURSE PRACTITIONER**

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**HOANG, CHI**

License Type: NP

Provider ID: 289872

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

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### **CERTIFIED NURSE PRACTITIONER**

---

**HOANG, CHI**

License Type: NP

Provider ID: 289872

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

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### **CERTIFIED NURSE PRACTITIONER**

---

**HOGAN, ROSELYNN JOY**

License Type: NP


Provider ID: 25731

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

**HOGAN, ROSELYNN JOY**


License Type: NP

Provider ID: 25732

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

 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, ROSELYNN JOY**


License Type: NP

Provider ID: 25732

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

 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, ROSELYNN JOY**

License Type: NP

Provider ID: 25731

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

**HOGAN, ROSELYNN JOY**

License Type: NP

Provider ID: 25732

Provider Gender: Female

License Number: NP17852

NPI: 1205019510

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish, Thai

Cultural Competency: N

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## C. Directorio de atención primaria

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

### CERTIFIED NURSE PRACTITIONER

**HOGAN, ROSELYNN JOY**

License Type: NP  
Provider ID: 25732  
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

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

### CERTIFIED NURSE PRACTITIONER

**HORNEY, KRISTAN**

License Type: NPF  
Provider ID: 289863  
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

**HORNEY, KRISTAN**

License Type: NPF  
Provider ID: 289863  
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**











































License Type: NP  
Provider ID: 289872  
Provider Gender: Female  
License Number: NP4858  
NPI: 1710223268

Provider English Spoken: Y

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## C. Directorio de atención primaria

|   |   |   |
|---|---|---|
| <p> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  7011 LINDA VISTA RD<br/>           SAN DIEGO, CA 92111<br/>  <i>Phone: (858) 810-8700</i><br/>  <i>After Hours Phone: (858) 810-8700</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i></p>  | <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  7011 LINDA VISTA RD<br/>           SAN DIEGO, CA 92111<br/>  <i>Phone: (858) 810-8700</i><br/>  <i>After Hours Phone: (858) 810-8700</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p>  | <p><i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p>   |
| <b><u>CERTIFIED NURSE PRACTITIONER</u></b>  |   |   |
| <p><b>JOHNSON, SHAWNA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289882</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95002518</i><br/> <i>NPI: 1922237809</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  4290 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  <i>Phone: (619) 563-0250</i><br/>  <i>After Hours Phone: (619) 563-0250</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> | <p><b>JOHNSON, SHAWNA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289882</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95002518</i><br/> <i>NPI: 1922237809</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  4290 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  <i>Phone: (619) 563-0250</i><br/>  <i>After Hours Phone: (619) 563-0250</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i></p> | <p><b>JOHNSON, SHAWNA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289882</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95002518</i><br/> <i>NPI: 1922237809</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  4290 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  <i>Phone: (619) 563-0250</i><br/>  <i>After Hours Phone: (619) 563-0250</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> |
| <b><u>CERTIFIED NURSE PRACTITIONER</u></b>  |   |   |
| <p><b>INSTONE, SUSAN</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289872</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP4858</i><br/> <i>NPI: 1710223268</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i></p>   | <p><b>JOHNSON, SHAWNA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289882</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95002518</i><br/> <i>NPI: 1922237809</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  4290 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  <i>Phone: (619) 563-0250</i><br/>  <i>After Hours Phone: (619) 563-0250</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i></p> | <p><b>JOHNSON, SHAWNA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289882</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95002518</i><br/> <i>NPI: 1922237809</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  4290 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  <i>Phone: (619) 563-0250</i><br/>  <i>After Hours Phone: (619) 563-0250</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> |
| <b><u>CERTIFIED NURSE PRACTITIONER</u></b>  |   |   |
| <p><b>INSTONE, SUSAN</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289872</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP4858</i><br/> <i>NPI: 1710223268</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i></p>   | <p><b>JOHNSON, SHAWNA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289882</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95002518</i><br/> <i>NPI: 1922237809</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  4290 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  <i>Phone: (619) 563-0250</i><br/>  <i>After Hours Phone: (619) 563-0250</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i></p> | <p><b>JOHNSON, SHAWNA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289882</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95002518</i><br/> <i>NPI: 1922237809</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  4290 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  <i>Phone: (619) 563-0250</i><br/>  <i>After Hours Phone: (619) 563-0250</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> |
| <b><u>CERTIFIED NURSE PRACTITIONER</u></b>  |   |   |
| <p><b>INSTONE, SUSAN</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289872</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP4858</i><br/> <i>NPI: 1710223268</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i></p>   | <p><b>JOHNSON, SHAWNA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289882</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95002518</i><br/> <i>NPI: 1922237809</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  4290 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  <i>Phone: (619) 563-0250</i><br/>  <i>After Hours Phone: (619) 563-0250</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i></p> | <p><b>JOHNSON, SHAWNA</b><br/> <i>License Type: NP</i><br/> <i>Provider ID: 289882</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: NP95002518</i><br/> <i>NPI: 1922237809</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i><br/>  4290 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  <i>Phone: (619) 563-0250</i><br/>  <i>After Hours Phone: (619) 563-0250</i><br/>  <i>Website: www.sdfamilycare.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</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

License Type: NP

Provider ID: 289863

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

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **KEMP, KATHRINE**

License Type: NP

Provider ID: 289863

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

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **KHAN, MATTHEW**

License Type: NP

Provider ID: 100648

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

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**

---

#### **KHAN, MATTHEW**

License Type: NP

Provider ID: 100648

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

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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## C. Directorio de atención primaria

### KI, TRISH

License Type: NP

Provider ID: 289872

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

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

License Type: NP

Provider ID: 289872

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

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

### LENNON, RYAN

License Type: NPF

Provider ID: 298139

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

### LENNON, RYAN

License Type: NPF

Provider ID: 298139

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

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## C. Directorio de atención primaria

| <b>PRACTITIONER</b>   | <b>IHP OF SOUTHERN CAL-PHP</b>   | <b>American Sign Language (ASL):</b>   |
|---|--|--|
| <b>LIEBER, CAROL</b><br>License Type: NP<br>Provider Gender: Female<br>License Number: NP20849<br>NPI: 1487889846<br><input type="checkbox"/> Provider English Spoken: Y<br><input type="checkbox"/> Provider Language(s) Spoken: Spanish<br>Cultural Competency: N<br>Board Certified Specialty: No<br>IHP OF SOUTHERN CAL-PHP<br><input type="checkbox"/> 316 25TH ST<br>SAN DIEGO, CA 92102<br><input type="checkbox"/> Phone: (619) 238-5551<br><input type="checkbox"/> After Hours Phone: (619) 238-5551<br><input type="checkbox"/> Website: N/A<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None<br>American Sign Language (ASL): N<br><input type="checkbox"/> Accessibility: CONTACT PROVIDER | <b>CERTIFIED NURSE PRACTITIONER</b><br><b>LIM, IMELDA</b><br>License Type: NP<br>Provider ID: 25517<br>Provider Gender: Female<br>License Number: NP95000203<br>NPI: 1093130395<br><input type="checkbox"/> Provider English Spoken: Y<br><input type="checkbox"/> Provider Language(s) Spoken: Tagalog<br>Cultural Competency: N<br>Board Certified Specialty: No<br>OPERATION SAMAHAN<br><input type="checkbox"/> 10737 CAMINO RUIZ STE 235<br>SAN DIEGO, CA 92126<br><input type="checkbox"/> Phone: (844) 200-2426<br><input type="checkbox"/> After Hours Phone: (844) 200-2426<br><input type="checkbox"/> Website: www.operationsamahan.org<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None<br>American Sign Language (ASL): N<br><input type="checkbox"/> Accessibility: CONTACT PROVIDER<br><input type="checkbox"/> Hours: M-TU | <b>CERTIFIED NURSE PRACTITIONER</b><br><b>LIM, IMELDA</b><br>License Type: NP<br>Provider ID: 25517<br>Provider Gender: Female<br>License Number: NP95000203<br>NPI: 1093130395<br><input type="checkbox"/> Provider English Spoken: Y<br><input type="checkbox"/> Provider Language(s) Spoken: Tagalog<br>Cultural Competency: N<br>Board Certified Specialty: No<br>OPERATION SAMAHAN<br><input type="checkbox"/> 10737 CAMINO RUIZ STE 235<br>SAN DIEGO, CA 92126<br><input type="checkbox"/> Phone: (844) 200-2426<br><input type="checkbox"/> After Hours Phone: (844) 200-2426<br><input type="checkbox"/> Website: www.operationsamahan.org<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None<br>American Sign Language (ASL): N<br><input type="checkbox"/> Accessibility: CONTACT PROVIDER<br><input type="checkbox"/> Hours: M-TU |
| <b>CERTIFIED NURSE PRACTITIONER</b><br><b>LIEBER, CAROL</b><br>License Type: NP<br>Provider Gender: Female<br>License Number: NP20849<br>NPI: 1487889846<br><input type="checkbox"/> Provider English Spoken: Y<br><input type="checkbox"/> Provider Language(s) Spoken: Spanish<br>Cultural Competency: N<br>Board Certified Specialty: No   | <b>CERTIFIED NURSE PRACTITIONER</b><br><b>LIM, IMELDA</b><br>License Type: NP<br>Provider ID: 25517<br>Provider Gender: Female<br>License Number: NP95000203<br>NPI: 1093130395<br><input type="checkbox"/> Provider English Spoken: Y<br><input type="checkbox"/> Provider Language(s) Spoken: Tagalog<br>Cultural Competency: N<br>Board Certified Specialty: No<br>OPERATION SAMAHAN<br><input type="checkbox"/> 10737 CAMINO RUIZ STE 235<br>SAN DIEGO, CA 92126<br><input type="checkbox"/> Phone: (844) 200-2426<br><input type="checkbox"/> After Hours Phone: (844) 200-2426<br><input type="checkbox"/> Website: www.operationsamahan.org<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None  | <b>CERTIFIED NURSE PRACTITIONER</b><br><b>LIM, IMELDA</b><br>License Type: NP<br>Provider ID: 25517<br>Provider Gender: Female<br>License Number: NP95000203<br>NPI: 1093130395<br><input type="checkbox"/> Provider English Spoken: Y<br><input type="checkbox"/> Provider Language(s) Spoken: Tagalog<br>Cultural Competency: N<br>Board Certified Specialty: No<br>OPERATION SAMAHAN<br><input type="checkbox"/> 10737 CAMINO RUIZ STE 235<br>SAN DIEGO, CA 92126<br><input type="checkbox"/> Phone: (844) 200-2426<br><input type="checkbox"/> After Hours Phone: (844) 200-2426<br><input type="checkbox"/> Website: www.operationsamahan.org<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None  |

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## C. Directorio de atención primaria




8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM



### CERTIFIED NURSE PRACTITIONER

#### **LU, TAMMY**

License Type: NP  
Provider ID: 25731  
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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER



### CERTIFIED NURSE PRACTITIONER

#### **LU, TAMMY**

License Type: NP  
Provider ID: 25731  
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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### CERTIFIED NURSE PRACTITIONER

#### **MANZO, CORINA**

License Type: NPF  
Provider ID: 289869  
Provider Gender: Female  
License Number: NP95020369  
NPI: 1669087326

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
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

### CERTIFIED NURSE PRACTITIONER

#### **MANZO, CORINA**



License Type: NPF  
Provider ID: 289869  
Provider Gender: Female  
License Number: NP95020369  
NPI: 1669087326

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
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

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## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
*Indian Health Services: Y*


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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **MARTIN, RIA**

*License Type: NP*  
*Provider ID: 78906*  
*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*  
*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**

---


#### **MARTIN, RIA**

*License Type: NP*  
*Provider ID: 78906*  
*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*  
*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**



---

#### **MARTINEZ, CAROLYN**


*License Type: NP*  
*Provider ID: 289856*  
*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  
 SAN DIEGO, CA 92154  
 *Phone: (619) 429-3733*

 *After Hours Phone: (619) 429-3733*

 *Website: 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**




---


#### **MARTINEZ, CAROLYN**

*License Type: NP*  
*Provider ID: 289856*  
*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  
 SAN DIEGO, CA 92154  
 *Phone: (619) 429-3733*  
 *After Hours Phone: (619) 429-3733*

 *Website: www.ibclinic.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*  
 *Hours: M 8:30AM-5PM  
TU-TH 8:30AM-8PM  
F 8:30AM-5PM*


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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **MENDOZA, GRETTEL MARIE**


*License Type: NP*  
*Provider ID: 25517*  
*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*

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **MENDOZA, GRETTEL MARIE**

*License Type: NP*

*Provider ID: 25517*

*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**

*License Type: NPF*

*Provider ID: 289869*

*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)*

*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**

---

#### **MORAN, TIFFANY**

*License Type: NPF*

*Provider ID: 289869*

*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)*

*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*  
*Indian Health Services: Y*

### CERTIFIED NURSE PRACTITIONER

#### **NEVAREZ, IRENE**


*License Type: NP*

*Provider ID: 46039*

*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*

*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

#### **NEVAREZ, IRENE**


*License Type: NP*

*Provider ID: 46039*

*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*

*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**

*License Type: NP*

*Provider ID: 25517*

*Provider Gender: Female*

*License Number: NP95020179*

*NPI: 1417699869*


 *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*

*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

#### **NGUYEN, NINA**

*License Type: NP*

*Provider ID: 25517*

*Provider Gender: Female*

*License Number: NP95020179*

*NPI: 1417699869*

 *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  
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

### CERTIFIED NURSE PRACTITIONER

**NOCEDA, ANA**

License Type: NP

Provider ID: 289881

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

**NOCEDA, ANA**

License Type: NP

Provider ID: 289872

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**

License Type: NP

Provider ID: 289881

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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\22

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER

#### **NOCEDA, ANA**


License Type: NP


Provider ID: 289872

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

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

#### **OCAMPO, ELAINE**


License Type: NP


Provider ID: 289868

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **OCAMPO, ELAINE**


License Type: NP


Provider ID: 289868

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **OCAMPO, ELAINE**

License Type: NP


Provider ID: 289872

Provider Gender: Female

License Number: NP95003427






NPI: 1063856805

 Provider English Spoken: Y

 Provider Language(s) Spoken: Mandarin, Yue






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## C. Directorio de atención primaria

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

### CERTIFIED NURSE PRACTITIONER

#### **OCAMPO, ELAINE**



License Type: NP  
 Provider ID: 289868  
 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**

License Type: NP  
 Provider ID: 289868  
 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**

License Type: NP  
 Provider ID: 289872  
 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

### CERTIFIED NURSE PRACTITIONER

#### **ODA, THAGHAR**


License Type: NPF  
 Provider ID: 78906  
 Provider Gender: Female  
 License Number: NP95000205

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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](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**

License Type: NPF


Provider ID: 78906

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

 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

---

**ODA, THAGHAR**


License Type: NPF


Provider ID: 25731

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

---

### CERTIFIED NURSE PRACTITIONER

---

**ODA, THAGHAR**

License Type: NPF


Provider ID: 25731

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

---

### CERTIFIED NURSE PRACTITIONER

---

**ODA, THAGHAR**

License Type: NPF

Provider ID: 78906

Provider Gender: Female

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## C. Directorio de atención primaria

License Number: NP95000205  
NPI: 1063835692

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic  
Cultural Competency: N  
Board Certified Specialty: No  
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**


---

#### **ODA, THAGHAR**

License Type: NPF  
Provider ID: 78906  
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

 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**


---

#### **ODA, THAGHAR**

License Type: NPF  
Provider ID: 25731  
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

---




### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **ODA, THAGHAR**

License Type: NPF  
Provider ID: 25731  
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

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **ORPILLA, IMELDA**

License Type: NP  
Provider ID: 112894

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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

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**

License Type: NP

Provider ID: 25517

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

**ORPILLA, IMELDA**

License Type: NP

Provider ID: 25517

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

**ORPILLA, IMELDA**

License Type: NP

Provider ID: 112894

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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>OWEN, MICHAEL</b><br/>           License Type: NP<br/>           Provider ID: 78906<br/>           Provider Gender: Female<br/>           License Number: NP95001492<br/>           NPI: 1073869145</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 4725 MARKET ST<br/>           SAN DIEGO, CA 92102<br/>  Phone: (619) 515-2560<br/>  After Hours Phone: (619) 515-2560<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 3544 30TH ST<br/>           SAN DIEGO, CA 92104<br/>  Phone: (619) 515-2424<br/>  After Hours Phone: (619) 515-2424<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-TH 8:30AM-5:30PM F 8AM-5PM</p>   | <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>OWEN, MICHAEL</b><br/>           License Type: NP<br/>           Provider ID: 25732<br/>           Provider Gender: Female<br/>           License Number: NP95001492<br/>           NPI: 1073869145</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 3544 30TH ST<br/>           SAN DIEGO, CA 92104<br/>  Phone: (619) 515-2424<br/>  After Hours Phone: (619) 515-2424<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-TH 8:30AM-5:30PM F 8AM-5PM</p> |
| <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>OWEN, MICHAEL</b><br/>           License Type: NP<br/>           Provider ID: 25732<br/>           Provider Gender: Female<br/>           License Number: NP95001492<br/>           NPI: 1073869145</p>   | <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>OWEN, MICHAEL</b><br/>           License Type: NP<br/>           Provider ID: 25732<br/>           Provider Gender: Female<br/>           License Number: NP95001492<br/>           NPI: 1073869145</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 3544 30TH ST<br/>           SAN DIEGO, CA 92104<br/>  Phone: (619) 515-2424<br/>  After Hours Phone: (619) 515-2424<br/>  Website: www.fhcsd.org</p> | <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>OWEN, MICHAEL</b><br/>           License Type: NP<br/>           Provider ID: 25732<br/>           Provider Gender: Female<br/>           License Number: NP95001492<br/>           NPI: 1073869145</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 3544 30TH ST<br/>           SAN DIEGO, CA 92104<br/>  Phone: (619) 515-2424<br/>  After Hours Phone: (619) 515-2424<br/>  Website: www.fhcsd.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. 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-TH

8:30AM-5:30PM

F 8AM-5PM

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### **CERTIFIED NURSE PRACTITIONER**

---

**OWEN, MICHAEL**


License Type: NP

Provider ID: 25732

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](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

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### **CERTIFIED NURSE PRACTITIONER**

---

**OWEN, MICHAEL**


License Type: NP

Provider ID: 78906

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](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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**PADILLA, MICHELE**


License Type: NP

Provider ID: 289863

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**

---

**PADILLA, MICHELE**

License Type: NP

Provider ID: 289863

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

**PATEL, KELLY**  
 License Type: NP  
 Provider ID: 25608  
 Provider Gender: Female  
 License Number: NP95004735  
 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

### CERTIFIED NURSE PRACTITIONER



**PATEL, KELLY**  
 License Type: NP  
 Provider ID: 25608  
 Provider Gender: Female  
 License Number: NP95004735  
 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

### CERTIFIED NURSE PRACTITIONER

**PATIAG, DANIEL**  
 License Type: NP

Provider ID: 289868  
 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

### CERTIFIED NURSE PRACTITIONER


**PATIAG, DANIEL**  
 License Type: NP  
 Provider ID: 289868  
 Provider Gender: Male  
 License Number: NP95012511  
 NPI: 1073169769  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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. 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*

 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*

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### **CERTIFIED NURSE** **PRACTITIONER**

#### **PATIAG, DANIEL**

*License Type: NP*

*Provider ID: 289872*

*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](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*

---

### **CERTIFIED NURSE** **PRACTITIONER**

#### **PATIAG, DANIEL**


*License Type: NP*


*Provider ID: 289868*

*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](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**

#### **PATIAG, DANIEL**

*License Type: NP*

*Provider ID: 289868*

*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](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**

#### **PATIAG, DANIEL**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: NP

Provider ID: 289872

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](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

### CERTIFIED NURSE PRACTITIONER

#### **PERRY, KATHERINE**

License Type: NP

Provider ID: 289869

Provider Gender: Female


License Number: NP95014964


NPI: 1215543426

 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

### CERTIFIED NURSE PRACTITIONER

#### **PERRY, KATHERINE**

License Type: NP

Provider ID: 289869

Provider Gender: Female


License Number: NP95014964


NPI: 1215543426


 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

### CERTIFIED NURSE PRACTITIONER

#### **QUINTO, CINDY**

License Type: NP


Provider ID: 289872

Provider Gender: Female

License Number: NP16433

NPI: 1902810377

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: French, Lao,  
Spanish


Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### QUINTO, CINDY


License Type: NP


Provider ID: 289881

Provider Gender: Female

License Number: NP16433

NPI: 1902810377

 Provider English Spoken: Y

 Provider Language(s) Spoken: French, Lao, Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO


Board Certified Specialty: No 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

PROVIDER

Hours: M-F 8AM-5PM

SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER

#### QUINTO, CINDY


License Type: NP


Provider ID: 289872

Provider Gender: Female

License Number: NP16433

NPI: 1902810377

 Provider English Spoken: Y

 Provider Language(s) Spoken: French, Lao, Spanish


Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No 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

#### QUINTO, CINDY

License Type: NP


Provider ID: 289881

Provider Gender: Female

License Number: NP16433

NPI: 1902810377

 Provider English Spoken: Y

 Provider Language(s) Spoken: French, Lao, Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO


Board Certified Specialty: No 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

#### REID, EMILY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: NP  
 Provider ID: 46039  
 Provider Gender: Female  
 License Number: NP95002766  
 NPI: 1083081467

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

---

### CERTIFIED NURSE PRACTITIONER

#### REID, EMILY

License Type: NP  
 Provider ID: 46039  
 Provider Gender: Female  
 License Number: NP95002766  
 NPI: 1083081467

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

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### CERTIFIED NURSE PRACTITIONER

#### RILEY, JEREN

License Type: NP  
 Provider ID: 289869  
 Provider Gender: Male  
 License Number: NP95012588  
 NPI: 1932742376

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

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### CERTIFIED NURSE PRACTITIONER

#### RILEY, JEREN

License Type: NP  
 Provider ID: 289869  
 Provider Gender: Male  
 License Number: NP95012588  
 NPI: 1932742376

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

---

### CERTIFIED NURSE PRACTITIONER

#### ROGERS, TANYA

License Type: NP  
 Provider ID: 100648  
 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: NP95004443


NPI: 1558710038


 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

### CERTIFIED NURSE PRACTITIONER

#### ROGERS, TANYA

License Type: NP

Provider ID: 100648

Provider Gender: Female


License Number: NP95004443

NPI: 1558710038

 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

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515-2426

 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

#### SABIN, NANCY


License Type: NP

Provider ID: 289868

Provider Gender: Female

License Number: NP4668

NPI: 1285732586


 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

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

#### SABIN, NANCY

License Type: NP

Provider ID: 289868

Provider Gender: Female

License Number: NP4668

NPI: 1285732586


 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

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

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## C. Directorio de atención primaria

### SABIN, NANCY

License Type: NP

Provider ID: 289872

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

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 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

#### CERTIFIED NURSE PRACTITIONER

### SABIN, NANCY

License Type: NP

Provider ID: 289872

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

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

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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  
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W-F 8:30AM-5:30PM  
SA 9AM-4PM

#### CERTIFIED NURSE PRACTITIONER

### SABIN, NANCY

License Type: NP

Provider ID: 289868

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

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

### SABIN, NANCY

License Type: NP

Provider ID: 289868

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

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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## C. Directorio de atención primaria

 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

#### **SAMPSON, ANDRIECE**

License Type: NP

Provider ID: 289869

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](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

### CERTIFIED NURSE PRACTITIONER

#### **SAMPSON, ANDRIECE**

License Type: NP

Provider ID: 289869

Provider Gender: Female


License Number: NP95026377


NPI: 1619594124

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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 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

### CERTIFIED NURSE PRACTITIONER

#### **SANTANGELO, JOANNE**


License Type: NP

Provider ID: 289872

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](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

### CERTIFIED NURSE PRACTITIONER

#### **SANTANGELO, JOANNE**

License Type: NP

Provider ID: 289868

Provider Gender: Female

License Number: NP2390

NPI: 1619370475

 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

 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

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### CERTIFIED NURSE PRACTITIONER

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#### **SANTANGELO, JOANNE**

License Type: NP

Provider ID: 289868

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](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

---

#### **SANTANGELO, JOANNE**

License Type: NP

Provider ID: 289868

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](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

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### CERTIFIED NURSE PRACTITIONER

---

#### **SANTANGELO, JOANNE**

License Type: NP

Provider ID: 289868

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](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

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### CERTIFIED NURSE PRACTITIONER

---

#### **SANTANGELO, JOANNE**

License Type: NP

Provider ID: 289872



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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*  
*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**  
*License Type: NP*  
*Provider ID: 289872*  
*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*  
*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**  
*License Type: NP*  
*Provider ID: 289868*  
*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*  
*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**  
*License Type: NP*  
*Provider ID: 289868*  
*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*  
*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 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM*



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### **CERTIFIED NURSE PRACTITIONER**

---



#### **SATTERWHITE, MAURINE**

*License Type: NP  
Provider ID: 289868  
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*  
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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  
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---

### **CERTIFIED NURSE PRACTITIONER**

---



#### **SATTERWHITE, MAURINE**

*License Type: NP  
Provider ID: 289868  
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  
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 *Phone: (858) 279-0925*  
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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**

---

#### **SATTERWHITE, MAURINE**

*License Type: NP*

*Provider ID: 289872*

*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*


*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**

---

#### **SAVILLE, EDITH**

*License Type: NP*

*Provider ID: 100421*

*Provider Gender: Female*

*License Number: NP7374*

*NPI: 1730567678*

 *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

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

### CERTIFIED NURSE PRACTITIONER

**SAVILLE, EDITH**

License Type: NP

Provider ID: 100421

Provider Gender: Female

License Number: NP7374

NPI: 1730567678

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

### CERTIFIED NURSE PRACTITIONER

**SCOTT, KELLY**

License Type: NP

Provider ID: 289869

Provider Gender: Female

License Number: NP95015026

NPI: 1013420801

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

### CERTIFIED NURSE PRACTITIONER

**SCOTT, KELLY**

License Type: NP

Provider ID: 289869

Provider Gender: Female

License Number: NP95015026

NPI: 1013420801

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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After Hours Phone: (619)  
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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

### CERTIFIED NURSE PRACTITIONER

**SEBRING, JAN**

License Type: NP

Provider ID: 25731

Provider Gender: Female


License Number: NP10906




NPI: 1295750339


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*  
*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**

#### **SEBRING, JAN**

*License Type: NP*  
*Provider ID: 25731*  
*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*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*




---

### **CERTIFIED NURSE PRACTITIONER**

#### **SEBRING, JAN**

*License Type: NP*  
*Provider ID: 25731*  
*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*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


---




### **CERTIFIED NURSE PRACTITIONER**


#### **SEBRING, JAN**

*License Type: NP*

*Provider ID: 25731*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

---

### **CERTIFIED NURSE PRACTITIONER**

#### **TAYLOR, KAYLA**






*License Type: NP*  
*Provider ID: 87122*  
*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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 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






### CERTIFIED NURSE PRACTITIONER

**TAYLOR, KAYLA**  
 License Type: NP  
 Provider ID: 25732  
 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  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER


### CERTIFIED NURSE PRACTITIONER







**TAYLOR, KAYLA**  
 License Type: NP  
 Provider ID: 25732  
 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  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER





### CERTIFIED NURSE PRACTITIONER

**TAYLOR, KAYLA**  
 License Type: NP  
 Provider ID: 87122  
 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](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

**TAYLOR, KAYLA**  
 License Type: NP  
 Provider ID: 25732  
 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

---

### CERTIFIED NURSE PRACTITIONER

---

**TAYLOR, KAYLA**

License Type: NP

Provider ID: 25732

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### CERTIFIED NURSE PRACTITIONER

---

**TODD, MIKAYLA**


License Type: NP

Provider ID: 257948

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

---

### CERTIFIED NURSE PRACTITIONER

---

**TODD, MIKAYLA**


License Type: NP

Provider ID: 257948

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

---

### CERTIFIED NURSE PRACTITIONER

---

**TRAN, KELLY**

License Type: NP

Provider ID: 25731

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](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): Provider ID: 25731

N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**TRAN, KELLY**


License Type: NP

Provider ID: 25731

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](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**

---

**TUEROS, VICTORIA**


License Type: NP

Provider ID: 25731

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

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**TUEROS, VICTORIA**


License Type: NP

Provider ID: 25731

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

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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**

---

**VEGA, TERESA**

License Type: NP

Provider ID: 25731

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 ID: 25731

N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**VEGA, TERESA**


License Type: NP

Provider ID: 25731

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): Provider ID: 25731

N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**VILLALOBOS, REBECA**


License Type: NP

Provider ID: 25731

Provider Gender: Female

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 25731

N

 Accessibility: CONTACT PROVIDER

---

**CERTIFIED NURSE**  
**PRACTITIONER**

---

**VILLALOBOS, REBECA**


License Type: NP

Provider ID: 25731

Provider Gender: Female

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](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**

---

**WEICKERT, MARIA**

License Type: NP

Provider ID: 87122

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](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  
8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

#### **WEICKERT, MARIA**

License Type: NP

Provider ID: 87122

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](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

#### **WILLIAMS, TAKISHA**


License Type: NP


Provider ID: 25608

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](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

#### **WILLIAMS, TAKISHA**


License Type: NP

Provider ID: 39198

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

 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

### CERTIFIED NURSE PRACTITIONER

#### **WILLIAMS, TAKISHA**

License Type: NP


Provider ID: 25608

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)

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## C. Directorio de atención primaria

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

### CERTIFIED NURSE PRACTITIONER

#### **WILLIAMS, TAKISHA**


License Type: NP

Provider ID: 39198

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

 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

### CERTIFIED NURSE PRACTITIONER

#### **WILLIAMS, BREAHA**


License Type: NP


Provider ID: 46039

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.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

#### **WILLIAMS, BREAHA**

License Type: NP

Provider ID: 46039

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.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

#### **WOLF, CELIA**

License Type: NP

Provider ID: 100421

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 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

### CERTIFIED NURSE PRACTITIONER

#### **WOLF, CELIA**



License Type: NP  
 Provider ID: 100421  
 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](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

#### **BOSTON, LAURA**

License Type: CRNM  
 Provider ID: 25731  
 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](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




#### **BOSTON, LAURA**

License Type: CRNM  
 Provider ID: 25731  
 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](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





#### **GEPHSTEIN, YANA**

License Type: CRNM  
 Provider ID: 25608  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 515-2444  
 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

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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#### **GEPSHTEIN, YANA**

License Type: CRNM  
 Provider ID: 25608  
 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](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 REGISTERED NURSE MIDWIFE**

---

#### **TOLMIE, SIMONE**

License Type: CRNM  
 Provider ID: 25731  
 Provider Gender: Female  
 License Number: NM236263  
 NPI: 1104572007  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 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

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

#### **TOLMIE, SIMONE**

License Type: CRNM  
 Provider ID: 25731



Provider Gender: Female  
 License Number: NM236263  
 NPI: 1104572007  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 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

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### **CHIROPRACTOR**

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#### **ASSADIAN, MEHRAK**


License Type: DC  
 Provider ID: 217520  
 Provider Gender: Female  
 License Number: DC27523  
 NPI: 1295278281  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Turkish  
 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

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

**ASSADIAN, MEHRAK**


License Type: DC


Provider ID: 217520

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**

License Type: DC

Provider ID: 25517

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

**CABALLERO, JAMES**


License Type: DC

Provider ID: 112894

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

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**

License Type: DC

Provider ID: 112894

Provider Gender: Male

License Number: DC27726

NPI: 1093991549

 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

 9995 CARMEL MOUNTAIN RD STE B10  
 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

License Type: DC

Provider ID: 25517

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

#### GILBERTO, JOSEPH


License Type: DC


Provider ID: 112894

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

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

#### GILBERTO, JOSEPH

License Type: DC

Provider ID: 25517

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 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

#### GILBERTO, JOSEPH

License Type: DC

Provider ID: 112894

Provider Gender: Male

License Number: DC15775

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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

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

#### GILIBERTO, JOSEPH


License Type: DC

Provider ID: 25517

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  
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

#### HALEY, STEVEN


License Type: DC

Provider ID: 46039

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

### CHIROPRACTOR

#### HALEY, STEVEN

License Type: DC

Provider ID: 46039

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

### CHIROPRACTOR

#### HOURIHAN, KEITH

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: DC  
 Provider ID: 46039  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### CHIROPRACTOR

**HOURIHAN, KEITH**  
 License Type: DC  
 Provider ID: 46039  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### CHIROPRACTOR

**ILCHENA, ALESANDRA**  
 License Type: DC  
 Provider ID: 46039  
 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  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 798-3947  
 After Hours Phone: (619)  
 798-3947  
 Website: 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-5PM

### CHIROPRACTOR

**ILCHENA, ALESANDRA**  
 License Type: DC  
 Provider ID: 46039  
 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  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 798-3947  
 After Hours Phone: (619)  
 798-3947  
 Website: www.lamaestra.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-F 8AM-5PM

### **CHIROPRACTOR**

**KAZEM, AHMAD**


License Type: DC

Provider ID: 37723

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):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

**KAZEM, AHMAD**


License Type: DC


Provider ID: 37723

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):  
N

 Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

**LOVERN, JENNIFER**


License Type: DC

Provider ID: 112894

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  
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**

**LOVERN, JENNIFER**

License Type: DC


Provider ID: 112894

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

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): License Type: DC

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

#### OLSEN, MARTIN


License Type: DC

Provider ID: 25608

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


#### OLSEN, MARTIN

Provider ID: 25608

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

#### ROJAS, RICHARD


License Type: DC

Provider ID: 100421

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

#### ROJAS, RICHARD

License Type: DC

Provider ID: 100421

Provider Gender: Male


License Number: DC31024

NPI: 1538318811


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
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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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## C. Directorio de atención primaria


**PROVIDER**  
 Hours: M-F 9AM-5PM

---



### CHIROPRACTOR


#### SOSA, DAVID

License Type: DC  
 Provider ID: 100421  
 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

License Type: DC  
 Provider ID: 78906  
 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


#### SOSA, DAVID

License Type: DC  
 Provider ID: 78906  
 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


#### SOSA, DAVID

License Type: DC  
 Provider ID: 100421  
 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

#### TAGHIZADEH, MAJID

License Type: DC  
 Provider ID: 100421

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

---

### CHIROPRACTOR

#### TAGHIZADEH, MAJID


License Type: DC


Provider ID: 100421

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  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

---

### CHIROPRACTOR

#### TRUONG, VENNES

License Type: DC

Provider ID: 25517

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.operationsa<br/>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

---

### CHIROPRACTOR

#### TRUONG, VENNES

License Type: DC

Provider ID: 25517

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.operationsa<br/>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

---

### CLINIC OUTPATIENT

#### OPERATION SAMAHAN

#### RANCHO PENASQUITOS,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 112894


NPI: 1699216622

 Provider English Spoken: Y  
Cultural Competency: N

OPERATION SAMAHAN


 9995 CARMEL MOUNTAIN  
RD STE B10

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844)  
200-2426

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

Medi-Cal Open Panel: 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

### CLINIC OUTPATIENT

OPERATION SAMAHAN

RANCHO PENASQUITOS,

Provider ID: 112894


NPI: 1699216622

 Provider English Spoken: Y  
Cultural Competency: N

OPERATION SAMAHAN


 9995 CARMEL MOUNTAIN  
RD STE B10

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (858) 695-9074

 After Hours Phone: (844)  
200-2426

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

Medi-Cal Open Panel: 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**

License Type: MD

Provider ID: 100421

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

**BURROWS, WILLIAM**

License Type: MD

Provider ID: 100421

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

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SAN DIEGO, CA 92103

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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**

License Type: MD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 78906

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):

N

 Accessibility: CONTACT  
PROVIDER

### DERMATOLOGY

#### **CARTER, NATASHA**

License Type: MD

Provider ID: 78906

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):

N

 Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **AHMAD, AAKIF**

License Type: DO

Provider ID: 25731

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](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

#### **AHMAD, AAKIF**

License Type: DO

Provider ID: 25731

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)  
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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

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### **CHANG, AMY**

License Type: MD

Provider ID: 25731

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](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

#### **CHANG, AMY**

License Type: MD

Provider ID: 25731

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](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**

License Type: MD

Provider ID: 100421

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

#### **HOSEIN, NADEEN**

License Type: MD

Provider ID: 100421

Provider Gender: Female


License Number: A113255

NPI: 1912051715




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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**

 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*

### **ENDOCRINOLOGY METABOLISM DIABETES**


#### **ISLAM, JULIE**

*License Type: MD*  
*Provider ID: 78906*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


### **ENDOCRINOLOGY METABOLISM DIABETES**

#### **ISLAM, JULIE**

*License Type: MD*  
*Provider ID: 78906*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*




### **ENDOCRINOLOGY METABOLISM DIABETES**


#### **LEVINE, MATTHEW**

*License Type: MD*  
*Provider ID: 25731*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **ENDOCRINOLOGY METABOLISM DIABETES**

#### **LEVINE, MATTHEW**

*License Type: MD*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 25731

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**


License Type: MD

Provider ID: 25731

Provider Gender: Female

License Number: A129599

NPI: 1487913315

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
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](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**


License Type: MD

Provider ID: 25731

Provider Gender: Female

License Number: A129599

NPI: 1487913315

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
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](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

#### **MCCALLUM, JAMES**

License Type: MD

Provider ID: 25731

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, UCSD MEDICAL  
CTR

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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

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

#### MCCALLUM, JAMES

License Type: MD  
Provider ID: 25731  
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, 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

Hours: M-TU 8:30AM-6PM  
TH 8:30AM-6PM  
F 8:30AM-5PM  
SA 8:30AM-5PM

### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### NAGELBERG, JODI

License Type: MD  
Provider ID: 25731  
Provider Gender: Female  
License Number: A146838  
NPI: 1720474141  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: 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

#### NAGELBERG, JODI

License Type: MD  
Provider ID: 25731  
Provider Gender: Female  
License Number: A146838  
NPI: 1720474141  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>ENDOCRINOLOGY</b><br/><b>METABOLISM DIABETES</b></p> <p><b>PHILIS-TSIMIKAS, ATHENA</b><br/>License Type: MD<br/>Provider ID: 25731<br/>Provider Gender: Female<br/>License Number: A50477<br/>NPI: 1922105964</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/><input type="checkbox"/> Provider Language(s)<br/>Spoken: Modern Greek<br/>Cultural Competency: N<br/>Hospital Affiliation: SCRIPPS<br/>MEMORIAL HOSPITAL<br/>ENCINITAS, SCRIPPS GREEN<br/>HOSPITAL, SCRIPPS<br/>MEMORIAL HOSPITAL,<br/>SCRIPPS MERCY HOSPITAL,<br/>SCRIPPS MERCY HOSPITAL<br/>CHULA VISTA, UCSD MEDICAL<br/>CTR<br/>Board Certified Specialty: No<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO</p> <p><input type="checkbox"/> 1809 NATIONAL AVE<br/>SAN DIEGO, CA 92113<br/><input type="checkbox"/> Phone: (619) 515-2300<br/><input type="checkbox"/> After Hours Phone: (619)<br/>515-2300<br/><input type="checkbox"/> Website: www.fhcsd.org<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):<br/>N<br/><input type="checkbox"/> Accessibility: CONTACT</p> | <p><i>PROVIDER</i><br/><input type="checkbox"/> Hours: M-F 9AM-5PM</p> <hr/> <p><b>ENDOCRINOLOGY</b><br/><b>METABOLISM DIABETES</b></p> <p><b>PHILIS-TSIMIKAS, ATHENA</b><br/>License Type: MD<br/>Provider ID: 25731<br/>Provider Gender: Female<br/>License Number: A50477<br/>NPI: 1922105964</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/><input type="checkbox"/> Provider Language(s)<br/>Spoken: Modern Greek<br/>Cultural Competency: N<br/>Hospital Affiliation: SCRIPPS<br/>MEMORIAL HOSPITAL<br/>ENCINITAS, SCRIPPS GREEN<br/>HOSPITAL, SCRIPPS<br/>MEMORIAL HOSPITAL,<br/>SCRIPPS MERCY HOSPITAL,<br/>SCRIPPS MERCY HOSPITAL<br/>CHULA VISTA, UCSD MEDICAL<br/>CTR<br/>Board Certified Specialty: No<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO</p> <p><input type="checkbox"/> 1809 NATIONAL AVE<br/>SAN DIEGO, CA 92113<br/><input type="checkbox"/> Phone: (619) 515-2300<br/><input type="checkbox"/> After Hours Phone: (619)<br/>515-2300<br/><input type="checkbox"/> Website: www.fhcsd.org<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):</p> | <p>N<br/><input type="checkbox"/> Accessibility: CONTACT<br/>PROVIDER<br/><input type="checkbox"/> Hours: M-F 9AM-5PM</p> <hr/> <p><b>FAMILY PRACTICE</b></p> <p><b>ABDALLAH, ALI</b><br/>License Type: DO<br/>Provider ID: 78906<br/>Provider Gender: Male<br/>License Number: 20A15471<br/>NPI: 1649699968</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/><input type="checkbox"/> Provider Language(s)<br/>Spoken: Arabic<br/>Cultural Competency: N<br/>Board Certified Specialty: No<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO</p> <p><input type="checkbox"/> 4725 MARKET ST<br/>SAN DIEGO, CA 92102<br/><input type="checkbox"/> Phone: (619) 515-2560<br/><input type="checkbox"/> After Hours Phone: (619)<br/>515-2560<br/><input type="checkbox"/> Website: www.fhcsd.org<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):<br/>N<br/><input type="checkbox"/> Accessibility: CONTACT<br/>PROVIDER</p> <hr/> <p><b>FAMILY PRACTICE</b></p> <p><b>ABDALLAH, ALI</b><br/>License Type: DO<br/>Provider ID: 78906<br/>Provider Gender: Male</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

License Number: 20A15471

NPI: 1649699968

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **ALVAREZ-ESTRADA, MIGUEL**

License Type: MD


Provider ID: 37723

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

 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

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **ALVAREZ-ESTRADA, MIGUEL**


License Type: MD

Provider ID: 37723

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

 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

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **BACHARACH, REBECCA**

License Type: DO

Provider ID: 100421

Provider Gender: Female

License Number: 20A15459

NPI: 1225442643


 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-TH 8AM-9PM  
 F 8AM-5PM


### **FAMILY PRACTICE**


#### **BACHARACH, REBECCA**

License Type: DO  
 Provider ID: 100421  
 Provider Gender: Female  
 License Number: 20A15459  
 NPI: 1225442643  
 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


### **FAMILY PRACTICE**


#### **BAHRAMZI, MARIA**

License Type: MD  
 Provider ID: 25732  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### **FAMILY PRACTICE**



#### **BAHRAMZI, MARIA**


License Type: MD  
 Provider ID: 25732  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### **FAMILY PRACTICE**


#### **BAHRAMZI, MARIA**

License Type: MD  
 Provider ID: 100648  
 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  
 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 style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>BAHRAMZI, MARIA</b><br/>           License Type: MD<br/>           Provider ID: 25732<br/>           Provider Gender: Female<br/>           License Number: A173486<br/>           NPI: 1588141865</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Pashto<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 3544 30TH ST<br/>           SAN DIEGO, CA 92104<br/>  Phone: (619) 515-2424<br/>  After Hours Phone: (619) 515-2424<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p>Spoken: Pashto<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 3544 30TH ST<br/>           SAN DIEGO, CA 92104<br/>  Phone: (619) 515-2424<br/>  After Hours Phone: (619) 515-2424<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>                                       | <p> Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>  |
| <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>BAHRAMZI, MARIA</b><br/>           License Type: MD<br/>           Provider ID: 25732<br/>           Provider Gender: Female<br/>           License Number: A173486<br/>           NPI: 1588141865</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Pashto<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 3544 30TH ST<br/>           SAN DIEGO, CA 92104<br/>  Phone: (619) 515-2424<br/>  After Hours Phone: (619) 515-2424<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>BAHRAMZI, MARIA</b><br/>           License Type: MD<br/>           Provider ID: 100648<br/>           Provider Gender: Female<br/>           License Number: A173486<br/>           NPI: 1588141865</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Pashto<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 4874 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  Phone: (619) 515-2426<br/>  After Hours Phone: (619) 515-2426</p> | <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>BAIN, NATALIE</b><br/>           License Type: MD<br/>           Provider ID: 25731<br/>           Provider Gender: Female<br/>           License Number: A183464<br/>           NPI: 1821677584</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113<br/>  Phone: (619) 515-2300<br/>  After Hours Phone: (619) 515-2300<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> |
|  |  | <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>BAIN, NATALIE</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

License Type: MD  
 Provider ID: 25731  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **FAMILY PRACTICE**

**BAUTISTA, LUIS**  
 License Type: MD  
 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**

**BAUTISTA, LUIS**  
 License Type: MD  
 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**  
 License Type: MD  
 Provider ID: 289863  
 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

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## C. Directorio de atención primaria

|   |   |   |
|---|---|---|
| <p><b>FAMILY PRACTICE</b></p> <p><b>BISHOP, MELISSA</b><br/>           License Type: MD<br/>           Provider ID: 289863<br/>           Provider Gender: Female<br/>           License Number: C137521<br/>           NPI: 1578667077</p> <p>Provider English Spoken: Y<br/>           Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Hospital Affiliation: PALOMAR MEDICAL CENTER<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p>1501 IMPERIAL AVE<br/>           SAN DIEGO, CA 92101<br/>           Phone: (619) 645-6405<br/>           After Hours Phone: (619) 645-6405<br/>           Website: N/A<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>           Accessibility: CONTACT PROVIDER<br/>           Hours: M-F 8AM-5:30PM</p> | <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p>1016 OUTER RD<br/>           SAN DIEGO, CA 92154<br/>           Phone: (619) 429-3733<br/>           After Hours Phone: (619) 429-3733<br/>           Website: www.ibclinic.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>           Accessibility: CONTACT PROVIDER<br/>           Hours: M 8:30AM-5PM<br/>           TU-TH 8:30AM-8PM<br/>           F 8:30AM-5PM</p>                | <p>Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>           Accessibility: CONTACT PROVIDER<br/>           Hours: M 8:30AM-5PM<br/>           TU-TH 8:30AM-8PM<br/>           F 8:30AM-5PM</p>   |
| <p><b>FAMILY PRACTICE</b></p> <p><b>BODIFORD, SAMANTHA</b><br/>           License Type: MD<br/>           Provider ID: 289856<br/>           Provider Gender: Female<br/>           License Number: A165398<br/>           NPI: 1730684200</p>  | <p><b>FAMILY PRACTICE</b></p> <p><b>BODIFORD, SAMANTHA</b><br/>           License Type: MD<br/>           Provider ID: 289856<br/>           Provider Gender: Female<br/>           License Number: A165398<br/>           NPI: 1730684200</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p>1016 OUTER RD<br/>           SAN DIEGO, CA 92154<br/>           Phone: (619) 429-3733<br/>           After Hours Phone: (619) 429-3733<br/>           Website: www.ibclinic.org<br/>           Medi-Cal Open Panel: Yes</p> | <p><b>FAMILY PRACTICE</b></p> <p><b>BORTNER, ADAM</b><br/>           License Type: MD<br/>           Provider ID: 78906<br/>           Provider Gender: Male<br/>           License Number: A164879<br/>           NPI: 1811491749</p> <p>Provider English Spoken: Y<br/>           Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p>4725 MARKET ST<br/>           SAN DIEGO, CA 92102<br/>           Phone: (619) 515-2560<br/>           After Hours Phone: (619) 515-2560<br/>           Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>           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. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### **BORTNER, ADAM**

License Type: MD

Provider ID: 100421

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

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**

### **BORTNER, ADAM**

License Type: MD

Provider ID: 100421

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

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**

### **BORTNER, ADAM**

License Type: MD

Provider ID: 78906

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### **BRADY, PATRICIA**

License Type: MD

Provider ID: 289863

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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-W 8:30AM-5PM  
TH 8:30AM-9PM  
F 8:30AM-5PM

### **FAMILY PRACTICE**

#### **BRADY, PATRICIA**

License Type: MD  
Provider ID: 289863  
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**





License Type: MD  
Provider ID: 25608  
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  
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):

### **FAMILY PRACTICE**

#### **BRODSKY, MARK**






License Type: MD  
Provider ID: 25608  
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  
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):


### **FAMILY PRACTICE**


#### **BROWN, BRANDON**

License Type: MD  
Provider ID: 25731  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

 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**

#### **BROWN, BRANDON**

License Type: MD  
 Provider ID: 25731  
 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**

License Type: DO  
 Provider ID: 25732  
 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**

License Type: DO

Provider ID: 25732

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**

License Type: DO

Provider ID: 25732

Provider Gender: Male

License Number: 20A20786

NPI: 1376171520

 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

 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**

License Type: DO  
 Provider ID: 25732  
 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**

License Type: MD  
 Provider ID: 217520  
 Provider Gender: Female  
 License Number: A157488  
 NPI: 1316479892

 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

 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

PROVIDER

### **FAMILY PRACTICE**


#### **CAMPBELL, BRIANNA**

License Type: MD  
 Provider ID: 217520  
 Provider Gender: Female  
 License Number: A157488  
 NPI: 1316479892

 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

 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**

#### **CARRIEDO-CENICEROS, MARIA**

License Type: MD  
 Provider ID: 37723

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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

#### **CARRIEDO-CENICEROS, MARIA**

License Type: MD

Provider ID: 37723

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**

License Type: DO

Provider ID: 100421

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

PROVIDER

### FAMILY PRACTICE

#### **CHOU, BILL**

License Type: DO

Provider ID: 25732

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**

License Type: DO

Provider ID: 25732

Provider Gender: Male

License Number: 20A14794

NPI: 1730448101

Provider English Spoken: Y


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

 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

License Type: DO  
 Provider ID: 100421  
 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](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

License Type: DO  
 Provider ID: 25732  
 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

License Type: DO  
 Provider ID: 25732  
 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

### CHUN, HYUN

License Type: MD  
 Provider ID: 25731  
 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](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): License Number: 20A15413

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **CHUN, HYUN**


License Type: MD


Provider ID: 25731

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**

License Type: DO

Provider ID: 100421

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**

License Type: DO

Provider ID: 25732

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

### **FAMILY PRACTICE**

#### **COLLINS, WILLIAM**

License Type: DO

Provider ID: 25732

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


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## 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: SU-SA  
8:30AM-5:30PM

#### **FAMILY PRACTICE**

### **COLLINS, WILLIAM**

License Type: DO  
Provider ID: 25732  
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](http://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

#### **FAMILY PRACTICE**


### **COLLINS, WILLIAM**

License Type: DO  
Provider ID: 25732  
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](http://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

#### **FAMILY PRACTICE**

### **COLLINS, WILLIAM**

License Type: DO  
Provider ID: 100421  
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](http://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**

### **CORMAN, DANIEL**

License Type: DO

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 25608

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CORMAN, DANIEL**

License Type: DO

Provider ID: 25608

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **DAPPEN, AMANDA**

License Type: MD

Provider ID: 37723

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.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

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **DAPPEN, AMANDA**

License Type: MD

Provider ID: 37723

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.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

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **DAVIS, DEIRDRE**

License Type: MD

Provider ID: 217520

Provider Gender: Female


License Number: A165432

NPI: 1265921365

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*  
*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*



### **FAMILY PRACTICE**

#### **DAVIS, DEIRDRE**


*License Type: MD*  
*Provider ID: 217520*  
*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*

*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*

### **FAMILY PRACTICE**




#### **FAMBRO, CYNTHIA**


*License Type: MD*  
*Provider ID: 217520*  
*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 /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**




#### **FAMBRO, CYNTHIA**


*License Type: MD*  
*Provider ID: 217520*  
*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 /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**

#### **FLORES, JOE**

*License Type: MD*  
*Provider ID: 100421*  
*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: 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  
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

#### **FLORES, JOE**

License Type: MD

Provider ID: 100421

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  
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

#### **GIRGIS, CHERIF**

License Type: MD

Provider ID: 312590

Provider Gender: Male

NPI: 1023237260

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, French,  
Spanish

Cultural Competency: N

Hospital Affiliation: EL  
CENTRO REGIONAL MEDICAL  
CENTER, SHARP MEMORIAL  
HOSPITAL, FRESNO HEART  
AND SURGICAL HOSPITAL

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (858) 536-8034

After Hours Phone: (844)  
200-2426

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-6PM

### FAMILY PRACTICE

#### **GIRGIS, CHERIF**

License Type: MD

Provider ID: 25517

Provider Gender: Male

License Number: A105162

NPI: 1023237260

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, French,  
Spanish

Cultural Competency: N

Hospital Affiliation: EL  
CENTRO REGIONAL MEDICAL  
CENTER, SHARP MEMORIAL  
HOSPITAL, FRESNO HEART  
AND SURGICAL 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


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 N

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

### **FAMILY PRACTICE**

#### **GIRGIS, CHERIF**


License Type: MD


Provider ID: 25517

Provider Gender: Male

License Number: A105162

NPI: 1023237260

 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic, French, Spanish

Cultural Competency: N


Hospital Affiliation: EL


CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, FRESNO HEART AND SURGICAL 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):

Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

### **FAMILY PRACTICE**

#### **GLEASON-ROHRER, GWEN**


License Type: MD

Provider ID: 289882

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.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**

#### **GLEASON-ROHRER, GWEN**

License Type: MD

Provider ID: 289881

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

 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

### **FAMILY PRACTICE**

#### **GLEASON-ROHRER, GWEN**

License Type: MD

Provider ID: 289882

Provider Gender: Female

License Number: A112176

NPI: 1710140462

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

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## C. Directorio de atención primaria

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.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### GLEASON-ROHRER, GWEN

License Type: MD

Provider ID: 289881

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

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

Phone: (619) 280-2058  
After Hours Phone: (619)  
280-2058  
Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### GRIFFITHS, KENNETH

License Type: MD

Provider ID: 100421

Provider Gender: Male

License Number: C52451

NPI: 1760563068

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: 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

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

#### GRIFFITHS, KENNETH

License Type: MD

Provider ID: 100421

Provider Gender: Male

License Number: C52451

NPI: 1760563068

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: 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

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

#### GUTIERREZ, TANIA

License Type: DO



Provider ID: 100648

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 20A19345  
 NPI: 1285196311  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: 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  
 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**

#### **GUTIERREZ, TANIA**



License Type: DO  
 Provider ID: 100648  
 Provider Gender: Female  
 License Number: 20A19345  
 NPI: 1285196311  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: 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  
 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**

#### **HAMILTON, LISA MARIE**



License Type: DO  
 Provider ID: 103499  
 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

 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**



#### **HAMILTON, LISA MARIE**

License Type: DO  
 Provider ID: 78906  
 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

 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

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

License Type: DO

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 ID: 103499

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

 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

 Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

License Type: DO

Provider ID: 78906

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

 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

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**


License Type: MD

Provider ID: 217520

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

 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

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**

License Type: MD

Provider ID: 217520

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

 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**



#### **HENDRIX, JEFFERSON**

License Type: MD  
Provider ID: 307044  
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

 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**


#### **HENDRIX, JEFFERSON**



License Type: MD  
Provider ID: 307044  
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

 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**


#### **JAINCHILL, AMANDA**

License Type: MD  
Provider ID: 25517  
Provider Gender: Female  
License Number: A141541  
NPI: 1720426901


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY 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

 Hours: M-F 8AM-4:30PM

### **FAMILY PRACTICE**

#### **JAINCHILL, AMANDA**


License Type: MD  
Provider ID: 25517  
Provider Gender: Female  
License Number: A141541  
NPI: 1720426901

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): **KAUFHOLD, ANNE**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

### **FAMILY PRACTICE**

**KAUFHOLD, ANNE**


License Type: MD


Provider ID: 37723

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

 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**


License Type: MD


Provider ID: 37723

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

 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**

**KAUFMAN, JENNIFER**


License Type: MD


Provider ID: 100648

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**

**KAUFMAN, JENNIFER**

License Type: MD

Provider ID: 100648

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 515-2426

 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

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### FAMILY PRACTICE

#### KEFLEZIGHI, BAHGHI

License Type: MD

Provider ID: 78906

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

#### KEFLEZIGHI, BAHGHI


License Type: MD

Provider ID: 78906

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

License Type: MD

Provider ID: 37723

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.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

### FAMILY PRACTICE

#### KIDDER, BRENDAN

License Type: MD

Provider ID: 37723


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: 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.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**

License Type: MD

Provider ID: 100421

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**

#### **LACH, REBECCA**


License Type: MD

Provider ID: 25732

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**

License Type: MD

Provider ID: 25732

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**

License Type: MD

Provider ID: 100421

Provider Gender: Female

License Number: A177922

NPI: 1679137780

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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**  
 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*

### **FAMILY PRACTICE**








#### **LACH, REBECCA**

*License Type: MD*  
*Provider ID: 25732*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**





#### **LACH, REBECCA**

*License Type: MD*  
*Provider ID: 25732*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

#### *PROVIDER*


### **FAMILY PRACTICE**

#### **LEE, SANDRINE**

*License Type: DO*  
*Provider ID: 25732*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **LEE, SANDRINE**


*License Type: DO*  
*Provider ID: 25732*  
*Provider Gender: Female*  
*License Number: 20A15068*  
*NPI: 1073909651*  
 *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: 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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **LEE, SANDRINE**

*License Type: DO*  
*Provider ID: 25732*  
*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*



515-2424  
 *Website: 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**

*License Type: DO*  
*Provider ID: 25732*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*



*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*




### **FAMILY PRACTICE**


#### **LINDEMAN, KURTIS**

*License Type: MD*  
*Provider ID: 289863*  
*Provider Gender: Male*  
*License Number: A104052*  
*NPI: 1124155791*


 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Board Certified Specialty: No*  
 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**







#### **LINDEMAN, KURTIS**

*License Type: MD*  
*Provider ID: 289863*  
*Provider Gender: Male*  
*License Number: A104052*  
*NPI: 1124155791*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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**

#### **LOUGH, MICHELLE**



*License Type: MD*  
*Provider ID: 78906*  
*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**



#### **LOUGH, MICHELLE**







*License Type: MD*  
*Provider ID: 78906*  
*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**

*License Type: DO*  
*Provider ID: 103499*  
*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**

#### **LU, JULIE**



*License Type: DO*  
*Provider ID: 103499*  
*Provider Gender: Female*  
*License Number: 20A14804*  
*NPI: 1619210614*  
 *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  
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  
 Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **MANDOYAN, AUSTIN**




License Type: MD  
Provider ID: 25731  
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  
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**

#### **MANDOYAN, AUSTIN**







License Type: MD  
Provider ID: 25731  
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  
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**

License Type: DO  
Provider ID: 289868  
Provider Gender: Female  
License Number: 20A12402  
NPI: 1417205055  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
Spoken: Spanish, Tagalog,  
Vietnamese  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): License Type: DO

N

 Accessibility: CONTACT PROVIDER

Provider ID: 289872

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

### **FAMILY PRACTICE**

#### **MARSTON, JACQUELINE**

License Type: DO

Provider ID: 289868

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese


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 English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese


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**

#### **MARSTON, JACQUELINE**

License Type: DO

Provider ID: 289868

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog,  
Vietnamese


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**

License Type: DO

Provider ID: 289868

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

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

 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**


License Type: DO


Provider ID: 289872

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog,  
Vietnamese

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**


License Type: MD

Provider ID: 289872

Provider Gender: Male

License Number: C174985

NPI: 1023437704

 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 8:30AM-5:30PM  
 TU 8:30AM-8:30PM  
 W-F 8:30AM-5:30PM  
 SA 9AM-4PM

### FAMILY PRACTICE

#### **MATICH, BRANKO**

License Type: MD

Provider ID: 289868

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**

License Type: MD

Provider ID: 289868

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 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**

License Type: MD

Provider ID: 289872

Provider Gender: Male


License Number: C174985


NPI: 1023437704

 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 8:30AM-5:30PM  
 TU 8:30AM-8:30PM  
 W-F 8:30AM-5:30PM  
 SA 9AM-4PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

License Type: MD

Provider ID: 289868

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**

License Type: MD

Provider ID: 289868

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**

License Type: MD

Provider ID: 289869

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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









234-2158  
 Website: 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

### **FAMILY PRACTICE**

**MCLAUGHLIN, ERIK**  
 License Type: MD  
 Provider ID: 289869  
 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  
**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  


---


**FAMILY PRACTICE**  
**MELGAR, MONICA**  
 License Type: MD  
 Provider ID: 25608  
 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  
 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

### **FAMILY PRACTICE**

**MELGAR, MONICA**  
 License Type: MD  
 Provider ID: 25608

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  
 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

### **FAMILY PRACTICE**

**MORALES, ALEJANDRA**  
 License Type: MD  
 Provider ID: 37723  
 Provider Gender: Female  
 License Number: A162332  
 NPI: 1063945657  
 Provider English Spoken: Y  
 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. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

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

**MORALES, ALEJANDRA**

License Type: MD

Provider ID: 37723

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, VANESSA MARIA**

License Type: MD

Provider ID: 307044

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

**NAVARRO, VANESSA MARIA**

License Type: MD

Provider ID: 307044

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**

License Type: MD

Provider ID: 257948

Provider Gender: Male

License Number: A74094

NPI: 1184668105

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,  
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, NGOC**  
License Type: MD  
Provider ID: 257948  
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**  
License Type: MD  
Provider ID: 100421  
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  
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

### **FAMILY PRACTICE**

**NGUYEN-CLEARY, THAI**  
License Type: MD  
Provider ID: 100421  
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  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

F 8AM-5PM

### **FAMILY PRACTICE**

#### **NIAZI, HARRIS**

License Type: MD

Provider ID: 25731

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**

#### **NIAZI, HARRIS**

License Type: MD

Provider ID: 25731

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**

License Type: MD

Provider ID: 289863

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**

#### **NORRIS, JEFFREY**

License Type: MD

Provider ID: 289863

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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: MD  
 Provider ID: 203755  
 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**

#### **NUQUI, JOSIE**

License Type: MD  
 Provider ID: 203755  
 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**

License Type: MD  
 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  
 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**

#### **ORTIZ, KENNETH**

License Type: MD  
 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  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>PAYAMI, MADDIHA</b><br/> <i>License Type: DO</i><br/> <i>Provider ID: 87122</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: 20A14012</i><br/> <i>NPI: 1336484104</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 1550 BROADWAY STE 2<br/> SAN DIEGO, CA 92101<br/> <i>Phone: (619) 515-2525</i><br/> <i>After Hours Phone: (619) 515-2525</i><br/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8:30AM-5:30PM</i></p> | <p><i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 1550 BROADWAY STE 2<br/> SAN DIEGO, CA 92101<br/> <i>Phone: (619) 515-2525</i><br/> <i>After Hours Phone: (619) 515-2525</i><br/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8:30AM-5:30PM</i></p>  | <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p>  |
| <p><b>FAMILY PRACTICE</b></p> <p><b>PAYAMI, MADDIHA</b><br/> <i>License Type: DO</i><br/> <i>Provider ID: 87122</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: 20A14012</i><br/> <i>NPI: 1336484104</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i></p>  | <p><b>FAMILY PRACTICE</b></p> <p><b>PEREZ, PERLITA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 78906</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A119689</i><br/> <i>NPI: 1174810972</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 4725 MARKET ST<br/> SAN DIEGO, CA 92102<br/> <i>Phone: (619) 515-2560</i><br/> <i>After Hours Phone: (619) 515-2560</i><br/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p> | <p><b>FAMILY PRACTICE</b></p> <p><b>PEREZ, PERLITA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 78906</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A119689</i><br/> <i>NPI: 1174810972</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 4725 MARKET ST<br/> SAN DIEGO, CA 92102<br/> <i>Phone: (619) 515-2560</i><br/> <i>After Hours Phone: (619) 515-2560</i><br/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p> |
|  | <p><b>FAMILY PRACTICE</b></p> <p><b>POSADA, SEAN</b><br/> <i>License Type: MD</i></p>   | <p><b>FAMILY PRACTICE</b></p> <p><b>POSADA, SEAN</b><br/> <i>License Type: MD</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 ID: 25731

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](http://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**

License Type: MD

Provider ID: 25731

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](http://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**

License Type: MD

Provider ID: 289863

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):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PROPST, TOBE**

License Type: MD

Provider ID: 289863

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):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **RAGUVEER, VISHAKA**

License Type: MD

Provider ID: 297039

Provider Gender: Female

NPI: 1740609387

Provider English Spoken: Y

Cultural Competency: N

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## C. Directorio de atención primaria

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9995 CARMEL MOUNTAIN RD STE 10

SAN DIEGO, CA 92129

Phone: (844) 200-2426

Fax: (858) 240-6470

After Hours Phone: (844) 200-2426

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### FAMILY PRACTICE

#### RAGUVEER, VISHAKA

License Type: MD

Provider ID: 112894

Provider Gender: Female

License Number: A172736

NPI: 1740609387

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD STE B10

SAN DIEGO, CA 92129

Phone: (916) 419-7292

After Hours Phone: (916) 419-7292

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

#### RAGUVEER, VISHAKA

License Type: MD

Provider ID: 112894

Provider Gender: Female

License Number: A172736

NPI: 1740609387

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD STE B10

SAN DIEGO, CA 92129

Phone: (916) 419-7292

After Hours Phone: (916) 419-7292

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

#### RIDGE, NEAL

License Type: DO

Provider ID: 307044

Provider Gender: Male

License Number: 20A6920

NPI: 1053381004

Provider English Spoken: Y  
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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### RIDGE, NEAL

License Type: DO

Provider ID: 307044

Provider Gender: Male

License Number: 20A6920

NPI: 1053381004

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

 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**


#### **RITTER, STEVEN**

License Type: DO  
 Provider ID: 217520  
 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

 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**



#### **RITTER, STEVEN**

License Type: DO  
 Provider ID: 217520  
 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**

License Type: MD  
 Provider ID: 37723  
 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  
 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**

License Type: MD  
 Provider ID: 100421  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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


### **FAMILY PRACTICE**

#### **RODRIGUEZ, SEAN**

License Type: MD  
 Provider ID: 37723  
 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


 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**

License Type: MD  
 Provider ID: 25731  
 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**

License Type: MD  
 Provider ID: 100421  
 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**

#### **RODRIGUEZ, LOUIE**

License Type: MD  
 Provider ID: 25731  
 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


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## 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

### **FAMILY PRACTICE**


#### **ROSADO, IVAN**


License Type: MD  
Provider Gender: Male  
License Number: A169434  
NPI: 1316479603  
 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

### **FAMILY PRACTICE**

#### **ROSADO, IVAN**



License Type: MD  
Provider Gender: Male  
License Number: A169434  
NPI: 1316479603  
 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

### **FAMILY PRACTICE**

#### **ROSENBAUM, HERBERT**

License Type: MD  
Provider ID: 307044  
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](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **ROSENBAUM, HERBERT**

License Type: MD  
Provider ID: 307044  
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](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

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## C. Directorio de atención primaria

### **SCHUMAKER, EDWARD**


License Type: DO

Provider ID: 46039

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](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

#### **FAMILY PRACTICE**

### **SCHUMAKER, EDWARD**


License Type: DO

Provider ID: 46039

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](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

#### **FAMILY PRACTICE**

### **SCOTT, RYLEE**

License Type: MD

Provider ID: 25608

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) 515-2444

 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

#### **FAMILY PRACTICE**

### **SCOTT, RYLEE**


License Type: MD

Provider ID: 25608

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) 515-2444

 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

#### **FAMILY PRACTICE**

### **SHEIKH, ZARA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: MD  
 Provider ID: 289882  
 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  
 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**

License Type: MD  
 Provider ID: 289881  
 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  
 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

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  
 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**

#### **SHEIKH, ZARA**

License Type: MD  
 Provider ID: 289881  
 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  
 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

280-2058  
 Website: www.sdfamilycare.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM

### **FAMILY PRACTICE**


#### **SHEIKH, ZARA**

License Type: MD  
 Provider ID: 289882  
 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  
 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-5PM  
SA 8AM-2PM

### **FAMILY PRACTICE**

#### **SHIRAKI, JEAN**


License Type: DO

Provider ID: 100648

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**

#### **SHIRAKI, JEAN**


License Type: DO


Provider ID: 100648

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**


License Type: DO

Provider ID: 103499

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):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **SHUMILAK, KAILI**

License Type: DO

Provider ID: 103499

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):  
N

 Accessibility: CONTACT  
PROVIDER

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## C. Directorio de atención primaria

|   |   |   |
|---|---|---|
| <p><b>FAMILY PRACTICE</b></p> <p><b>SMOOT, CHARLES</b><br/>           License Type: MD<br/>           Provider ID: 25731<br/>           Provider Gender: Male<br/>           License Number: A97036<br/>           NPI: 1245490358</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Spanish</p> <p>Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO</p> <p> 1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113<br/>  Phone: (619) 515-2300<br/>  After Hours Phone: (619)<br/>           515-2300<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER<br/>  Hours: M-F 9AM-5PM</p> | <p>Spoken: Spanish<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO</p> <p> 2391 ISLAND AVE<br/>           SAN DIEGO, CA 92102<br/>  Phone: (619) 515-2435<br/>  After Hours Phone: (619)<br/>           515-2435<br/>  Website: N/A<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER</p>   | <p> Website: N/A<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER</p>  |
| <p><b>FAMILY PRACTICE</b></p> <p><b>SMOOT, CHARLES</b><br/>           License Type: MD<br/>           Provider ID: 35571<br/>           Provider Gender: Male<br/>           License Number: A97036<br/>           NPI: 1245490358</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Spanish</p> <p>Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO</p> <p> 2391 ISLAND AVE<br/>           SAN DIEGO, CA 92102<br/>  Phone: (619) 515-2435<br/>  After Hours Phone: (619)<br/>           515-2435</p>   | <p><b>FAMILY PRACTICE</b></p> <p><b>SMOOT, CHARLES</b><br/>           License Type: MD<br/>           Provider ID: 35571<br/>           Provider Gender: Male<br/>           License Number: A97036<br/>           NPI: 1245490358</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Spanish</p> <p>Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO</p> <p> 1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113<br/>  Phone: (619) 515-2300<br/>  After Hours Phone: (619)<br/>           515-2300<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER<br/>  Hours: M-F 9AM-5PM</p> | <p><b>FAMILY PRACTICE</b></p> <p><b>SMOOT, CHARLES</b><br/>           License Type: MD<br/>           Provider ID: 25731<br/>           Provider Gender: Male<br/>           License Number: A97036<br/>           NPI: 1245490358</p> <p><input type="checkbox"/> Provider English Spoken: Y<br/> <input type="checkbox"/> Provider Language(s)<br/>           Spoken: Spanish</p> <p>Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO</p> <p> 1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113<br/>  Phone: (619) 515-2300<br/>  After Hours Phone: (619)<br/>           515-2300<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER<br/>  Hours: M-F 9AM-5PM</p> <p><b>FAMILY PRACTICE</b></p> |

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## C. Directorio de atención primaria

### SNYDER, CHRISTOPHER


License Type: DO


Provider ID: 257948

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

 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**

### SNYDER, CHRISTOPHER


License Type: DO


Provider ID: 257948

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

 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**

### SOPHY, ELIZABETH

License Type: MD


Provider ID: 289863

Provider Gender: Female

License Number: A157547

NPI: 1013441203

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, 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-5:30PM

#### **FAMILY PRACTICE**

### SOPHY, ELIZABETH

License Type: MD

Provider ID: 289863

Provider Gender: Female

License Number: A157547

NPI: 1013441203

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, 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-5:30PM*

### **FAMILY PRACTICE**

#### **SUMMERS-DAY, COURTNEY**

*License Type: MD*  
*Provider ID: 289856*  
*Provider Gender: Female*  
*License Number: A112781*  
*NPI: 1124288873*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **SUMMERS-DAY, COURTNEY**

*License Type: MD*  
*Provider ID: 289856*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**



#### **SWARTZ, JOHN**



*License Type: MD*  
*Provider ID: 289863*  
*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)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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**

#### **SWARTZ, JOHN**


License Type: MD  
 Provider ID: 289863  
 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): License Type: MD  
 N



 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM



### **FAMILY PRACTICE**

#### **THAI, JUSTIN**

License Type: MD  
 Provider ID: 100421  
 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  
 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



### **FAMILY PRACTICE**

#### **THAI, JUSTIN**

Provider ID: 25731  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **THAI, JUSTIN**




License Type: MD  
 Provider ID: 25731  
 Provider Gender: Male  
 License Number: A177462  
 NPI: 1093276198


Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 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. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

### 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

License Type: MD  
Provider ID: 100421  
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  
 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

License Type: MD  
Provider ID: 100648  
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


#### **FAMILY PRACTICE**

### THOMAS, ZACHARY

License Type: MD  
Provider ID: 100648  
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

#### **FAMILY PRACTICE**

### TRAN, TONNIA

License Type: DO  
Provider ID: 289882  
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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>563-0250<br/>  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>  | <p>Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>  | <p>PROVIDER</p>  |
| <b><u>FAMILY PRACTICE</u></b>  |   |  |
| <p><b>TRAN, UYEN-THAO</b><br/>           License Type: MD<br/>           Provider ID: 25731<br/>           Provider Gender: Female<br/>           License Number: A76709<br/>           NPI: 1891720355<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish, Vietnamese<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO<br/>  1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113<br/>  Phone: (619) 515-2300<br/>           Fax: (619) 795-2756<br/>  After Hours Phone: (619) 515-2300<br/>  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a><br/>           Medi-Cal Open Panel: Yes</p> | <p><b>TRAN, UYEN-THAO</b><br/>           License Type: MD<br/>           Provider ID: 25731<br/>           Provider Gender: Female<br/>           License Number: A76709<br/>           NPI: 1891720355<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish, Vietnamese<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO<br/>  1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113<br/>  Phone: (619) 515-2300<br/>           Fax: (619) 795-2756<br/>  After Hours Phone: (619) 515-2300<br/>  Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p><b>TRAN, TONNIA</b><br/>           License Type: DO<br/>           Provider ID: 289882<br/>           Provider Gender: Female<br/>           License Number: 20A7662<br/>           NPI: 1982746657<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Vietnamese<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  4290 POLK AVE<br/>           SAN DIEGO, CA 92105<br/>  Phone: (619) 563-0250<br/>  After Hours Phone: (619) 563-0250<br/>  Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> |
| <b><u>FAMILY PRACTICE</u></b>  |   |  |
| <p><b>TRUONG, NHA</b><br/>           License Type: DO<br/>           Provider ID: 100421<br/>           Provider Gender: Female<br/>           License Number: 20A17836<br/>           NPI: 1760975833<br/>  Provider English Spoken: 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](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: Vietnamese  
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**

#### **TRUONG, NHA**


License Type: DO


Provider ID: 100421

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) 515-2545

 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**

#### **TSUCHIYA, KIMIKO**

License Type: DO

Provider ID: 71153

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

### **FAMILY PRACTICE**

#### **TSUCHIYA, KIMIKO**

License Type: DO

Provider ID: 71153

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

### **FAMILY PRACTICE**

#### **VALENZUELA, TRICIA**

License Type: MD

Provider ID: 78906

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 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**

### **VALENZUELA, TRICIA**


License Type: MD

Provider ID: 78906

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

### **FAMILY PRACTICE**

### **WANG, REGINA**

License Type: MD

Provider ID: 289863

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  
PROVIDER

 Hours: M-F 8AM-5:30PM

### **FAMILY PRACTICE**

### **WANG, REGINA**

License Type: MD

Provider ID: 289863

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  
PROVIDER

 Hours: M-F 8AM-5:30PM

### **FAMILY PRACTICE**

### **WHITE, KATHERINE**

License Type: MD

Provider ID: 37723

Provider Gender: Female

License Number: A120447

NPI: 1801112925

 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

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**

#### **WHITE, KATHERINE**

License Type: MD

Provider ID: 37723

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**


License Type: MD

Provider ID: 289863

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**

#### **WU, JENNIFER**

License Type: MD

Provider ID: 289863

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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


|  |  |  |
|--|--|--|
| <p><b>FAMILY PRACTICE</b></p> <p><b>ZAHLER, MARVIN</b><br/>           License Type: DO<br/>           Provider ID: 100421<br/>           Provider Gender: Male<br/>           License Number: 20A11612<br/>           NPI: 1134380710<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MERCY HOSPITAL<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO<br/>  4094 4TH AVE<br/>           SAN DIEGO, CA 92103<br/>  Phone: (619) 515-2545<br/>  After Hours Phone: (619) 515-2545<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p>Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MERCY HOSPITAL<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO<br/>  4094 4TH AVE<br/>           SAN DIEGO, CA 92103<br/>  Phone: (619) 515-2545<br/>  After Hours Phone: (619) 515-2545<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>  | <p> After Hours Phone: (619) 662-4100<br/>  Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM</p>  |
| <p><b>FAMILY PRACTICE</b></p> <p><b>ZAHLER, MARVIN</b><br/>           License Type: DO<br/>           Provider ID: 100421<br/>           Provider Gender: Male<br/>           License Number: 20A11612<br/>           NPI: 1134380710<br/>  Provider English Spoken: Y</p>   | <p><b>FAMILY PRACTICE</b></p> <p><b>ZINK, IRENE</b><br/>           License Type: MD<br/>           Provider ID: 37723<br/>           Provider Gender: Female<br/>           License Number: C54198<br/>           NPI: 1215959549<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: German<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  3177 OCEAN VIEW BLVD<br/>           SAN DIEGO, CA 92113<br/>  Phone: (619) 662-4100<br/>  After Hours Phone: (619) 662-4100<br/>  Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):</p> | <p><b>FAMILY PRACTICE</b></p> <p><b>ZINK, IRENE</b><br/>           License Type: MD<br/>           Provider ID: 37723<br/>           Provider Gender: Female<br/>           License Number: C54198<br/>           NPI: 1215959549<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: German<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  3177 OCEAN VIEW BLVD<br/>           SAN DIEGO, CA 92113<br/>  Phone: (619) 662-4100<br/>  After Hours Phone: (619) 662-4100<br/>  Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):</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.

## C. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*


---

### FQHC


#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC,

*Provider ID: 78906*

*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*


---

### FQHC


#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC,

*Provider ID: 78906*

*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*


---

### FQHC


#### DOWNTOWN FAMILY CTR AT CONNECTIONS,

*Provider ID: 71153*

*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*


---

### FQHC


#### DOWNTOWN FAMILY CTR AT CONNECTIONS,

*Provider ID: 71153*

*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*


---

### FQHC


#### FAMILY HEALTH CTR IBARRA,

*Provider ID: 100648*

*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)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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


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

---

### FQHC

#### FAMILY HEALTH CTR IBARRA,


Provider ID: 100648

NPI: 1477953933

 Provider English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL): 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](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

---

### FQHC

#### FAMILY HEALTH CTR OF SD-ELM ST,


Provider ID: 57714

NPI: 1316419070

 Provider English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL): 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](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

---

### FQHC

#### FAMILY HEALTH CTR OF SD-ELM ST,


Provider ID: 57714

NPI: 1316419070

 Provider English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): 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](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


---

### FQHC

#### FAMILY HEALTH CTR SAN DIEGO-OAK PARK,


Provider ID: 304989


NPI: 1336525906


 Provider English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): 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](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

---

### FQHC

#### FAMILY HEALTH CTR SAN DIEGO-OAK PARK,

Provider ID: 103499

NPI: 1336525906

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 N  
*Cultural Competency:* N  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

*Phone:* (619) 515-2454

*Fax:* (619) 794-2696

*After Hours Phone:* (619)  
515-2454

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

*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

### FQHC

**FAMILY HEALTH CTR SAN  
DIEGO-OAK PARK,**

*Provider ID:* 304989

*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](http://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

### FQHC

**FAMILY HEALTH CTR SAN  
DIEGO-OAK PARK,**

*Provider ID:* 103499

*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

*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

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

### FQHC

**FAMILY HLTH CTR OF SD SAN  
DIEGO COMMERCIAL,**

*Provider ID:* 97440

*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](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

### FQHC

**FAMILY HLTH CTR OF SD SAN  
DIEGO COMMERCIAL,**

*Provider ID:* 97440

*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](http://www.fhcsd.org)

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0\None

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## C. Directorio de atención primaria

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

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

---

### FQHC

#### FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,

Provider ID: 87122

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](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

---

### FQHC

#### FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,

Provider ID: 87122

NPI: 1356750376

Provider English Spoken: Y

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](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

---

### FQHC

#### FAMILY HLTH CTR SAN DIEGO-BEACH AREA,

Provider ID: 25608

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](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

---

### FQHC

#### FAMILY HLTH CTR SAN DIEGO-BEACH AREA,

Provider ID: 25608

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](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

---

### FQHC

#### FAMILY HLTH CTR SD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### HILLCREST,


Provider ID: 100421

NPI: 1629456900

Provider English Spoken: Y  
Cultural Competency: N

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

---

#### FQHC

### FAMILY HLTH CTR SD

#### HILLCREST,


Provider ID: 100421

NPI: 1629456900

Provider English Spoken: Y  
Cultural Competency: N

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

---

#### FQHC

### KING CHAVEZ HEALTH CENTER,


Provider ID: 217520

NPI: 1538262092

Provider English Spoken: Y  
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 205-1952

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM

---

#### FQHC

### KING CHAVEZ HEALTH CENTER,


Provider ID: 217520

NPI: 1538262092

Provider English Spoken: Y  
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 205-1952

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM

---

#### FQHC

### LA MAESTRA FAMILY CLINIC INC,


Provider ID: 46039

NPI: 1336353721

Provider English Spoken: Y  
Cultural Competency: N

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

Fax: (619) 795-9849

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 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-5PM

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### FQHC

#### LA MAESTRA FAMILY CLINIC INC,


Provider ID: 46039

NPI: 1336353721

 Provider English Spoken: Y  
Cultural Competency: N

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

Fax: (619) 795-9849

 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-5PM

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### FQHC

#### LINDA VISTA HEALTH CARE

CTR,


Provider ID: 289868

NPI: 1609905215


 Provider English Spoken: Y  
Cultural Competency: N


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


 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

#### LINDA VISTA HEALTH CARE CTR,


Provider ID: 289868

NPI: 1780665877

 Provider English Spoken: Y  
Cultural Competency: N

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

 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-F 8:30AM-5:30PM

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### FQHC

#### LINDA VISTA HEALTH CARE

CTR,


Provider ID: 289868

NPI: 1609905215

 Provider English Spoken: Y  
Cultural Competency: N


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


 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

#### LINDA VISTA HEALTH CARE

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


Provider ID: 289868

NPI: 1780665877


 Provider English Spoken: Y  
Cultural Competency: N

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


 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: 25731

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: 298139

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

#### LOGAN HEIGHTS FAMILY HEALTH CENTER,


Provider ID: 25731

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: 298139

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



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>   | SAN DIEGO, CA 92105<br> Phone: (619) 280-2058<br>Fax: (858) 633-4682   |  Hours: M-F 8AM-5PM<br>SA 8AM-2PM   |
| <b>FQHC</b>   |   | <b>FQHC</b>  |
| <b>MID-CITY COMMUNITY CLINIC,</b><br>Provider ID: 289882<br>NPI: 1962483040<br> Provider English Spoken: Y<br>Cultural Competency: N<br>IHP OF SOUTHERN CAL-PHP<br> 4290 POLK AVE<br>SAN DIEGO, CA 92105<br> Phone: (619) 563-0250<br>Fax: (858) 633-4681<br> After Hours Phone: (619) 563-0250<br> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a><br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None<br>American Sign Language (ASL): N<br> Accessibility: CONTACT PROVIDER<br> Hours: M-F 8AM-5PM<br>SA 8AM-2PM |  After Hours Phone: (619) 280-2058<br> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a><br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\22<br>American Sign Language (ASL): N<br> Accessibility: CONTACT PROVIDER<br> Hours: M-F 8AM-5PM<br>SA 8AM-2PM | <b>MID-CITY COMMUNITY CLINIC,</b><br>Provider ID: 289881<br>NPI: 1962483040<br> Provider English Spoken: Y<br>Cultural Competency: N<br>IHP OF SOUTHERN CAL-PHP<br> 4305 UNIVERSITY AVE STE 150<br>SAN DIEGO, CA 92105<br> Phone: (619) 280-2058<br>Fax: (858) 633-4682<br> After Hours Phone: (619) 280-2058<br> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a><br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\22<br>American Sign Language (ASL): N<br> Accessibility: CONTACT PROVIDER<br> Hours: M-F 8AM-5PM<br>SA 8AM-2PM |
| <b>FQHC</b>   | <b>FQHC</b>   | <b>FQHC</b>  |
| <b>MID-CITY COMMUNITY CLINIC,</b><br>Provider ID: 289881<br>NPI: 1962483040<br> Provider English Spoken: Y<br>Cultural Competency: N<br>IHP OF SOUTHERN CAL-PHP<br> 4305 UNIVERSITY AVE STE 150   |  After Hours Phone: (619) 563-0250<br> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a><br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0\None<br>American Sign Language (ASL): N<br> Accessibility: CONTACT PROVIDER   | <b>NESTOR COMMUNITY HEALTH CENTER,</b><br>Provider ID: 289856<br>NPI: 1215246996<br> Provider English Spoken: Y<br>Cultural Competency: N<br>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  
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

#### NESTOR COMMUNITY HEALTH CENTER,


Provider ID: 289856  
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: 25732  
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: 39198  
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


#### NORTH PARK FAMILY HEALTH CENTERS,

Provider ID: 25732  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### **NORTH PARK FAMILY HEALTH CENTERS,**


Provider ID: 25732

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: 39198

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**

### **NORTH PARK FAMILY HEALTH CENTERS,**


Provider ID: 25732

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

---

#### **FQHC**

### **OPERATION SAMAHAN - MIRA MESA,**


Provider ID: 203755

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

 Accessibility: CONTACT PROVIDER

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#### **FQHC**

### **OPERATION SAMAHAN - MIRA MESA,**

Provider ID: 25517


NPI: 1871680397


 Provider English Spoken: Y  
Cultural Competency: N

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 SA 8AM-2PM*

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### FQHC

#### OPERATION SAMAHAN - MIRA MESA,


*Provider ID: 203755  
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.operationsa mahan.org*

*Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

---

### FQHC


#### OPERATION SAMAHAN - MIRA MESA,

*Provider ID: 25517  
NPI: 1871680397*

 *Provider English Spoken: Y Cultural Competency: N*  
**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-5PM SA 8AM-2PM*

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### FQHC


#### OPERATION SAMAHAN RANCHO PENASQUITOS,


*Provider ID: 112894  
NPI: 1699216622*

 *Provider English Spoken: Y Cultural Competency: N*  
**OPERATION SAMAHAN**

 9995 CARMEL MOUNTAIN RD STE B10  
 SAN DIEGO, CA 92129

 *Phone: (844) 200-2426*  
*Fax: (858) 695-9074*

 *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*

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### FQHC


#### OPERATION SAMAHAN RANCHO PENASQUITOS,


*Provider ID: 112894  
NPI: 1699216622*

 *Provider English Spoken: Y Cultural Competency: N*  
**OPERATION SAMAHAN**

 9995 CARMEL MOUNTAIN RD STE B10  
 SAN DIEGO, CA 92129

 *Phone: (844) 200-2426*  
*Fax: (858) 695-9074*

 *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*

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### FQHC


#### SAN DIEGO AMERICAN INDIAN HEALTH CENTER,

*Provider ID: 289869*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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

### FQHC

#### SAN DIEGO AMERICAN INDIAN HEALTH CENTER,


Provider ID: 289869

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

### FQHC

#### SAN DIEGO FAMILY CARE,


Provider ID: 289872

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

### FQHC

#### SAN DIEGO FAMILY CARE,


Provider ID: 289872

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

### FQHC


#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,

NPI: 1598308926

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551

Fax: (619) 238-5551

 After Hours Phone: (619)  
238-5551

 Website: N/A

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 8AM-5PM


### FQHC

#### SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,


NPI: 1598308926

 Provider English Spoken: Y Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 316 25TH ST

SAN DIEGO, CA 92102

 Phone: (619) 238-5551

Fax: (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

 Hours: M-F 8AM-5PM

### FQHC

#### SAN YSIDRO HEALTH CHC - OCEAN VIEW,

Provider ID: 37723


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) 232-5922

 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

### FQHC

#### SAN YSIDRO HEALTH CHC - OCEAN VIEW,

Provider ID: 37723


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) 232-5922

 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

### FQHC

#### SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,


Provider ID: 257948

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

### FQHC

#### SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,


Provider ID: 257948

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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

---

### FQHC

#### SAN YSIDRO HEALTH

##### PRECISION PARK,


Provider ID: 307044

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  
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


##### PRECISION PARK,


Provider ID: 307044

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  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### FQHC

#### SHERMAN HEIGHTS FAMILY HLTH CTRS INC,


Provider ID: 35571

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

---

### FQHC

#### SHERMAN HEIGHTS FAMILY HLTH CTRS INC,


Provider ID: 35571

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

---

### FQHC

#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,

Provider ID: 289863








NPI: 1659415131

 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

### 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

### FQHC




#### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,

Provider ID: 289863  
 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

#### GADDIPATI, KISHORE

License Type: MD  
 Provider ID: 100421  
 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







#### GADDIPATI, KISHORE

License Type: MD  
 Provider ID: 100421  
 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

License Type: MD  
 Provider ID: 100421  
 Provider Gender: Male  
 License Number: A159324  
 NPI: 1639523228  
 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  
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-TH 8AM-9PM  
F 8AM-5PM

### **GASTROENTEROLOGY**

#### **HAI, FAIZI**

License Type: MD  
Provider ID: 100421  
Provider Gender: Male  
License Number: A159324  
NPI: 1639523228  
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  
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**

#### **OLIVER, DEANNA**

License Type: MD  
Provider ID: 25517  
Provider Gender: Female  
License Number: A139921  
NPI: 1750725362  
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, ST  
AGNES MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, ADVENTIST  
MEDICAL CENTER, PALOMAR  
MEDICAL CENTER, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY 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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-4:30PM

### **GASTROENTEROLOGY**

#### **OLIVER, DEANNA**

License Type: MD  
Provider ID: 25517  
Provider Gender: Female  
License Number: A139921  
NPI: 1750725362  
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, ST  
AGNES MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, ADVENTIST  
MEDICAL CENTER, PALOMAR  
MEDICAL CENTER, 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. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

MERCY HOSPITAL, SCRIPPS  
MERCY 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

### **GASTROENTEROLOGY**

**STIPHO, SALLY**

License Type: MD

Provider ID: 100421

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

### **GASTROENTEROLOGY**

**STIPHO, SALLY**

License Type: MD

Provider ID: 100421

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**

**DOAN STEPHENS, CRYSTAL**

License Type: MD

Provider ID: 289881

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

#### GENERAL PRACTICE

#### **DOAN STEPHENS, CRYSTAL**

License Type: MD

Provider ID: 289881

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**

License Type: MD

Provider ID: 129563

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

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**

License Type: MD

Provider ID: 128320

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**

License Type: MD

Provider ID: 46039

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](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*

### HEPATOLOGY

#### **GISH, ROBERT**


*License Type: MD*


*Provider ID: 46039*

*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](http://www.lamaestra.org)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### HEPATOLOGY

#### **HASSANEIN, TAREK**


*License Type: MD*


*Provider ID: 25517*

*Provider Gender: Male*

*License Number: A54452*

*NPI: 1801854450*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Arabic, French, German, Spanish, Urdu*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR, Sharp*

*Grossmont Hospital,*

*CHILDRENS HOSPITAL AT*

*MISSION, SHARP MEMORIAL*

*HOSPITAL, Sharp Coronado*

*Hospital Dept of Radiology,*

*SCRIPPS MERCY HOSPITAL,*

*ORANGE COAST MEM MED*

*CTR, ORANGE COAST MEM*

*MED CTR, JOHN C FREMONT*

*HOSPITAL, SADDLEBACK*

*MEMORIAL MED CTR,*

*PALOMAR MEDICAL CENTER*


*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*

### HEPATOLOGY

#### **HASSANEIN, TAREK**

*License Type: MD*


*Provider ID: 25517*

*Provider Gender: Male*

*License Number: A54452*

*NPI: 1801854450*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Arabic, French, German, Spanish, Urdu*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR, Sharp*

*Grossmont Hospital,*

*CHILDRENS HOSPITAL AT*

*MISSION, SHARP MEMORIAL*

*HOSPITAL, Sharp Coronado*

*Hospital Dept of Radiology,*

*SCRIPPS MERCY HOSPITAL,*

*ORANGE COAST MEM MED*

*CTR, ORANGE COAST MEM*

*MED CTR, JOHN C FREMONT*

*HOSPITAL, SADDLEBACK*

*MEMORIAL MED CTR,*

*PALOMAR MEDICAL CENTER*

*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)*




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

*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

### **INTERNAL MEDICINE**

**ALASSIL, SALLY**  
License Type: MD  
Provider ID: 25731  
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](http://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**  
License Type: MD  
Provider ID: 97440  
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](http://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**  
License Type: MD  
Provider ID: 25731  
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](http://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**  
License Type: MD  
Provider ID: 97440  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### **INTERNAL MEDICINE**

#### **ALDOUS, JEANNETTE**


License Type: MD


Provider ID: 217520

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, PALOMAR


MEDICAL CENTER

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

PROVIDER

### **INTERNAL MEDICINE**

#### **ALDOUS, JEANNETTE**


License Type: MD


Provider ID: 217520

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, PALOMAR


MEDICAL CENTER

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**

#### **ANDREWS, JOHN**


License Type: MD

Provider ID: 289863

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

### **INTERNAL MEDICINE**

#### **ANDREWS, JOHN**

License Type: MD


Provider ID: 289863

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



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## C. Directorio de atención primaria



 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


### INTERNAL MEDICINE

#### **BENITEZ, MARTHA**

License Type: DO  
 Provider ID: 25732  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **BENITEZ, MARTHA**

License Type: DO  
 Provider ID: 25732  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER




### INTERNAL MEDICINE


#### **BENITEZ, MARTHA**

License Type: DO  
 Provider ID: 25732  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER



### INTERNAL MEDICINE

#### **BENITEZ, MARTHA**

License Type: DO  
 Provider ID: 25732  
 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

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 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424

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## 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

### **INTERNAL MEDICINE**

#### **BRIONES-COLMAN, FELICIA**


License Type: MD

Provider ID: 100421

Provider Gender: Female

License Number: A80153

NPI: 1962517367


 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

### **INTERNAL MEDICINE**

#### **BRIONES-COLMAN, FELICIA**


License Type: MD

Provider ID: 100421

Provider Gender: Female

License Number: A80153

NPI: 1962517367


 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

### **INTERNAL MEDICINE**

#### **CHAN, ANDY**

License Type: DO

Provider ID: 100421

Provider Gender: Male

License Number: 20A20352

NPI: 1104480912


 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

### **INTERNAL MEDICINE**

#### **CHAN, ANDY**

License Type: DO

Provider ID: 100421

Provider Gender: Male

License Number: 20A20352

NPI: 1104480912

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

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## 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

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### **CHANDRADAS, SAJIV**


License Type: MD

Provider ID: 100421

Provider Gender: Male

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, 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](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

#### **CHANDRADAS, SAJIV**


License Type: MD

Provider ID: 100421

Provider Gender: Male

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, 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](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**

License Type: MD

Provider ID: 100421

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>INTERNAL MEDICINE</b></p> <p><b>CHEN, JAMES</b><br/>           License Type: MD<br/>           Provider ID: 100421<br/>           Provider Gender: Male<br/>           License Number: A86644<br/>           NPI: 1265495691</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Chinese<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 4094 4TH AVE<br/>           SAN DIEGO, CA 92103<br/>  Phone: (619) 515-2545<br/>  After Hours Phone: (619) 515-2545<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p>License Number: A96919<br/>           NPI: 1841357118</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Hungarian, Spanish, Ukrainian<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p> 950 S EUCLID AVE<br/>           SAN DIEGO, CA 92114<br/>  Phone: (619) 662-4100<br/>  After Hours Phone: (619) 662-4100<br/>  Website: www.syhealth.org /clinics/king- chavez- health- center<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM SA 8AM-4PM</p> | <p>Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p> 950 S EUCLID AVE<br/>           SAN DIEGO, CA 92114<br/>  Phone: (619) 662-4100<br/>  After Hours Phone: (619) 662-4100<br/>  Website: www.syhealth.org /clinics/king- chavez- health- center<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM SA 8AM-4PM</p>   |
| <p><b>INTERNAL MEDICINE</b></p> <p><b>CSAPOCZI, PETER</b><br/>           License Type: MD<br/>           Provider ID: 217520<br/>           Provider Gender: Male</p>  | <p><b>INTERNAL MEDICINE</b></p> <p><b>CSAPOCZI, PETER</b><br/>           License Type: MD<br/>           Provider ID: 217520<br/>           Provider Gender: Male<br/>           License Number: A96919<br/>           NPI: 1841357118</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Hungarian, Spanish, Ukrainian<br/>           Cultural Competency: N</p>   | <p><b>INTERNAL MEDICINE</b></p> <p><b>CUMMINS, ANDREW</b><br/>           License Type: MD<br/>           Provider ID: 100421<br/>           Provider Gender: Male<br/>           License Number: A102764<br/>           NPI: 1699917096</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF</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

### 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**

### **CUMMINS, ANDREW**

License Type: MD  
Provider ID: 100421  
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)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

#### **INTERNAL MEDICINE**

### **DAHMS, ERIC**

License Type: MD  
Provider ID: 100421  
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](http://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**

License Type: MD  
Provider ID: 100421  
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](http://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**

License Type: DO

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## C. Directorio de atención primaria

Provider ID: 100421  
 Provider Gender: Male  
 License Number: 20A17657  
 NPI: 1083117865  
 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

#### **DIEP, KEVIN**

License Type: DO  
 Provider ID: 100421  
 Provider Gender: Male  
 License Number: 20A17657  
 NPI: 1083117865  
 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

#### **DODGE, JOHN**

License Type: MD  
 Provider ID: 100421  
 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

### INTERNAL MEDICINE

#### **DODGE, JOHN**

License Type: MD  
 Provider ID: 100421  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

N

 Accessibility: CONTACT PROVIDER

---

### INTERNAL MEDICINE

---

#### DOMINGUEZ, FERNANDO


License Type: MD

Provider ID: 100421

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.fhcscd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### INTERNAL MEDICINE

---

#### DOMINGUEZ, FERNANDO


License Type: MD

Provider ID: 100421

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.fhcscd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### INTERNAL MEDICINE

---


#### FABELLA, GABRIEL


License Type: MD

Provider ID: 121666

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

---

### INTERNAL MEDICINE

---

#### FRENETTE, CATHERINE

License Type: MD

Provider ID: 100421

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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### **INTERNAL MEDICINE**

#### **FRENETTE, CATHERINE**


License Type: MD  
 Provider ID: 100421  
 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](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**

#### **GEHR, MARC**

License Type: MD  
 Provider ID: 100421  
 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**

#### **GEHR, MARC**

License Type: MD  
 Provider ID: 100421  
 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**

License Type: MD  
 Provider ID: 25731  
 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: 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

#### GERWER, JOHANNA

License Type: MD

Provider ID: 25731

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 DAVILA, ANGELICA

License Type: MD

Provider ID: 289882

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

#### GUTIERREZ DAVILA, ANGELICA


License Type: MD

Provider ID: 289882

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

License Type: MD


Provider ID: 100421

Provider Gender: Male

License Number: A116816




NPI: 1053553339

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean



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## C. Directorio de atención primaria

*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  
 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**






#### **HAN, PAUL**



*License Type: MD*  
*Provider ID: 100421*  
*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  
 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**

#### **HAZELBAKER, PAUL**







*License Type: DO*  
*Provider ID: 71153*  
*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

*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**

#### **HAZELBAKER, PAUL**

*License Type: DO*  
*Provider ID: 71153*  
*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  
*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**

#### **HENDERSON, PHILIP**

*License Type: MD*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 ID: 100421

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

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

#### **HENDERSON, PHILIP**

License Type: MD

Provider ID: 100421


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

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

#### **HIGGINSON, MICHELLE**

License Type: MD

Provider ID: 100421

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **HIGGINSON, MICHELLE**

License Type: MD

Provider ID: 100421

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **JACKSON, GAVIN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

License Type: MD  
Provider ID: 100421  
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  
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

#### JACKSON, GAVIN

License Type: MD  
Provider ID: 100421  
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  
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

#### JAMISON, KAREN

License Type: MD  
Provider ID: 100421  
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  
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

#### JAMISON, KAREN

License Type: MD  
Provider ID: 100421  
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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


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## C. Directorio de atención primaria

American Sign Language (ASL):  Hours: M-TH 8AM-9PM  
N F 8AM-5PM

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
N F 8AM-5PM

### INTERNAL MEDICINE

#### KARCHES, KELLI

License Type: MD

Provider ID: 100421

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):  Hours: M-TH 8AM-9PM  
N F 8AM-5PM

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### KARCHES, KELLI

License Type: MD

Provider ID: 100421

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

### INTERNAL MEDICINE

#### KHANNA, POORNIMA

License Type: MD

Provider ID: 46039

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

### INTERNAL MEDICINE

#### KHANNA, POORNIMA

License Type: MD

Provider ID: 46039

Provider Gender: Female

License Number: A70714

NPI: 1598862583

 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.

## C. Directorio de atención primaria

### 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

### INTERNAL MEDICINE

#### KRIJGER, LISA

License Type: MD

Provider ID: 289863

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

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

#### KRIJGER, LISA

License Type: MD

Provider ID: 289863

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

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

#### LALITHAKUMARI, ARYA

License Type: MD

Provider ID: 25732

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

License Type: MD

Provider ID: 25732

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 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

License Type: MD

Provider ID: 25732

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

License Type: MD

Provider ID: 25732

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

#### LAMANTIA, MICHELE

License Type: MD

Provider ID: 217520

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

### INTERNAL MEDICINE

#### LAMANTIA, MICHELE

License Type: MD

Provider ID: 217520

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 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

**NARANJO, RODRIGO**  
 License Type: MD  
 Provider ID: 289868  
 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**  
 License Type: MD  
 Provider ID: 289872  
 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**  
 License Type: MD  
 Provider ID: 289868  
 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**  
 License Type: MD  
 Provider ID: 289868  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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.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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### INTERNAL MEDICINE


**NARANJO, RODRIGO**  
 License Type: MD  
 Provider ID: 289868  
 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

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### INTERNAL MEDICINE

**NARANJO, RODRIGO**  
 License Type: MD  
 Provider ID: 289872  
 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



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### INTERNAL MEDICINE

**NARAYANAN, MEENA**  
 License Type: MD  
 Provider ID: 78906  
 Provider Gender: Female  
 License Number: A113448  
 NPI: 1508170697  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout  
 Board Certified Specialty: No  
 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

**NARAYANAN, MEENA**  
 License Type: MD  
 Provider ID: 78906  
 Provider Gender: Female  
 License Number: A113448  
 NPI: 1508170697  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout  
 Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

### RAMERS, CHRISTIAN

License Type: MD  
Provider ID: 100421  
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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

#### INTERNAL MEDICINE

### RAMERS, CHRISTIAN

License Type: MD  
Provider ID: 100421  
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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

#### INTERNAL MEDICINE

### RESNIKOFF, PAMELA

License Type: MD  
Provider ID: 100421  
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

### RESNIKOFF, PAMELA

License Type: MD  
Provider ID: 100421  
Provider Gender: Female  
License Number: G80358  
NPI: 1841252533

Provider English Spoken: Y  
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.

## C. Directorio de atención primaria

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

**RIVERA, TANIA**

License Type: MD

Provider ID: 78906

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  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

**RIVERA, TANIA**

License Type: MD

Provider ID: 78906

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

**ROUEL, WADI**

License Type: MD

Provider ID: 46039

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.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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 style="text-align: center;"><b>INTERNAL MEDICINE</b></p> <p><b>ROUEL, WADI</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 46039</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: C55979</i><br/> <i>NPI: 1740254713</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL</i><br/> <i>Board Certified Specialty: No</i><br/> <b>LA MAESTRA FAMILY CLINIC</b><br/> <input type="checkbox"/> 4060 FAIRMOUNT AVE<br/> SAN DIEGO, CA 92103<br/> <input type="checkbox"/> <i>Phone: (619) 255-9155</i><br/> <input type="checkbox"/> <i>After Hours Phone: (619) 255-9155</i><br/> <input type="checkbox"/> <i>Website: www.lamaestra.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="checkbox"/> <i>Hours: M-F 8AM-6PM SA 8AM-2PM</i></p> | <p><b>SASSIC, JESSICA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 100421</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A185024</i><br/> <i>NPI: 1598342529</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> <input type="checkbox"/> 4094 4TH AVE<br/> SAN DIEGO, CA 92103<br/> <input type="checkbox"/> <i>Phone: (619) 515-2545</i><br/> <input type="checkbox"/> <i>After Hours Phone: (619) 515-2545</i><br/> <input type="checkbox"/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="checkbox"/> <i>Hours: M-TH 8AM-9PM F 8AM-5PM</i></p> | <p><b>SAN DIEGO</b><br/> <input type="checkbox"/> 4094 4TH AVE<br/> SAN DIEGO, CA 92103<br/> <input type="checkbox"/> <i>Phone: (619) 515-2545</i><br/> <input type="checkbox"/> <i>After Hours Phone: (619) 515-2545</i><br/> <input type="checkbox"/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="checkbox"/> <i>Hours: M-TH 8AM-9PM F 8AM-5PM</i></p>  |
| <p style="text-align: center;"><b>INTERNAL MEDICINE</b></p>  | <p style="text-align: center;"><b>INTERNAL MEDICINE</b></p> <p><b>SASSIC, JESSICA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 100421</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A185024</i><br/> <i>NPI: 1598342529</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF</b></p>  | <p style="text-align: center;"><b>INTERNAL MEDICINE</b></p> <p><b>SHAMSINEJAD BABAKI, ARASH</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 307044</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A81206</i><br/> <i>NPI: 1750498119</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Farsi</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: ST MARYS MEDICAL CENTER SAN FRANCISCO, TRI CITY MEDICAL CTR</i><br/> <i>Board Certified Specialty: No</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b><br/> <input type="checkbox"/> 1666 PRECISION PARK LN<br/> SAN DIEGO, CA 92173<br/> <input type="checkbox"/> <i>Phone: (619) 662-4100</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: (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



#### SHAMSINEJAD BABAKI, ARASH

License Type: MD  
 Provider ID: 307044  
 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, TRI CITY MEDICAL 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

### INTERNAL MEDICINE

**SHI, RUJING**  
 License Type: DO  
 Provider ID: 100421  
 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

### INTERNAL MEDICINE

**SHI, RUJING**  
 License Type: DO  
 Provider ID: 100421

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

### INTERNAL MEDICINE

**SMILDE, RENEE**  
 License Type: MD  
 Provider ID: 100421  
 Provider Gender: Female  
 License Number: A70175  
 NPI: 1427010594  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Dutch  
 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, 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

#### SMILDE, RENEE

License Type: MD  
Provider ID: 100421  
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  
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

#### URIBE-BRUCE, LILIANA

License Type: MD  
Provider ID: 25731  
Provider Gender: Female  
License Number: C55724  
NPI: 1689010324  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
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

### INTERNAL MEDICINE

#### URIBE-BRUCE, LILIANA

License Type: MD  
Provider ID: 25731  
Provider Gender: Female  
License Number: C55724  
NPI: 1689010324

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*

### INTERNAL MEDICINE

#### VALDEZ, KRYSYAL ANGELI


*License Type: MD*


*Provider ID: 25517*

*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.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*

### INTERNAL MEDICINE

#### VALDEZ, KRYSYAL ANGELI


*License Type: MD*


*Provider ID: 25517*

*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.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*

*Provider ID: 100421*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### INTERNAL MEDICINE

#### VIDAURAZAGA, MONICA

*License Type: MD*

*Provider ID: 100421*

*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*

### INTERNAL MEDICINE

#### VIDAURAZAGA, MONICA

*License Type: MD*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### INTERNAL MEDICINE

#### WASTILA, LISA

License Type: MD  
Provider ID: 289863  
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


#### WASTILA, LISA

License Type: MD  
Provider ID: 289863  
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, PORNTHEP

License Type: MD  
Provider ID: 289868  
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

#### WATTANAMANO, PORNTHEP


License Type: MD  
Provider ID: 289868  
Provider Gender: Male  
License Number: C186338  
NPI: 1295738516

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: 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*

*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**


*License Type: MD*


*Provider ID: 289868*

*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*

*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**


*License Type: MD*


*Provider ID: 289868*

*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*

*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**

*License Type: MD*

*Provider ID: 217520*

*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- healt  
h- center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **INTERNAL MEDICINE**




#### **WATTS, ELI**

*License Type: MD*

*Provider ID: 217520*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**


#### **YUNG, STEVEN**







*License Type: MD*  
*Provider ID: 100421*  
*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*  
*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**



#### **YUNG, STEVEN**

*License Type: MD*  
*Provider ID: 100421*  
*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*  
*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**

#### **MOUSSAVIAN, MEHRAN**



*License Type: DO*  
*Provider ID: 78906*  
*Provider Gender: Male*  
*License Number: 20A7241*  
*NPI: 1689788234*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, Persian*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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, Adventist Health and Rideout, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER*  
*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

### INTERVENTIONAL CARDIOLOGY



#### **MOUSSAVIAN, MEHRAN**

License Type: DO  
 Provider ID: 78906  
 Provider Gender: Male  
 License Number: 20A7241  
 NPI: 1689788234

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Persian  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR, TRI  
 CITY MEDICAL CTR, SHARP


*MEMORIAL HOSPITAL,  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, Adventist Health  
 and Rideout, UC SAN DIEGO  
 HEALTH - EAST CAMPUS  
 MEDICAL CENTER*  
*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

### MULTI SPECIALTY MEDICAL CLINIC

#### **UCSD MEDICAL GROUP,**

Provider ID: 205571  
 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

### MULTI SPECIALTY MEDICAL CLINIC

**UCSD MEDICAL GROUP,**  
 Provider ID: 87130  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### NEUROLOGY

#### CANTU-REYNA, GUILLERMO

License Type: MD

Provider ID: 46039

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.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

### NEUROLOGY

#### CANTU-REYNA, GUILLERMO

License Type: MD

Provider ID: 46039

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.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

### NEUROLOGY

#### LUHAR, RIYA

License Type: DO

Provider ID: 100421

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

#### LUHAR, RIYA

License Type: DO

Provider ID: 100421

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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  
 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

License Type: MD  
 Provider ID: 100421  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### NEUROLOGY

#### MARTIN, FREDERIC

License Type: MD  
 Provider ID: 100421  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):

Accessibility: CONTACT PROVIDER

### NEUROLOGY

#### TAFRESHI, GILDA

License Type: MD  
 Provider ID: 100421  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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

#### TAFRESHI, GILDA

License Type: MD  
Provider ID: 100421  
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

Accessibility: CONTACT PROVIDER

Hours: M-TH 8AM-9PM  
F 8AM-5PM

### OBSTETRICS / GYNECOLOGY

#### AL-MSHHDANI, AYSER

License Type: MD  
Provider ID: 46039  
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

#### AL-MSHHDANI, AYSER

License Type: MD  
Provider ID: 46039  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): Provider ID: 289868

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

License Type: MD

Provider ID: 289868

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

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**

License Type: MD

Provider ID: 289868

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**

### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**

License Type: MD

Provider ID: 289868

Provider Gender: Male

License Number: G44807

NPI: 1497738439

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

### **OBSTETRICS / GYNECOLOGY**

#### **BLAKE, GARY**

License Type: MD

Provider ID: 289868

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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**


License Type: MD

Provider ID: 25608

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**


License Type: MD

Provider ID: 25731

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

License Type: MD

Provider ID: 25732

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

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**

#### **BUECHNER, CHARLENE**

*License Type: MD*

*Provider ID: 39198*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\18*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

*License Type: MD*

*Provider ID: 25732*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

*License Type: MD*

*Provider ID: 39198*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\18*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

*License Type: MD*

*Provider ID: 25732*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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**

#### **BUECHNER, CHARLENE**


License Type: MD

Provider ID: 25731

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**


License Type: MD

Provider ID: 25732

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**

#### **BUECHNER, CHARLENE**

License Type: MD

Provider ID: 25608

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 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,  
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**


License Type: MD

Provider ID: 78906

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) 515-2560  
 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**

#### **BUECHNER, CHARLENE**


License Type: MD

Provider ID: 78906

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) 515-2560  
 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**

#### **CARTER, KHALIL**

License Type: MD

Provider ID: 25732

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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




 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**

License Type: MD  
 Provider ID: 39198  
 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**

License Type: MD  
 Provider ID: 25731  
 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



 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**

License Type: MD  
 Provider ID: 78906  
 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) 515-2560  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

License Type: MD  
Provider ID: 78906  
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) 515-2560  
 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**

#### **CARTER, KHALIL**

License Type: MD  
Provider ID: 25608  
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  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-W 8:30AM-5PM  
TH 9:30AM-6PM

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

License Type: MD  
Provider ID: 25732

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**

License Type: MD  
Provider ID: 25608  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>         Cultural Competency: N<br/>         Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR<br/>         Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> | <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR<br/>         Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p>   | <p>GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR<br/>         Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p>   |
| <p> 3705 MISSION BLVD<br/>         SAN DIEGO, CA 92109<br/>  Phone: (619) 515-2444<br/>  After Hours Phone: (619) 515-2444<br/>  Website: www.fhcsd.org<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0\None<br/>         American Sign Language (ASL): N</p>                     | <p> 1809 NATIONAL AVE<br/>         SAN DIEGO, CA 92113<br/>  Phone: (619) 515-2300<br/>  After Hours Phone: (619) 515-2300<br/>  Website: www.fhcsd.org<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0\None<br/>         American Sign Language (ASL): N</p> | <p> 3514 30TH ST<br/>         SAN DIEGO, CA 92104<br/>  Phone: (619) 515-2424<br/>  After Hours Phone: (619) 515-2424<br/>  Website: www.fhcsd.org<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0\18<br/>         American Sign Language (ASL): N</p>                            |
| <p> Accessibility: CONTACT PROVIDER<br/>  Hours: M-W 8:30AM-5PM<br/>         TH 9:30AM-6PM</p>  | <p> Accessibility: CONTACT PROVIDER<br/>  Hours: M 8AM-7PM<br/>         TU-TH 8AM-6PM<br/>         F 8AM-5:30PM<br/>         SA 8AM-5PM</p>   | <p> Accessibility: CONTACT PROVIDER</p>   |
| <b><u>OBSTETRICS / GYNECOLOGY</u></b>   |   |   |
| <b>CARTER, KHALIL</b>   |   |   |
| <p>License Type: MD<br/>         Provider ID: 25732<br/>         Provider Gender: Male<br/>         License Number: A113001<br/>         NPI: 1225231582</p>  |   |   |
| <b><u>OBSTETRICS / GYNECOLOGY</u></b>   |   |   |
| <b>CARTER, KHALIL</b>   |   |   |
| <p>License Type: MD<br/>         Provider ID: 39198<br/>         Provider Gender: Male<br/>         License Number: A113001<br/>         NPI: 1225231582</p>  |   |   |
| <p><b><u>OBSTETRICS / GYNECOLOGY</u></b><br/> <b>CARTER, KHALIL</b><br/>         License Type: MD<br/>         Provider ID: 25731<br/>         Provider Gender: Male<br/>         License Number: A113001<br/>         NPI: 1225231582</p>  | <p>License Type: MD<br/>         Provider ID: 39198<br/>         Provider Gender: Male<br/>         License Number: A113001<br/>         NPI: 1225231582</p>  | <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>         Cultural Competency: N<br/>         Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR<br/>         Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> |
| <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>         Cultural Competency: N</p>   | <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>         Cultural Competency: N<br/>         Hospital Affiliation: SCRIPPS MERCY HOSPITAL,</p>  |   |





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## C. Directorio de atención primaria







 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**  
 License Type: MD  
 Provider ID: 25732  
 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**

**CHAKRABARTI, PRIYA**  
 License Type: MD  
 Provider ID: 25731  
 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](http://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**  
 License Type: MD  
 Provider ID: 39198  
 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  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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**

#### **CHAKRABARTI, PRIYA**


License Type: MD

Provider ID: 25608

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](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**

#### **CHAKRABARTI, PRIYA**


License Type: MD

Provider ID: 39198

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

 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**

#### **CHAKRABARTI, PRIYA**


License Type: MD

Provider ID: 25731

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](http://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**

License Type: MD

Provider ID: 25608

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 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**



#### **CHAKRABARTI, PRIYA**


License Type: MD  
Provider ID: 78906  
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](http://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**

License Type: MD  
Provider ID: 78906  
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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER




### **OBSTETRICS / GYNECOLOGY**


#### **CHOI, KENNY**

License Type: MD  
Provider ID: 25731  
Provider Gender: Male  
License Number: C54696  
NPI: 1063481117

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: 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**

#### **CHOI, KENNY**

License Type: MD  
Provider ID: 25731  
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: C54696


NPI: 1063481117


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: 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): NPI: 1629277322

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

License Type: MD

Provider ID: 39198


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): NPI: 1629277322

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

License Type: MD

Provider ID: 25731

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1629277322

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

License Type: MD

Provider ID: 25608

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1629277322

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

License Type: MD

Provider ID: 39198

Provider Gender: Male

License Number: A108228

NPI: 1629277322






 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

 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**

#### DE MIK, TRAVIS


License Type: MD  
 Provider ID: 25731  
 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


License Type: MD  
 Provider ID: 78906  
 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


License Type: MD  
 Provider ID: 78906  
 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

License Type: MD  
 Provider ID: 25608  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**


*License Type: MD*

*Provider ID: 25608*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**


*License Type: MD*

*Provider ID: 25731*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**


*License Type: MD*


*Provider ID: 39198*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\18*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

*License Type: MD*

*Provider ID: 25608*

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 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**


License Type: MD

Provider ID: 78906

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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**


License Type: MD


Provider ID: 78906

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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

License Type: MD

Provider ID: 25731

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**

License Type: MD

Provider ID: 39198

Provider Gender: Female

License Number: A178499


NPI: 1033613732

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

*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*  
*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*

*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*  
*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**

#### **GRANT, REBEKAH**

*License Type: MD*  
*Provider ID: 25731*  
*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*



### **OBSTETRICS / GYNECOLOGY**

#### **GRANT, REBEKAH**

*License Type: MD*  
*Provider ID: 25731*  
*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*

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

*License Type: MD*  
*Provider ID: 25731*  
*Provider Gender: Female*  
*License Number: C174771*  
*NPI: 1053392035*  
 *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, 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**

#### **HANLEY, LAUREN**

License Type: MD  
Provider ID: 25731  
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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

License Type: MD  
Provider ID: 39198  
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  
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**

License Type: MD  
Provider ID: 39198  
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  
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. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### HANLEY, LAUREN


License Type: MD

Provider ID: 25608

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

 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

#### HANLEY, LAUREN


License Type: MD

Provider ID: 78906

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


License Type: MD


Provider ID: 78906

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

License Type: MD


Provider ID: 25608

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

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## C. Directorio de atención primaria


 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](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-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**



#### **LIPSCHITZ, LISA**

License Type: MD  
Provider ID: 25731

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**


License Type: MD

Provider ID: 25732

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**

License Type: MD

Provider ID: 39198

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

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## C. Directorio de atención primaria

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

License Type: MD

Provider ID: 78906

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**

License Type: MD

Provider ID: 78906

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

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 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**

License Type: MD

Provider ID: 25608

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**

License Type: MD

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## C. Directorio de atención primaria

Provider ID: 25608

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

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**

License Type: MD

Provider ID: 25732

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

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**

License Type: MD

Provider ID: 25732

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

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**

License Type: MD

Provider ID: 25731

Provider Gender: Female

License Number: A72005

NPI: 1649208711





Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish



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## C. Directorio de atención primaria

*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**

*License Type: MD*  
*Provider ID: 39198*  
*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*


### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

*License Type: MD*  
*Provider ID: 25732*  
*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**

#### **PHAN, TIFFANI**

*License Type: MD*  
*Provider ID: 25517*  
*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

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## 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

### **OBSTETRICS / GYNECOLOGY**





#### **PHAN, TIFFANI**

License Type: MD  
 Provider ID: 25517  
 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**

License Type: MD  
 Provider ID: 25731  
 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](http://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**

License Type: MD  
 Provider ID: 25608  
 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  
 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**

#### **SAPRA, SONIA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: MD  
Provider ID: 78906  
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**

License Type: MD  
Provider ID: 78906  
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**

License Type: MD  
Provider ID: 39198  
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**

#### **SAPRA, SONIA**

License Type: MD  
Provider ID: 39198  
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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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-5PM*

### **OBSTETRICS / GYNECOLOGY**

#### **SAPRA, SONIA**


*License Type: MD*


*Provider ID: 25731*

*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**


*License Type: MD*

*Provider ID: 25608*

*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*

 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**

#### **STABEN, REBECCA**

*License Type: DO*

*Provider ID: 25731*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **STABEN, REBECCA**


*License Type: DO*

*Provider ID: 25608*

*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*

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## 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**

#### **STABEN, REBECCA**

License Type: DO

Provider ID: 39198

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**

License Type: DO

Provider ID: 25731

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**

License Type: DO

Provider ID: 78906

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**

License Type: DO

Provider ID: 39198

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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


 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**


License Type: DO

Provider ID: 78906

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**

License Type: DO

Provider ID: 25608

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**

License Type: DO

Provider ID: 217520

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**

#### **TRUJILLO, JENNIFER**

License Type: DO

Provider ID: 217520

Provider Gender: Female

License Number: 20A8204

NPI: 1053407593

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

*License Type: MD*  
*Provider ID: 25608*  
*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*

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-F 8AM-5PM*

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

*License Type: MD*  
*Provider ID: 78906*  
*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*  
*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**

*License Type: MD*  
*Provider ID: 25732*  
*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,*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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**

#### **ZIEG, ALAN**

License Type: MD

Provider ID: 25731

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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

License Type: MD

Provider ID: 25732

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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

License Type: MD

Provider ID: 39198

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




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## C. Directorio de atención primaria

 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**


License Type: MD  
 Provider ID: 25732  
 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**

License Type: MD  
 Provider ID: 39198  
 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**

License Type: MD  
 Provider ID: 25732  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

*License Type: MD*

*Provider ID: 25731*

*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*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

*License Type: MD*

*Provider ID: 25608*

*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*

 *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-F 8AM-5PM*

*License Type: MD*

*Provider ID: 78906*

*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*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **OPHTHALMOLOGY**

#### **NAJAFI, DAVID**

*License Type: MD*

*Provider ID: 25731*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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*  
*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**

**NAJAFI, DAVID**

*License Type: MD*

*Provider ID: 25731*  
*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*  
*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**

**SHAW, BLAKE**

*License Type: MD*  
*Provider ID: 25731*  
*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*  
*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**


*License Type: MD*  
*Provider ID: 25731*  
*Provider Gender: Male*  
*License Number: G61394*  
*NPI: 1649206541*  
 *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*  
**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**

*License Type: MD*  
*Provider ID: 78906*  
*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**

#### **SHAW, BLAKE**

*License Type: MD*  
*Provider ID: 78906*  
*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**



*License Type: MD*  
*Provider ID: 289863*  
*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

### **OPHTHALMOLOGY**

#### **ZABLIT, KARIM**

*License Type: MD*  
*Provider ID: 289863*  
*Provider Gender: Male*  
*License Number: A42127*  
*NPI: 1083700538*

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: 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**

#### **DAVIS, MORGAN**

License Type: MD  
Provider ID: 25731  
Provider Gender: Female  
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**

#### **DAVIS, MORGAN**

License Type: MD  
Provider ID: 25731  
Provider Gender: Female  
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**

License Type: MD  
Provider ID: 25731  
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

### **OTOLARYNGOLOGY**

#### **YOUSEF, ANDREW**




License Type: MD  
Provider ID: 25731  
Provider Gender: Male  
License Number: A186426  
NPI: 1275152662  
☐ 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

 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


### ABELL, GEOFFREY


License Type: MD  
Provider ID: 204570  
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

License Type: MD  
Provider ID: 46039  
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](http://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

#### PEDIATRICS

### ABRAMSON, RACHEL



License Type: MD  
Provider ID: 46039  
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](http://www.lamaestra.or)  
g

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): License Type: MD

N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-6PM  
SA 8AM-2PM


Provider ID: 46039

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

License Type: MD

Provider ID: 204574

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

License Type: MD


Provider ID: 39198

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

### PEDIATRICS

#### ADJAN, ROULA

License Type: MD


Provider ID: 46039

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

#### ADJAN, ROULA

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

### PEDIATRICS

#### ALBINO, NICHOLAS

License Type: MD  
Provider ID: 39198  
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  
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

License Type: MD  
Provider ID: 289881  
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  
.org

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\22

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### ANDREE, GREGOR

License Type: MD  
Provider ID: 289872  
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

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

#### ANDREE, GREGOR


License Type: MD  
Provider ID: 289881  
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. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **ANDREE, GREGOR**

License Type: MD

Provider ID: 289872

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):

 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**

License Type: MD

Provider ID: 204446

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, 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

#### **AWDYKOVYCH, MARTA**

License Type: MD

Provider ID: 25731

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

### AWDYKOVYCH, MARTA

License Type: MD  
Provider ID: 25731  
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

License Type: MD  
Provider ID: 87122  
Provider Gender: Female  
License Number: A128091  
NPI: 1013278704

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

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

### AYSON, NICOLE

License Type: MD  
Provider ID: 87122  
Provider Gender: Female  
License Number: A128091  
NPI: 1013278704

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

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

License Type: DO  
Provider ID: 205178  
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


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


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### PEDIATRICS


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### **BONSU, BEMA**


License Type: MD  
 Provider ID: 37723  
 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.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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### PEDIATRICS

---


### **BONSU, BEMA**


License Type: MD  
 Provider ID: 37723  
 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.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

---


### PEDIATRICS

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### **CABARLO, JEHRIB**

License Type: DO  
 Provider ID: 25731  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### CABARLO, JEHRIB

License Type: DO

Provider ID: 25731

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  
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

#### CARSON, STEPHEN

License Type: MD

Provider ID: 204346

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

License Type: MD

Provider ID: 46039

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.or  
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. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

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### **PEDIATRICS**

---

#### **CASTELNOVI, CLAUDIA**


*License Type: MD*


*Provider ID: 46039*

*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*

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### **PEDIATRICS**

---

#### **CHEN, JENNIFER**


*License Type: MD*

*Provider ID: 78906*

*Provider Gender: Female*

*License Number: A141057*

*NPI: 1255785150*

 *Provider English Spoken: Y*

*Cultural Competency: N*


*Hospital Affiliation: RADY*


*CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

*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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### **PEDIATRICS**

---

#### **CHEN, JENNIFER**


*License Type: MD*

*Provider ID: 78906*

*Provider Gender: Female*

*License Number: A141057*

*NPI: 1255785150*

 *Provider English Spoken: Y*

*Cultural Competency: N*


*Hospital Affiliation: RADY*


*CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

*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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### **PEDIATRICS**

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#### **CHEN, EILEEN**

*License Type: MD*

*Provider ID: 296844*

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **CONE, STEPHANIE**


License Type: MD

Provider ID: 46039

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](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

#### **CONE, STEPHANIE**


License Type: MD

Provider ID: 46039

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](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

#### **CORDES, WILLIAM**

License Type: DO

Provider ID: 25731

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](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

### PEDIATRICS

#### **CORDES, WILLIAM**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: DO  
 Provider ID: 25731  
 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

License Type: MD  
 Provider ID: 289872  
 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  
 W-F 8:30AM-5:30PM  
 SA 9AM-4PM

### PEDIATRICS

#### DIXON, SARAH

License Type: MD  
 Provider ID: 289872  
 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  
 W-F 8:30AM-5:30PM  
 SA 9AM-4PM

### PEDIATRICS




#### FISHMAN, ELENA


License Type: MD  
 Provider ID: 276247  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

 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\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### FORTUNE, ERIN

License Type: MD

Provider ID: 25731

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

### PEDIATRICS

#### FORTUNE, ERIN


License Type: MD

Provider ID: 39198

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

 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

#### FORTUNE, ERIN

License Type: MD

Provider ID: 39198

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

 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

#### FORTUNE, ERIN

License Type: MD


Provider ID: 25731

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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](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**

**FRIEDMAN, JAIME**  
 License Type: MD  
 Provider ID: 204676  
 Provider Gender: Female  
 NPI: 1144297961  
 Provider English Spoken: Y  
 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**

**GOGGIN, SAMANTHA**  
 License Type: MD  
 Provider ID: 46039  
 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](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

### **PEDIATRICS**

**GOGGIN, SAMANTHA**  
 License Type: MD  
 Provider ID: 46039  
 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](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

### **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

### GRAY, SARAH


License Type: MD

Provider ID: 25731

Provider Gender: Female

License Number: A151631

NPI: 1508210311

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, 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

 Hours: M 8:30AM-7PM

TU-TH 8:30AM-6PM

F 8:30AM-5:30PM

SA 8:30AM-5PM

### PEDIATRICS

### GRAY, SARAH


License Type: MD

Provider ID: 25731

Provider Gender: Female

License Number: A151631

NPI: 1508210311

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, 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

 Hours: M 8:30AM-7PM

TU-TH 8:30AM-6PM

F 8:30AM-5:30PM

SA 8:30AM-5PM

### PEDIATRICS

### GUPTA, VARSHA


License Type: MD


Provider ID: 25731

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

### GUPTA, VARSHA

License Type: MD


Provider ID: 25731

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 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




#### **HENDERSON, TREVOR**




License Type: MD  
 Provider ID: 204586  
 Provider Gender: Male  
 NPI: 1356449425  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SHARP MARY BIRCH HOSP  
 FOR WOMEN AND  
 NEWBORNS, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UC SAN DIEGO  
 HEALTH - EAST CAMPUS  
 MEDICAL CENTER  
 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\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### PEDIATRICS




#### **HIBBS, NICOLE**

License Type: MD  
 Provider ID: 204509  
 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\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-8:30PM  
 F 8AM-5PM  
 SA 8AM-2PM

### PEDIATRICS

#### **HOANG, VY**

License Type: MD  
 Provider ID: 204404  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

#### HORMOZDYARAN, SANAYA

License Type: MD

Provider ID: 296313


Provider Gender: Female


NPI: 1750887634

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

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

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### PEDIATRICS

#### JORDAN, JAMIE

License Type: MD

Provider ID: 204510

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, SHARP  
MEMORIAL HOSPITAL

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

Provider ID: 204696

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

### PEDIATRICS

#### JUAREZ, PATRICIA

License Type: MD

### PEDIATRICS

#### KARMAKAR, KANKA

License Type: MD

Provider ID: 25517

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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.operationsa  
mahan.org](http://www.operationsa<br/>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

### PEDIATRICS

#### **KARMAKAR, KANKA**

License Type: MD

Provider ID: 25517

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.operationsa  
mahan.org](http://www.operationsa<br/>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

### PEDIATRICS

#### **KESANAPALLI, DEEPTHI**

License Type: MD

Provider ID: 294427

Provider Gender: Female

NPI: 1487948584

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Telugu

Cultural Competency: N

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\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-6PM  
F 8:30AM-12PM

### PEDIATRICS

#### **LAWRIE, ALISA**

License Type: MD

Provider ID: 305240

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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) 297-4567


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM  
F 8AM-5PM

---

### PEDIATRICS


#### LE, NGUYEN


License Type: MD

Provider ID: 204363

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

License Type: MD

Provider ID: 258121

Provider Gender: Female

NPI: 1619908936


 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MARY BIRCH  
HOSP FOR WOMEN AND  
NEWBORNS, SCRIPPS MERCY  
HOSPITAL

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-F 8AM-5PM

---

### PEDIATRICS

#### LUJAN, ARLEEN

License Type: MD

Provider ID: 25731

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 ID: 205018

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **LUJAN, ARLEEN**


License Type: MD

Provider ID: 25731

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


### PEDIATRICS


#### **MADANY, GEORGE**

License Type: MD

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**

License Type: MD

Provider ID: 289872

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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### **MAHENDRAN, SRIVIDYA**

License Type: MD

Provider ID: 289872

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)



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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



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

**MANRIQUEZ-CASTILLO, ERENDIRA**  
 License Type: MD  
 Provider ID: 46039  
 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  
 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

**MANRIQUEZ-CASTILLO, ERENDIRA**  
 License Type: MD  
 Provider ID: 46039  
 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  
 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

PROVIDER  
 Hours: M-F 8AM-6PM SA 8AM-2PM

### PEDIATRICS

**MARTINEZ-ANDREE, INGRID**  
 License Type: MD  
 Provider ID: 204379  
 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**  
 License Type: MD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 39198

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

#### **NGUYEN, JANICE**

License Type: MD

Provider ID: 39198

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**

License Type: MD

Provider ID: 206277

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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### **PARKER, SHERINE**

License Type: MD

Provider ID: 25731

Provider Gender: Female

License Number: G81658

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
 Hours: M 8:30AM-7PM  
 TU-TH 8:30AM-6PM  
 F 8:30AM-5:30PM  
 SA 8:30AM-5PM

### PEDIATRICS






#### **PARKER, SHERINE**


License Type: MD  
 Provider ID: 25731  
 Provider Gender: Female  
 License Number: G81658  
 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**

License Type: MD  
 Provider ID: 39198  
 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

#### **PAVLOVICH, WENDY**

License Type: MD  
 Provider ID: 39198  
 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**

License Type: MD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 204607

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**

License Type: MD

Provider ID: 289863

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):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM

### **PEDIATRICS**

#### **PRESKILL, CATALINA**

License Type: MD

Provider ID: 289863

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):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM

### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**

License Type: MD

Provider ID: 217520

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](http://www.syhealth.org/clinics/king-chavez-health-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.


## C. Directorio de atención primaria


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 8AM-4PM*

### **PEDIATRICS**

#### **RODRIGUEZ, JAVIER**

*License Type: MD*  
*Provider ID: 46039*  
*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*

### **PEDIATRICS**

#### **RODRIGUEZ, JAVIER**

*License Type: MD*  
*Provider ID: 46039*  
*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*

### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**

*License Type: MD*  
*Provider ID: 217520*  
*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*

### **PEDIATRICS**

#### **RUBENSTEIN, STUART**

*License Type: MD*  
*Provider ID: 276967*  
*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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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



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-12PM

### **PEDIATRICS**

#### **SAMPATH, SRIVIDYA**



License Type: MD  
Provider ID: 39198  
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  
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-F  
8:30AM-5:30PM

### **PEDIATRICS**

#### **SAMPATH, SRIVIDYA**

License Type: MD  
Provider ID: 39198  
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  
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-F

8:30AM-5:30PM

### **PEDIATRICS**

#### **SEBSO, JODI**

License Type: MD  
Provider ID: 25731  
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  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM

### **PEDIATRICS**

#### **SEBSO, JODI**

License Type: MD  
Provider ID: 39198  
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.



## C. Directorio de atención primaria

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### PEDIATRICS

#### SEBSO, JODI


License Type: MD

Provider ID: 39198

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

---

### PEDIATRICS

#### SEBSO, JODI


License Type: MD

Provider ID: 25731

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

---

### PEDIATRICS

#### SHENOY, ASHVIN

License Type: MD

Provider ID: 206334

Provider Gender: Male

NPI: 1619262664


 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### SHETH, HASMUKH


License Type: MD


Provider ID: 217520

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-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

### PEDIATRICS

#### SHETH, HASMUKH


License Type: MD


Provider ID: 217520

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-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

### PEDIATRICS

#### SHIAU, NANCY

License Type: MD

Provider ID: 206325

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

License Type: MD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 25608

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**

License Type: MD

Provider ID: 25731

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

#### **SPITZER, MARSHA**

License Type: MD

Provider ID: 87122

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):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### PEDIATRICS

#### **SPITZER, MARSHA**

License Type: MD

Provider ID: 87122

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

515-2525  
 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

### **PEDIATRICS**

#### **SPITZER, MARSHA**

License Type: MD  
 Provider ID: 25731  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):

N




 Accessibility: CONTACT PROVIDER


### **PEDIATRICS**

#### **SPITZER, MARSHA**

License Type: MD  
 Provider ID: 25608  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **SUBRAMANIAN, RAMA**


License Type: MD

Provider ID: 304383

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 SA 8AM-12PM

### **PEDIATRICS**

#### **SULEIMAN-QAFITI, KHAWLA**

License Type: MD

Provider ID: 39198

Provider Gender: Female

License Number: A51318

NPI: 1659303121

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: 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  
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

**SULEIMAN-QAFITI, KHAWLA**

License Type: MD

Provider ID: 39198

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):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

### PEDIATRICS

**TAMAYO, MAITHE**


License Type: MD

Provider ID: 35571

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

### PEDIATRICS

**TAMAYO, MAITHE**

License Type: MD

Provider ID: 25731

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>TAMAYO, MAITHE</b><br/>           License Type: MD<br/>           Provider ID: 35571<br/>           Provider Gender: Female<br/>           License Number: A80504<br/>           NPI: 1487748430</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 2391 ISLAND AVE<br/>           SAN DIEGO, CA 92102<br/>  Phone: (619) 515-2435<br/>  After Hours Phone: (619) 515-2435<br/>  Website: N/A<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p>License Number: A80504<br/>           NPI: 1487748430</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA<br/>           Board Certified Specialty: No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113<br/>  Phone: (619) 515-2300<br/>  After Hours Phone: (619) 515-2300<br/>  Website: www.fhcsd.org<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p>MEMORIAL HOSPITAL<br/>           ENCINITAS, SCRIPPS<br/>           MEMORIAL HOSPITAL<br/>           Board Certified Specialty: No<br/>           RADY CHILDRENS HEALTH NETWORK</p> <p> 12036 SCRIPPS<br/>           HIGHLANDS DR STE 102<br/>           SAN DIEGO, CA 92131<br/>  Phone: (858) 566-4444<br/>           Fax: (858) 566-3321<br/>  After Hours Phone: (858) 566-4444<br/>  Website: N/A<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\19<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM</p> |
| <p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>TAMAYO, MAITHE</b><br/>           License Type: MD<br/>           Provider ID: 25731<br/>           Provider Gender: Female</p>   | <p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>WASSON, MINA</b><br/>           License Type: MD<br/>           Provider ID: 312057<br/>           Provider Gender: Female<br/>           NPI: 1366753022</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Russian<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS</p>   | <p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>WATERS, ELIZABETH</b><br/>           License Type: MD<br/>           Provider ID: 205058<br/>           Provider Gender: Female<br/>           NPI: 1730477621</p> <p> Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP MARY BIRCH HOSP FOR</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

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):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PEDIATRICS

#### **WEATHERLY, JACOB**

License Type: MD

Provider ID: 300981

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-12PM

### PEDIATRICS

#### **WONG, YOLANDA**

License Type: MD

Provider ID: 289872

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](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

#### **WONG, IAN**

License Type: DO

Provider ID: 310731

Provider Gender: Male

NPI: 1174152128

Provider English Spoken: Y  
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

Fax: (858) 793-1035

After Hours Phone: (858)  
793-1011

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18


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  
SA 8AM-12PM*

### PEDIATRICS

#### **WONG, YOLANDA**


*License Type: MD*

*Provider ID: 289872*

*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*

 *Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM*

### PEDIATRICS

#### **ZAHEER, AARON**


*License Type: MD*


*Provider ID: 289872*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

### PEDIATRICS

#### **ZAHEER, AARON**

*License Type: MD*


*Provider ID: 289881*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\22*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

### PEDIATRICS

#### **ZAHEER, AARON**

*License Type: MD*


*Provider ID: 289881*

*Provider Gender: Male*

*License Number: A61238*

*NPI: 1902882301*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Persian, Spanish  
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.



## C. Directorio de atención primaria

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**

License Type: MD

Provider ID: 289872

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

### PHYSICIANS ASSISTANT

**ALVARADO, EDMUND**

License Type: PA

Provider ID: 97440

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): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### PHYSICIANS ASSISTANT

**ALVARADO, EDMUND**

License Type: PA

Provider ID: 97440

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): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### PHYSICIANS ASSISTANT

**ARMENTA, JORGE**

License Type: PA

Provider ID: 46039

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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

#### ARMENTA, JORGE

License Type: PA

Provider ID: 46039

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

#### BHAGAN, SHANNA

License Type: PA

Provider ID: 25732

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

### PHYSICIANS ASSISTANT

#### BHAGAN, SHANNA

License Type: PA

Provider ID: 25732

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

### PHYSICIANS ASSISTANT

#### BHAGAN, SHANNA

License Type: PA

Provider ID: 25732

Provider Gender: Female

License Number: PA59874

NPI: 1437635943

Provider English Spoken: Y  
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

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

##### BHAGAN, SHANNA

License Type: PA  
Provider ID: 25732  
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

#### PHYSICIANS ASSISTANT

##### CASTILLO, PATRICIA

License Type: PA  
Provider ID: 25732  
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

License Type: PA  
Provider ID: 25732  
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

License Type: PA  
Provider ID: 25732  
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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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<br/>  <i>Accessibility: CONTACT PROVIDER</i></p>   | <p><i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>   | <p><i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p>   |
| <hr/>  |   |   |
| <b>PHYSICIANS ASSISTANT</b>  |   |   |
| <hr/>  |   |   |
| <p><b>CASTILLO, PATRICIA</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 25732</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: PA17220</i><br/> <i>NPI: 1376550657</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>  | <p> 1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113<br/>  <i>Phone: (619) 515-2300</i><br/>  <i>After Hours Phone: (619) 515-2300</i><br/>  <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> | <p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <hr/> <p><b>CONTRERAS, LORETTA</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 289863</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: PA54617</i><br/> <i>NPI: 1679096341</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b></p>  |
| <p> 3544 30TH ST<br/>           SAN DIEGO, CA 92104<br/>  <i>Phone: (619) 515-2424</i><br/>  <i>After Hours Phone: (619) 515-2424</i><br/>  <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> | <p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <hr/> <p><b>CONDEZ, ESEL</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 25731</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: PA53129</i><br/> <i>NPI: 1073978680</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>  | <p> 1501 IMPERIAL AVE<br/>           SAN DIEGO, CA 92101<br/>  <i>Phone: (619) 233-8500</i><br/>  <i>After Hours Phone: (619) 233-8500</i><br/>  <i>Website: N/A</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M 8:30AM-5:30PM</i><br/> <i>TU-W 8:30AM-5PM</i><br/> <i>TH 8:30AM-9PM</i><br/> <i>F 8:30AM-5PM</i></p> |
| <hr/>  |   |   |
| <b>PHYSICIANS ASSISTANT</b>  |   |   |
| <p><b>CONDEZ, ESEL</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 25731</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: PA53129</i><br/> <i>NPI: 1073978680</i><br/>  <i>Provider English Spoken: Y</i></p>  | <p> 1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113<br/>  <i>Phone: (619) 515-2300</i><br/>  <i>After Hours Phone: (619) 515-2300</i><br/>  <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i></p>   | <p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <hr/> <p><b>CONTRERAS, LORETTA</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 289863</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: 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

License Type: PA

Provider ID: 25731

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

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

#### DAVID, MARVIC

License Type: PA

Provider ID: 25731

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

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

License Type: PA


Provider ID: 100648

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### DRAME, SALWA

License Type: PA

Provider ID: 100648

Provider Gender: Female

License Number: PA59481

NPI: 1093136426


 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: 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**

License Type: PA

Provider ID: 25608

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

 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**

#### **FINK, PATRICK**

License Type: PA

Provider ID: 25608

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

 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**

License Type: PA

Provider ID: 39198

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

### **PHYSICIANS ASSISTANT**

#### **GARCIA, DEANA**

License Type: PA

Provider ID: 39198

Provider Gender: Female

License Number: PA21042

NPI: 1447567995

 *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  
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

### PHYSICIANS ASSISTANT

**HIGUERA, EDITH**

License Type: PA

Provider ID: 46039

Provider Gender: Female

License Number: PA51283

NPI: 1558782029

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, REGIONAL MEDICAL

CTR OF SAN JOSE

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-5PM

### PHYSICIANS ASSISTANT

**HIGUERA, EDITH**

License Type: PA

Provider ID: 46039

Provider Gender: Female

License Number: PA51283

NPI: 1558782029

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, REGIONAL MEDICAL

CTR OF SAN JOSE

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-5PM

### PHYSICIANS ASSISTANT

**HOXMEIER, KRYSTA**

License Type: PA

Provider ID: 103499

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  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

**HOXMEIER, KRYSTA**

License Type: PA

Provider ID: 78906

Provider Gender: Female

License Number: PA58505

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### HOXMEIER, KRISTA


License Type: PA


Provider ID: 103499

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### HOXMEIER, KRISTA


License Type: PA

Provider ID: 78906

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### LAPINA, LORI


License Type: PA

Provider ID: 25732

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

License Type: PA

Provider ID: 100421

Provider Gender: Female

License Number: PA23231

NPI: 1245670413

 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  
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


---

### PHYSICIANS ASSISTANT

#### LAPINA, LORI


License Type: PA  
Provider ID: 25732  
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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): License Type: PA  
Provider ID: 100421


 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-5:30PM  
F 8AM-5PM


---

### PHYSICIANS ASSISTANT


#### LAPINA, LORI

License Type: PA  
Provider ID: 25732  
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](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


---


### PHYSICIANS ASSISTANT

#### LAPINA, LORI

Provider ID: 100421  
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](http://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

License Type: PA  
Provider ID: 25732  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER  
Hours: M-TH  
8:30AM-5:30PM  
F 8AM-5PM

### PHYSICIANS ASSISTANT

#### LLOYD, MATTHEW

License Type: PA  
Provider ID: 87122  
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](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

### PHYSICIANS ASSISTANT

#### LLOYD, MATTHEW

License Type: PA  
Provider ID: 87122  
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](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

### PHYSICIANS ASSISTANT

#### LOPEZ, MARIO

License Type: PA  
Provider ID: 100648  
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](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

License Type: PA  
Provider ID: 100421  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

#### LOPEZ, MARIO

License Type: PA

Provider ID: 100648

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](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

License Type: PA

Provider ID: 100421

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](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

License Type: PA

Provider ID: 46039

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.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

#### MARTINEZ-MURGUIA, IRENE

License Type: PA

Provider ID: 46039

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.org](http://www.lamaestra.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



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**PHYSICIANS ASSISTANT**

**MERCER, KELLY**  
License Type: PA  
Provider ID: 46039  
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)  
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**

**MERCER, KELLY**  
License Type: PA  
Provider ID: 46039  
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)  
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



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**PHYSICIANS ASSISTANT**

**MILLER, LAUREL**  
License Type: PA  
Provider ID: 78906  
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**

**MILLER, LAUREL**  
License Type: PA  
Provider ID: 78906  
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**  
License Type: PA  
Provider ID: 25731

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **NUNO, JOSE**

License Type: PA

Provider ID: 25731

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **PHUNG, AIVI**

License Type: PA

Provider ID: 289868

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

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**

#### **PHUNG, AIVI**

License Type: PA

Provider ID: 289868

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

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**

#### **PHUNG, AIVI**

License Type: PA

Provider ID: 289868


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.

## C. Directorio de atención primaria

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**

#### **PHUNG, AIVI**


License Type: PA


Provider ID: 289868

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**

License Type: PA

Provider ID: 78906

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**

#### **POLLEY, SHANNON**


License Type: PA

Provider ID: 78906

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**

License Type: PA

Provider ID: 25731

Provider Gender: Female

License Number: PA21591

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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

#### QUICK, ELISABETH


License Type: PA


Provider ID: 25731

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


License Type: PA

Provider ID: 37723

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.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

---

### PHYSICIANS ASSISTANT

#### RALL, EMILY

License Type: PA

Provider ID: 37723

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.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

---

### PHYSICIANS ASSISTANT

#### RASMUSSEN, DALE


License Type: PA

Provider ID: 87122

Provider Gender: Male

License Number: PA54022

NPI: 1962880864

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: MERCY



HOSPITAL OF FOLSOM

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 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

#### PHYSICIANS ASSISTANT

### RASMUSSEN, DALE


License Type: PA  
 Provider ID: 87122  
 Provider Gender: Male  
 License Number: PA54022  
 NPI: 1962880864  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: MERCY  
 HOSPITAL OF FOLSOM  
 Board Certified Specialty: No  
 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


#### PHYSICIANS ASSISTANT

### SCHELLIE, SCOTT



License Type: PA  
 Provider ID: 87122  
 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](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

#### PHYSICIANS ASSISTANT



### SCHELLIE, SCOTT

License Type: PA  
 Provider ID: 87122  
 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](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

#### PHYSICIANS ASSISTANT



### SHARPE, NORMA

License Type: PA  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### PHYSICIANS ASSISTANT


#### SHARPE, NORMA






License Type: PA  
 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

License Type: PA  
 Provider ID: 78906  
 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


License Type: PA  
 Provider ID: 78906  
 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### TOMASZEWSKI, DEBRA

License Type: PA  
 Provider ID: 78906  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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>PHYSICIANS ASSISTANT</b></p> <p><b>TOMASZEWSKI, DEBRA</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 78906</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: MT2061555</i><br/> <i>NPI: 1215264452</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p><input type="checkbox"/> 4725 MARKET ST<br/> SAN DIEGO, CA 92102<br/> <input type="phone"/> <i>Phone: (619) 515-2560</i><br/> <input type="phone"/> <i>After Hours Phone: (619) 515-2560</i><br/> <input type="website"/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p>  | <p><b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p><input type="checkbox"/> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113<br/> <input type="phone"/> <i>Phone: (619) 515-2300</i><br/> <input type="phone"/> <i>After Hours Phone: (619) 515-2300</i><br/> <input type="website"/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="clock"/> <i>Hours: M-F 9AM-5PM</i></p>   | <p><i>American Sign Language (ASL): N</i><br/> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="clock"/> <i>Hours: M-F 9AM-5PM</i></p>   |
| <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TREUNER, JULIE</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 25731</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: PA17478</i><br/> <i>NPI: 1922013614</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p><input type="checkbox"/> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113<br/> <input type="phone"/> <i>Phone: (619) 515-2300</i><br/> <input type="phone"/> <i>After Hours Phone: (619) 515-2300</i><br/> <input type="website"/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p> | <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TREUNER, JULIE</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 25731</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: PA17478</i><br/> <i>NPI: 1922013614</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p><input type="checkbox"/> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113<br/> <input type="phone"/> <i>Phone: (619) 515-2300</i><br/> <input type="phone"/> <i>After Hours Phone: (619) 515-2300</i><br/> <input type="website"/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p> | <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TURNER, SHEREENA</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 25731</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: PA20396</i><br/> <i>NPI: 1992934988</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p><input type="checkbox"/> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113<br/> <input type="phone"/> <i>Phone: (619) 515-2300</i><br/> <input type="phone"/> <i>After Hours Phone: (619) 515-2300</i><br/> <input type="website"/> <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p> |
| <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TURNER, SHEREENA</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 25731</i></p>   | <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TURNER, SHEREENA</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 25731</i></p>   | <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TURNER, SHEREENA</b><br/> <i>License Type: PA</i><br/> <i>Provider ID: 25731</i></p>   |

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## C. Directorio de atención primaria

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**

License Type: PA  
 Provider ID: 112894  
 Provider Gender: Male  
 License Number: PA19664  
 NPI: 1841472776  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN  
 RD STE B10  
 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**

#### **UDOH, EKAETE**



License Type: PA  
 Provider ID: 112894  
 Provider Gender: Male  
 License Number: PA19664  
 NPI: 1841472776

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN  
 RD STE B10  
 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**

License Type: PA  
 Provider ID: 25731  
 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

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9AM-5PM

### **PHYSICIANS ASSISTANT**

#### **VARGAS, ROBERT**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

*License Type: PA*  
*Provider ID: 25731*  
*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*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*

### **PHYSICIANS ASSISTANT**

**YOUNG-PEN, TONI**  
*License Type: PA*  
*Provider ID: 289882*  
*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**  
*License Type: PA*  
*Provider ID: 289882*  
*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*




















### **PODIATRIST**

**JUAREZ, LETICIA**  
*License Type: DPM*  
*Provider ID: 25731*  
*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*

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## C. Directorio de atención primaria

|  |  |   |
|--|--|---|
| <p style="text-align: center;"><b>PODIATRIST</b></p> <p><b>JUAREZ, LETICIA</b><br/> <i>License Type: DPM</i><br/> <i>Provider ID: 25731</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: DPM5661</i><br/> <i>NPI: 1508393778</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113<br/>  <i>Phone: (619) 515-2300</i><br/>  <i>After Hours Phone: (619) 515-2300</i><br/>  <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> | <p><i>Spoken: Vietnamese</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR, Foothill Regional Medical Center</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 4725 MARKET ST<br/> SAN DIEGO, CA 92102<br/>  <i>Phone: (619) 515-2560</i><br/>  <i>After Hours Phone: (619) 515-2560</i><br/>  <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> | <p><i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 4725 MARKET ST<br/> SAN DIEGO, CA 92102<br/>  <i>Phone: (619) 515-2560</i><br/>  <i>After Hours Phone: (619) 515-2560</i><br/>  <i>Website: www.fhcsd.org</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p>                             |
| <p style="text-align: center;"><b>PODIATRIST</b></p> <p><b>LE, DIANA</b><br/> <i>License Type: DPM</i><br/> <i>Provider ID: 78906</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: DPM5734</i><br/> <i>NPI: 1184112864</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Vietnamese</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR, Foothill Regional Medical Center</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113<br/>  <i>Phone: (619) 515-2300</i></p>  | <p style="text-align: center;"><b>PODIATRIST</b></p> <p><b>LE, DIANA</b><br/> <i>License Type: DPM</i><br/> <i>Provider ID: 78906</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: DPM5734</i><br/> <i>NPI: 1184112864</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Vietnamese</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR, Foothill Regional Medical Center</i></p>   | <p style="text-align: center;"><b>PODIATRIST</b></p> <p><b>LE, DIANA</b><br/> <i>License Type: DPM</i><br/> <i>Provider ID: 25731</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: DPM5734</i><br/> <i>NPI: 1184112864</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Vietnamese</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: ANAHEIM REGIONAL MEDICAL CTR, Foothill Regional Medical Center</i><br/> <i>Board Certified Specialty: No</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113<br/>  <i>Phone: (619) 515-2300</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: (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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### PODIATRIST

---

#### LE, DIANA


License Type: DPM

Provider ID: 25731

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,


Foothill Regional Medical


Center


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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### PODIATRIST

---

#### MANCHEL, BRUCE


License Type: DPM

Provider ID: 307044

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):

N

 Accessibility: CONTACT PROVIDER

---

### PODIATRIST

---

#### MANCHEL, BRUCE

License Type: DPM

Provider ID: 307044

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

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### PODIATRIST

---

#### PANEK, JOHN

License Type: DPM

Provider ID: 25517

Provider Gender: Male

License Number: DPM6016

NPI: 1295795599

 Provider English Spoken: Y

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






### PODIATRIST

**PANEK, JOHN**  
 License Type: DPM  
 Provider ID: 25517  
 Provider Gender: Male  
 License Number: DPM6016  
 NPI: 1295795599  
 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

### PODIATRIST






**SCHNEIDER, SARAH**  
 License Type: DPM  
 Provider ID: 25731  
 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):  
 N  
 Accessibility: CONTACT PROVIDER


### PODIATRIST

**SCHNEIDER, SARAH**  
 License Type: DPM  
 Provider ID: 25731  
 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):  
 N  
 Accessibility: CONTACT PROVIDER

### PODIATRIST

**SCHNEIDER, SARAH**  
 License Type: DPM  
 Provider ID: 25608  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

### PODIATRIST

#### **SCHNEIDER, SARAH**

License Type: DPM

Provider ID: 25608

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### **SCHNEIDER, SARAH**

License Type: DPM

Provider ID: 87122

Provider Gender: Female

License Number: DPM4819

NPI: 1326282237

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

### PODIATRIST

#### **SCHNEIDER, SARAH**

License Type: DPM

Provider ID: 87122

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

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**

License Type: MD

Provider ID: 289868

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

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  
SA 9AM-4PM*

### PREVENTATIVE MEDICINE GENERAL

#### **HILL, LINDA**


*License Type: MD*

*Provider ID: 289868*

*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*


*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**


*License Type: MD*

*Provider ID: 289872*

*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):*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM*

### PREVENTATIVE MEDICINE

#### GENERAL

#### **HILL, LINDA**

*License Type: MD*

*Provider ID: 289868*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM*

### PREVENTATIVE MEDICINE

#### GENERAL

#### **HILL, LINDA**

*License Type: MD*

*Provider ID: 289872*

*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.

## C. Directorio de atención primaria

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](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

### PREVENTATIVE MEDICINE GENERAL

#### HILL, LINDA

License Type: MD  
 Provider ID: 289868  
 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

#### RISSER, JOSEPH

License Type: MD  
 Provider ID: 289872  
 Provider Gender: Male  
 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](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

### PREVENTATIVE MEDICINE GENERAL

#### RISSER, JOSEPH

License Type: MD  
 Provider ID: 289868  
 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](http://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](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  
8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### **RISSER, JOSEPH**

License Type: MD

Provider ID: 289868

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](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

#### **RISSER, JOSEPH**

License Type: MD

Provider ID: 289872

Provider Gender: Male


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](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

### PREVENTATIVE MEDICINE

#### GENERAL

#### **RISSER, JOSEPH**

License Type: MD

Provider ID: 289868

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](http://www.sdfamilycare.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  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### **RISSER, JOSEPH**

License Type: MD

Provider ID: 289868

Provider Gender: Male

License Number: G70886








NPI: 1952386765

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: Yes  
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  
 Fax: (858) 279-0377  
 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





#### **ROMERO, CAMILA**



License Type: MD  
 Provider ID: 289868  
 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,  
 UCSD MEDICAL CTR  
 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](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 Accessibility: CONTACT PROVIDER

### PREVENTATIVE MEDICINE GENERAL

#### **ROMERO, CAMILA**






License Type: MD  
 Provider ID: 289868  
 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,  
 UCSD MEDICAL CTR  
 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](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### PREVENTATIVE MEDICINE

#### GENERAL

#### **ROMERO, CAMILA**

License Type: MD  
 Provider ID: 289868  
 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,  
 UCSD MEDICAL CTR  
 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](http://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](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

### PREVENTATIVE MEDICINE GENERAL

#### **ROMERO, CAMILA**


License Type: MD

Provider ID: 289868

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,  
UCSD MEDICAL CTR


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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

### REGISTERED PHYSICAL THERAPIST

#### **BLOCKER, NIRIT**


License Type: PT


Provider ID: 25731

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](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

### REGISTERED PHYSICAL THERAPIST

#### **BLOCKER, NIRIT**


License Type: PT


Provider ID: 25731

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](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

### REGISTERED PHYSICAL THERAPIST

#### **CUMMINGS, GEORGE**

License Type: PT

Provider ID: 100421

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### REGISTERED PHYSICAL THERAPIST

#### CUMMINGS, GEORGE

License Type: PT  
Provider ID: 100421  
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): License Number: PT40975  
NPI: 1235577560

 Accessibility: CONTACT  
PROVIDER


### REGISTERED PHYSICAL THERAPIST

#### FIELDING, JOSEPH

License Type: PT  
Provider ID: 100421  
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  
 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

#### FIELDING, JOSEPH

License Type: PT  
Provider ID: 100421  
Provider Gender: Male

 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

License Type: PT  
Provider ID: 25731  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### REGISTERED PHYSICAL THERAPIST

**HERMES, MARY**  
 License Type: PT  
 Provider ID: 25731  
 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

**MIGNEA, DAVID**  
 License Type: PT  
 Provider ID: 100421  
 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](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

**MIGNEA, DAVID**  
 License Type: PT  
 Provider ID: 100421  
 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](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

**SALES, JAN ERIC**  
 License Type: PT  
 Provider ID: 100421  
 Provider Gender: Female  
 License Number: PT303890  
 NPI: 1417650169  
 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

🕒 Hours: M-TH 8AM-9PM  
F 8AM-5PM

---

### REGISTERED PHYSICAL THERAPIST

---

#### **SALES, JAN ERIC**

License Type: PT

Provider ID: 100421

Provider Gender: Female

License Number: PT303890

NPI: 1417650169

📄 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

---

### REGISTERED PHYSICAL THERAPIST

---

#### **SCHMIDT, BRYAN**

License Type: PT

Provider ID: 100421

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](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

---

#### **SCHMIDT, BRYAN**

License Type: PT

Provider ID: 100421

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](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

---

#### **TOVAR, NICOLE**

License Type: PT

Provider ID: 25731

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### REGISTERED PHYSICAL THERAPIST

#### **TOVAR, NICOLE**


License Type: PT

Provider ID: 25731

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

#### **VAN DYKE, JASON**


License Type: PT

Provider ID: 100421

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](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

#### **VAN DYKE, JASON**

License Type: PT

Provider ID: 100421

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](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

### RHEUMATOLOGY

#### **REDDY, DANA**

License Type: MD

Provider ID: 78906

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,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 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

License Type: MD

Provider ID: 78906

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):

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### RHEUMATOLOGY

#### REDDY, DANA

License Type: MD

Provider ID: 289863

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

### RHEUMATOLOGY

#### REDDY, DANA

License Type: MD

Provider ID: 289863

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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**

License Type: SP

Provider ID: 25731

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**

### **MILLER, WILLIAM**

License Type: SP

Provider ID: 25731

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

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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**

License Type: SP

Provider ID: 25731

Provider Gender: Female

License Number: SP27677

NPI: 1932680006

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

#### **SPEECH PATHOLOGIST**

### **WILLIAMS, JESSICA**

License Type: SP

Provider ID: 25731

Provider Gender: Female

License Number: SP27677

NPI: 1932680006

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)

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## C. Directorio de atención primaria

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**

License Type: NPF

Provider ID: 296545

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**

License Type: NPF

Provider ID: 296545

Provider Gender: Male

License Number: NP18788

NPI: 1164660452


Provider English Spoken: Y

Provider Language(s)  
 Spoken: Arabic

Cultural Competency: N

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 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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American Sign Language (ASL):  
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 Accessibility: CONTACT  
 PROVIDER

#### CERTIFIED NURSE PRACTITIONER

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License Type: NPF

Provider ID: 296545

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

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 SAN MARCOS, CA 92078


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## C. Directorio de atención primaria

 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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### **CERTIFIED NURSE PRACTITIONER**

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#### **FODDA, RAMI**


License Type: NPF

Provider ID: 296545

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


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Fax: (760) 736-6744

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER

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 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**

License Type: NP

Provider ID: 289853


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**

License Type: NP

Provider ID: 289853


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

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## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1659504264

N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **FREEMAN, WANDA**

License Type: NP

Provider ID: 289853

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): NPI: 1659504264

N

 Accessibility: CONTACT PROVIDER

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **FREEMAN, WANDA**

License Type: NP

Provider ID: 289853

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

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### **CERTIFIED NURSE** **PRACTITIONER**

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License Type: NP

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License Number: NP95003903


NPI: 1659504264

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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 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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License Type: NP

Provider ID: 289853

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License Number: NP95003903


NPI: 1659504264

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Cultural Competency: N

Board Certified Specialty: No  
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SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](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**

---

#### **HENLEY, MEARA**

License Type: NPF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 289853

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

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

---

### CERTIFIED NURSE PRACTITIONER

**HENLEY, MEARA**

License Type: NPF

Provider ID: 289853

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



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

---

### CERTIFIED NURSE PRACTITIONER

**HENLEY, MEARA**

License Type: NPF

Provider ID: 289853

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

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

---

### CERTIFIED NURSE PRACTITIONER

**HENLEY, MEARA**

License Type: NPF

Provider ID: 289853

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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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

---

### CERTIFIED NURSE PRACTITIONER

**HENLEY, MEARA**

License Type: NPF

Provider ID: 289853


Provider Gender: Female

License Number: NP95002545

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## C. Directorio de atención primaria

NPI: 1538319645

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **HENLEY, MEARA**


License Type: NPF


Provider ID: 289853

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

 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

---

### **CERTIFIED NURSE PRACTITIONER**

---

#### **KOUSARI, JHALEH**


License Type: NP


Provider ID: 289853

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

 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

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### **CERTIFIED NURSE PRACTITIONER**

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NPI: 1811262405

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 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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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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PROVIDER

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## C. Directorio de atención primaria

### KOUSARI, JHALEH


License Type: NP


Provider ID: 289853

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

 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

#### CERTIFIED NURSE PRACTITIONER

### KOUSARI, JHALEH


License Type: NP


Provider ID: 289853

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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Provider Gender: Female

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Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL

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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PROVIDER

#### CERTIFIED NURSE PRACTITIONER

### KOUSARI, JHALEH

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Provider ID: 289853

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

GREEN HOSPITAL, SCRIPPS





MEMORIAL HOSPITAL

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

### CERTIFIED NURSE PRACTITIONER


**MACIAS, ALISSA**  
License Type: NP  
Provider ID: 289853  
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  
 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

### CERTIFIED NURSE

### PRACTITIONER




**MACIAS, ALISSA**  
License Type: NP  
Provider ID: 289853  
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  
 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

### CERTIFIED NURSE PRACTITIONER

**MACIAS, ALISSA**  
License Type: NP  
Provider ID: 289853  
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](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

**MACIAS, ALISSA**  
License Type: NP  
Provider ID: 289853  
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  
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 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

#### **MACIAS, ALISSA**

License Type: NP

Provider ID: 289853

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

 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

### CERTIFIED NURSE PRACTITIONER

#### **MACIAS, ALISSA**

License Type: NP

Provider ID: 289853

Provider Gender: Female


License Number: NP21368


NPI: 1952658445

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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SAN MARCOS, CA 92069

 Phone: (760) 736-6767

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736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED REGISTERED NURSE MIDWIFE

#### **BELANGER, TANYA**

License Type: CRNM

Provider ID: 289853

Provider Gender: Female

License Number: NM235844


NPI: 1407287469


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER,

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

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

### CERTIFIED REGISTERED NURSE MIDWIFE

#### **BELANGER, TANYA**

License Type: CRNM

Provider ID: 289853

Provider Gender: Female

License Number: NM235844

NPI: 1407287469


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER,

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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PROVIDER

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## C. Directorio de atención primaria

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

#### **BELANGER, TANYA**

License Type: CRNM

Provider ID: 289853

Provider Gender: Female

License Number: NM235844

NPI: 1407287469

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
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SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL

Board Certified Specialty: No  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

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PROVIDER

 Hours: M-F 8AM-5PM  
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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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SOUTHWEST HEALTHCARE


INLAND VALLEY HOSPITAL

Board Certified Specialty: No  
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PROVIDER

 Hours: M-F 8AM-5PM

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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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

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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Cultural Competency: N

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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

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### **FAMILY PRACTICE**

**NATH, DEVARSHI**


License Type: MD


Provider ID: 296545

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**


License Type: MD


Provider ID: 296545

Provider Gender: Male

License Number: C54157

NPI: 1275630618


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Bengali

Cultural Competency: N


Board Certified Specialty: No  
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER

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PROVIDER

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Provider ID: 296545

Provider Gender: Male

License Number: C54157

NPI: 1275630618

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 Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No  
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## C. Directorio de atención primaria

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**

License Type: MD

Provider ID: 296545

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  
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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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Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

**NATH, DEVARSHI**

License Type: MD

Provider ID: 296545

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  
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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

### FQHC

**TRUECARE,**

Provider ID: 289853

NPI: 1598484255

Provider English Spoken: Y

Cultural Competency: N

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

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

### FQHC

**TRUECARE,**

Provider ID: 296545

NPI: 1598484255

Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

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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

**FQHC**  
**TRUECARE,**  
 Provider ID: 289853  
 NPI: 1811617939  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 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  
 🌐 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

**FQHC**  
**TRUECARE,**  
 Provider ID: 296545  
 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  
 📞 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

**FQHC**  
**TRUECARE,**  
 Provider ID: 289853  
 NPI: 1245246917  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 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  
 🌐 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

**FQHC**  
**TRUECARE,**  
 Provider ID: 296545  
 NPI: 1245246917  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP




































**FQHC**  
**TRUECARE,**  
 Provider ID: 296545  
 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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 🌐 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**  
**TRUECARE,**  
 Provider ID: 289853  
 NPI: 1598484255  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 📍 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 📞 Phone: (760) 736-6767  
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 🌐 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
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## C. Directorio de atención primaria

|   |   |   |
|---|---|---|
| <b>FQHC</b>   | <i>Min/Max Age: 0\None</i>  |  150 VALPRED A RD                    |
| <b>TRUECARE,</b>  | <i>American Sign Language (ASL):</i>  | SAN MARCOS, CA 92069  |
| <i>Provider ID: 296545</i>  | <i>N</i>  |  <i>Phone: (760) 736-6767</i>        |
| <i>NPI: 1598484255</i>  |  <i>Accessibility: CONTACT</i>       | <i>Fax: (760) 736-6744</i>  |
|  <i>Provider English Spoken: Y</i>   | <i>PROVIDER</i>   |  <i>After Hours Phone: (760)</i>     |
| <i>Cultural Competency: N</i>   |  <i>Hours: M-F 8AM-5PM</i>           | <i>736-6767</i>   |
| <i>IHP OF SOUTHERN CAL-PHP</i>  | <i>SA 8AM-5PM</i>   |  <i>Website: www.ihpsocal.org</i>    |
|  1595 GRAND AVE STE 106              | <b>FQHC</b>   | <i>Medi-Cal Open Panel: Yes</i>   |
| SAN MARCOS, CA 92078  | <b>TRUECARE,</b>  | <i>Min/Max Age: 0\None</i>  |
|  <i>Phone: (760) 736-6767</i>        | <i>Provider ID: 296545</i>  | <i>American Sign Language (ASL):</i>  |
| <i>Fax: (760) 736-6744</i>  | <i>NPI: 1811617939</i>  | <i>N</i>  |
|  <i>After Hours Phone: (760)</i>     |  <i>Provider English Spoken: Y</i>   |  <i>Accessibility: CONTACT</i>       |
| <i>736-6767</i>   | <i>Cultural Competency: N</i>   | <i>PROVIDER</i>   |
|  <i>Website: www.ihpsocal.org</i>    | <i>IHP OF SOUTHERN CAL-PHP</i>  |  <i>Hours: M-F 8AM-5PM</i>           |
| <i>Medi-Cal Open Panel: Yes</i>   |  1595 GRAND AVE STE 106              | <i>SA 8AM-5PM</i>   |
| <i>Min/Max Age: 0\None</i>  | SAN MARCOS, CA 92078  | <b>FQHC</b>   |
| <i>American Sign Language (ASL):</i>  |  <i>Phone: (760) 736-6767</i>        | <b>TRUECARE,</b>  |
| <i>N</i>  | <i>Fax: (760) 736-6744</i>  | <i>Provider ID: 296545</i>  |
|  <i>Accessibility: CONTACT</i>     |  <i>After Hours Phone: (760)</i>   | <i>NPI: 1245246917</i>  |
| <i>PROVIDER</i>   | <i>736-6767</i>   |  <i>Provider English Spoken: Y</i> |
|  <i>Hours: M-F 8AM-5PM</i>         |  <i>Website: www.ihpsocal.org</i>  | <i>Cultural Competency: N</i>   |
| <b>FQHC</b>   | <i>Medi-Cal Open Panel: Yes</i>   | <i>IHP OF SOUTHERN CAL-PHP</i>  |
| <b>TRUECARE,</b>  | <i>Min/Max Age: 0\None</i>  |  1595 GRAND AVE STE 106            |
| <i>Provider ID: 289853</i>  | <i>American Sign Language (ASL):</i>  | SAN MARCOS, CA 92078  |
| <i>NPI: 1811617939</i>  | <i>N</i>  |  <i>Phone: (760) 736-6767</i>      |
|  <i>Provider English Spoken: Y</i> |  <i>Accessibility: CONTACT</i>     | <i>Fax: (760) 736-6744</i>  |
| <i>Cultural Competency: N</i>   | <i>PROVIDER</i>   |  <i>After Hours Phone: (760)</i>   |
| <i>IHP OF SOUTHERN CAL-PHP</i>  |  <i>Hours: M-F 8AM-5PM</i>         | <i>736-6767</i>   |
|  150 VALPRED A RD                  | <b>FQHC</b>   |  <i>Website: www.ihpsocal.org</i>  |
| SAN MARCOS, CA 92069  | <b>TRUECARE,</b>  | <i>Medi-Cal Open Panel: Yes</i>   |
|  <i>Phone: (760) 736-6767</i>      | <i>Provider ID: 289853</i>  | <i>Min/Max Age: 0\None</i>  |
| <i>Fax: (760) 736-6744</i>  | <i>NPI: 1245246917</i>  | <i>American Sign Language (ASL):</i>  |
|  <i>After Hours Phone: (760)</i>   |  <i>Provider English Spoken: Y</i> | <i>N</i>  |
| <i>736-6767</i>   | <i>Cultural Competency: N</i>   |  <i>Accessibility: CONTACT</i>     |
|  <i>Website: www.ihpsocal.org</i>  | <i>IHP OF SOUTHERN CAL-PHP</i>  | <i>PROVIDER</i>   |
| <i>Medi-Cal Open Panel: Yes</i>   |   |  <i>Hours: M-F 8AM-5PM</i>         |

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 PRACTICE</b>   |   |
|---|---|
| <p><b>WITCZAK, IZABELA</b><br/> License Type: MD<br/> Provider ID: 289853<br/> Provider Gender: Female<br/> License Number: A71311<br/> NPI: 1184735201</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Polish<br/> Cultural Competency: N<br/> Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS<br/> Board Certified Specialty: No<br/> IHP OF SOUTHERN CAL-PHP</p> <p> 150 VALPRED A RD<br/> SAN MARCOS, CA 92069<br/>  Phone: (760) 736-6767<br/>  After Hours Phone: (760) 736-6767<br/>  Website: www.ihpsocal.org<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0\None<br/> American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>                                | <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Polish<br/> Cultural Competency: N<br/> Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS<br/> Board Certified Specialty: No<br/> IHP OF SOUTHERN CAL-PHP</p> <p> 150 VALPRED A RD<br/> SAN MARCOS, CA 92069<br/>  Phone: (760) 736-6767<br/>  After Hours Phone: (760) 736-6767<br/>  Website: www.ihpsocal.org<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0\None<br/> American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>  |
| <p><b>GENERAL PRACTICE</b></p> <p><b>WITCZAK, IZABELA</b><br/> License Type: MD<br/> Provider ID: 289853<br/> Provider Gender: Female<br/> License Number: A71311<br/> NPI: 1184735201</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Polish<br/> Cultural Competency: N<br/> Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS<br/> Board Certified Specialty: No<br/> IHP OF SOUTHERN CAL-PHP</p> <p> 150 VALPRED A RD<br/> SAN MARCOS, CA 92069<br/>  Phone: (760) 736-6767<br/>  After Hours Phone: (760) 736-6767<br/>  Website: www.ihpsocal.org<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0\None<br/> American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p><b>GENERAL PRACTICE</b></p> <p><b>WITCZAK, IZABELA</b><br/> License Type: MD<br/> Provider ID: 289853<br/> Provider Gender: Female<br/> License Number: A71311<br/> NPI: 1184735201</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Polish<br/> Cultural Competency: N<br/> Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS<br/> Board Certified Specialty: No<br/> IHP OF SOUTHERN CAL-PHP</p> <p> 150 VALPRED A RD<br/> SAN MARCOS, CA 92069<br/>  Phone: (760) 736-6767<br/>  After Hours Phone: (760) 736-6767<br/>  Website: www.ihpsocal.org<br/> Medi-Cal Open Panel: Yes</p> |


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## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 289853

N

 Accessibility: CONTACT PROVIDER

### **GENERAL PRACTICE**

#### **WITCZAK, IZABELA**

License Type: MD

Provider ID: 289853

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

 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

### **GENERAL PRACTICE**

#### **WITCZAK, IZABELA**

License Type: MD

Provider ID: 289853

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

 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

### **INTERNAL MEDICINE**

#### **PARIKH, MILIND**

License Type: DO

Provider ID: 289853

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

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

### **INTERNAL MEDICINE**

#### **PARIKH, MILIND**

License Type: DO

Provider ID: 289853

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

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## C. Directorio de atención primaria

Grossmont Hospital, Adventist Health and Rideout

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

### INTERNAL MEDICINE

#### PARIKH, MILIND

License Type: DO

Provider ID: 289853

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  
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

### INTERNAL MEDICINE

#### PARIKH, MILIND

License Type: DO

Provider ID: 289853

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  
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

### INTERNAL MEDICINE

#### PARIKH, MILIND

License Type: DO

Provider ID: 289853

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  
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































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 SA 8AM-5PM</i></p> <hr/> <p><b>INTERNAL MEDICINE</b></p> <p><b>PARIKH, MILIND</b></p> <p><i>License Type: DO</i></p> <p><i>Provider ID: 289853</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: 20A13745</i></p> <p><i>NPI: 1194161406</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Gujarati, Hindi, Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital, Adventist Health and Rideout</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 150 VALPRED A RD<br/>SAN MARCOS, CA 92069</p> <p> <i>Phone: (760) 736-6767</i></p> <p> <i>After Hours Phone: (760) 736-6767</i></p> <p> <i>Website: www.ihpsocal.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</i></p> | <p><i>SA 8AM-5PM</i></p> <hr/> <p><b>INTERNAL MEDICINE</b></p> <p><b>PONIACHIK, SAMUEL</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 289853</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: G74757</i></p> <p><i>NPI: 1467485078</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 IHP OF SOUTHERN CAL-PHP</i></p> <p> 150 VALPRED A RD<br/>SAN MARCOS, CA 92069</p> <p> <i>Phone: (760) 736-6767</i></p> <p> <i>After Hours Phone: (760) 736-6767</i></p> <p> <i>Website: www.ihpsocal.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><b>INTERNAL MEDICINE</b></p> <p><b>PONIACHIK, SAMUEL</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 289853</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: G74757</i></p> <p><i>NPI: 1467485078</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s)</i></p> | <p><i>Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 150 VALPRED A RD<br/>SAN MARCOS, CA 92069</p> <p> <i>Phone: (760) 736-6767</i></p> <p> <i>After Hours Phone: (760) 736-6767</i></p> <p> <i>Website: www.ihpsocal.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><b>INTERNAL MEDICINE</b></p> <p><b>PONIACHIK, SAMUEL</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 289853</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: G74757</i></p> <p><i>NPI: 1467485078</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 IHP OF SOUTHERN CAL-PHP</i></p> <p> 150 VALPRED A RD<br/>SAN MARCOS, CA 92069</p> <p> <i>Phone: (760) 736-6767</i></p> <p> <i>After Hours Phone: (760) 736-6767</i></p> <p> <i>Website: www.ihpsocal.org</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> |
|--|--|---|

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## C. Directorio de atención primaria

American Sign Language (ASL): NPI: 1467485078

N

 Accessibility: CONTACT PROVIDER

---

### INTERNAL MEDICINE

#### PONIACHIK, SAMUEL


License Type: MD

Provider ID: 289853

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

 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): NPI: 1467485078

N

 Accessibility: CONTACT PROVIDER

---

### INTERNAL MEDICINE


#### PONIACHIK, SAMUEL

License Type: MD

Provider ID: 289853

Provider Gender: Male

License Number: G74757


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
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 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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### INTERNAL MEDICINE


#### PONIACHIK, SAMUEL


License Type: MD

Provider ID: 289853

Provider Gender: Male

License Number: G74757

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
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 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

---

### OBSTETRICS / GYNECOLOGY

#### MOSTOFIAN, EIMANEH

License Type: MD

Provider ID: 289853

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, TRI CITY MEDICAL CTR

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

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## C. Directorio de atención primaria

SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **MOSTOFIAN, EIMANEH**


License Type: MD

Provider ID: 289853

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, TRI CITY  
MEDICAL CTR

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**


License Type: MD

Provider ID: 289853

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, TRI CITY  
MEDICAL CTR

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**


License Type: MD

Provider ID: 289853

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, TRI CITY  
MEDICAL CTR

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**

License Type: MD

Provider ID: 289853

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, TRI CITY  
MEDICAL CTR

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



 150 VALPREDADA 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**

License Type: MD  
 Provider ID: 289853  
 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, TRI CITY  
 MEDICAL CTR

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP



 150 VALPREDADA 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**

License Type: MD  
 Provider ID: 289853  
 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 VALPREDADA 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**

License Type: MD  
 Provider ID: 289853  
 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 VALPREDADA RD  
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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



### **OBSTETRICS / GYNECOLOGY**

#### **POUNTNEY, MARLENE**




License Type: MD  
 Provider ID: 289853  
 Provider Gender: Female  
 License Number: A93248  
 NPI: 1174703680


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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**


License Type: MD  
Provider ID: 289853  
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**


License Type: MD  
Provider ID: 289853  
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

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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

### **OBSTETRICS / GYNECOLOGY**




#### **POUNTNEY, MARLENE**


License Type: MD  
Provider ID: 289853  
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  
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 Phone: (760) 736-6767  
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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**

#### **MALHOTRA, ARATI**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: MD  
 Provider ID: 303889  
 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\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-6PM

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

License Type: MD  
 Provider ID: 289853  
 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**

License Type: MD  
 Provider ID: 289853  
 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  
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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

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

License Type: MD  
 Provider ID: 289853  
 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

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## C. Directorio de atención primaria

American Sign Language (ASL): Provider ID: 289853

N

 Accessibility: CONTACT PROVIDER

---

### **PEDIATRICS**

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#### **MALHOTRA, ARATI**


License Type: MD


Provider ID: 289853

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](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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### **PEDIATRICS**

---


#### **MALHOTRA, ARATI**


License Type: MD

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](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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### **PEDIATRICS**

---

#### **MALHOTRA, ARATI**


License Type: MD


Provider ID: 289853

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](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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### **PEDIATRICS**

---

#### **MATIAS, JULIE**

License Type: DO

Provider ID: 304238

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



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8AM-6PM  
 TU 8AM-5PM  
 W-F 8AM-6PM  
 SA 8AM-5PM

### PEDIATRICS






**MONAHAN, CAROLYN**  
 License Type: MD  
 Provider ID: 238093  
 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

### PEDIATRICS

**NEVES, VANESSA**  
 License Type: MD  
 Provider ID: 304036  
 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  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A  
 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-5PM

### PEDIATRICS



**POSADAS, EMERITO**  
 License Type: MD  
 Provider ID: 289853  
 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**  
 License Type: MD  
 Provider ID: 289853  
 Provider Gender: Male  
 License Number: A48980  
 NPI: 1720093198


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 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](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None



American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER




### **PEDIATRICS**


#### **POSADAS, EMERITO**

License Type: MD  
 Provider ID: 289853  
 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](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None



American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


### **PEDIATRICS**


#### **POSADAS, EMERITO**

License Type: MD  
 Provider ID: 289853  
 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](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER




### **PEDIATRICS**


#### **POSADAS, EMERITO**

License Type: MD  
 Provider ID: 289853  
 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](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### **PEDIATRICS**

#### **POSADAS, EMERITO**

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## C. Directorio de atención primaria

License Type: MD

Provider ID: 303872

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\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM

### PEDIATRICS

#### POSADAS, EMERITO

License Type: MD

Provider ID: 289853

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

#### QUINTERO, CAROLYN

License Type: MD

Provider ID: 303854

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\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 8AM-5PM

### PEDIATRICS

#### SEBIANE, MARIA

License Type: MD

Provider ID: 289853

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

Medi-Cal Open Panel: Yes

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## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): License Type: MD

N

 Accessibility: CONTACT PROVIDER

---

### **PEDIATRICS**

#### **SEBIANE, MARIA**


License Type: MD

Provider ID: 289853

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**


License Type: MD

Provider ID: 289853

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

---

### **PEDIATRICS**

#### **SEBIANE, MARIA**


License Type: MD

Provider ID: 289853

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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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):

 Accessibility: CONTACT PROVIDER

---

### **PEDIATRICS**

#### **SEBIANE, MARIA**

License Type: MD


Provider ID: 289853

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

#### SEBIANE, MARIA

License Type: MD

Provider ID: 289853

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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SAN MARCOS, CA 92069

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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

#### SOCHA, TRACI

License Type: DO

Provider ID: 224843

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\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:45PM

### PHYSICIANS ASSISTANT

#### BERNARDO, RACHELLE

License Type: PA

Provider ID: 296545

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### BERNARDO, RACHELLE

License Type: PA

Provider ID: 296545

Provider Gender: Female


License Number: PA17718

NPI: 1821237678



Provider English Spoken: Y

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## C. Directorio de atención primaria

 *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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **PHYSICIANS ASSISTANT**



#### **BERNARDO, RACHELLE**

*License Type: PA*  
*Provider ID: 296545*  
*Provider Gender: Female*  
*License Number: PA17718*  
*NPI: 1821237678*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: PALOMAR  
MEDICAL CENTER*  
*Board Certified Specialty: No  
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N*  
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PROVIDER*

### **PHYSICIANS ASSISTANT**



#### **BERNARDO, RACHELLE**

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*Provider ID: 296545*  
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*NPI: 1821237678*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
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*Cultural Competency: N*

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N*  
 *Accessibility: CONTACT*

PROVIDER

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#### **BERNARDO, RACHELLE**

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*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **PHYSICIANS ASSISTANT**



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*License Type: PA*  
*Provider ID: 296545*  
*Provider Gender: Female*  
*License Number: PA17718*  
*NPI: 1821237678*

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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

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **CHISWICK, GARY**

License Type: PA

Provider ID: 289853

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

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American Sign Language (ASL):  
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PROVIDER

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#### **CHISWICK, GARY**

License Type: PA

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License Number: PA22667

NPI: 1174964001


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## C. Directorio de atención primaria

Board Certified Specialty: No  
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 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

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License Type: PA  
 Provider ID: 289853  
 Provider Gender: Male  
 License Number: PA22667  
 NPI: 1174964001  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
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 Board Certified Specialty: No  
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License Type: PA  
 Provider ID: 289853  
 Provider Gender: Male  
 License Number: PA22667  
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 Provider English Spoken: Y  
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 Hospital Affiliation:  
 GROSSMONT HOSPITAL  
 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

### PHYSICIANS ASSISTANT

#### KOSEL, MATTHEW

License Type: PA  
 Provider ID: 289853  
 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

License Type: PA  
 Provider ID: 289853  
 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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 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):

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## C. Directorio de atención primaria

|  |   |   |
|--|---|---|
| <p>N<br/>  <i>Accessibility: CONTACT PROVIDER</i></p>   | <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p>   | <p><i>PROVIDER</i></p>  |
| <b>PHYSICIANS ASSISTANT</b>  |   |   |
| <p><b>KOSEL, MATTHEW</b><br/> <i>License Type: PA<br/>           Provider ID: 289853<br/>           Provider Gender: Male<br/>           License Number: PA17101<br/>           NPI: 1316947302</i><br/>  <i>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p>  | <p> 150 VALPRED A RD<br/>           SAN MARCOS, CA 92069<br/>  <i>Phone: (760) 736-6767</i><br/>  <i>After Hours Phone: (760) 736-6767</i><br/>  <i>Website: www.ihpsocal.org</i><br/> <i>Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</i></p>  | <p><b>PHYSICIANS ASSISTANT</b><br/> <b>KOSEL, MATTHEW</b><br/> <i>License Type: PA<br/>           Provider ID: 289853<br/>           Provider Gender: Male<br/>           License Number: PA17101<br/>           NPI: 1316947302</i><br/>  <i>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p>  |
| <p> 150 VALPRED A RD<br/>           SAN MARCOS, CA 92069<br/>  <i>Phone: (760) 736-6767</i><br/>  <i>After Hours Phone: (760) 736-6767</i><br/>  <i>Website: www.ihpsocal.org</i><br/> <i>Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> | <p><b>PHYSICIANS ASSISTANT</b><br/> <b>KOSEL, MATTHEW</b><br/> <i>License Type: PA<br/>           Provider ID: 289853<br/>           Provider Gender: Male<br/>           License Number: PA17101<br/>           NPI: 1316947302</i><br/>  <i>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p>  | <p> 150 VALPRED A RD<br/>           SAN MARCOS, CA 92069<br/>  <i>Phone: (760) 736-6767</i><br/>  <i>After Hours Phone: (760) 736-6767</i><br/>  <i>Website: www.ihpsocal.org</i><br/> <i>Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i></p> |
| <b>PHYSICIANS ASSISTANT</b>  |   |   |
| <p><b>KOSEL, MATTHEW</b><br/> <i>License Type: PA<br/>           Provider ID: 289853<br/>           Provider Gender: Male<br/>           License Number: PA17101<br/>           NPI: 1316947302</i><br/>  <i>Provider English Spoken: Y<br/>           Cultural Competency: N</i></p>   | <p> 150 VALPRED A RD<br/>           SAN MARCOS, CA 92069<br/>  <i>Phone: (760) 736-6767</i><br/>  <i>After Hours Phone: (760) 736-6767</i><br/>  <i>Website: www.ihpsocal.org</i><br/> <i>Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT</i></p> | <p><b>PHYSICIANS ASSISTANT</b><br/> <b>NAVARRETE CELESTINO, MISHEL</b><br/> <i>License Type: PA<br/>           Provider ID: 289853<br/>           Provider Gender: Female<br/>           License Number: PA62228<br/>           NPI: 1578263760</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i></p>   |

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## C. Directorio de atención primaria


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

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### **PHYSICIANS ASSISTANT**

**NAVARRETE CELESTINO,  
MISHEL**


License Type: PA

Provider ID: 289853

Provider Gender: Female

License Number: PA62228

NPI: 1578263760

 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

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 Hours: M-F 8AM-5PM  
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### **PHYSICIANS ASSISTANT**

**NAVARRETE CELESTINO,  
MISHEL**

License Type: PA

Provider ID: 289853

Provider Gender: Female


License Number: PA62228

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## C. Directorio de atención primaria

NPI: 1578263760

 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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Min/Max Age: 0\None

American Sign Language (ASL):

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 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
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### **PHYSICIANS ASSISTANT**

#### **NAVARRETE CELESTINO, MISHEL**

License Type: PA

Provider ID: 289853

Provider Gender: Female

License Number: PA62228

NPI: 1578263760

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 Provider Language(s)  
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Cultural Competency: N


Board Certified Specialty: No

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N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**


License Type: PA

Provider ID: 289853

Provider Gender: Female

License Number: PA53036

NPI: 1922471192

 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

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PROVIDER

 Hours: M-F 8AM-5PM

SA 8AM-5PM

### **PHYSICIANS ASSISTANT**

#### **RUSSO, KRISTA**

License Type: PA

Provider ID: 289853

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**

License Type: PA

Provider ID: 289853

Provider Gender: Female

License Number: PA53036

NPI: 1922471192

 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

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

License Type: PA  
 Provider ID: 289853  
 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

License Type: PA  
 Provider ID: 289853  
 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  
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 Website: www.ihpsocal.org  
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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 8AM-5PM

### PHYSICIANS ASSISTANT

#### RUSSO, KRISTA

License Type: PA  
 Provider ID: 289853  
 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  
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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  
 Hours: M-F 8AM-5PM SA 8AM-5PM




### PHYSICIANS ASSISTANT

#### SPENCE, JAMIE

License Type: PA  
 Provider ID: 289853  
 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 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767

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## 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

### **PHYSICIANS ASSISTANT**

#### **SPENCE, JAMIE**

License Type: PA  
Provider ID: 289853  
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 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



### **PHYSICIANS ASSISTANT**

#### **SPENCE, JAMIE**

License Type: PA  
Provider ID: 289853  
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

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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

### **PHYSICIANS ASSISTANT**



#### **SPENCE, JAMIE**



License Type: PA  
Provider ID: 289853  
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 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


### **PHYSICIANS ASSISTANT**

#### **SPENCE, JAMIE**

License Type: PA  
Provider ID: 289853  
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

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SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
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 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*

---

### **PHYSICIANS ASSISTANT**

#### **SPENCE, JAMIE**


*License Type: PA*

*Provider ID: 289853*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **TAHRIRI, BAHAREH**


*License Type: PA*

*Provider ID: 289853*

*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*


*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**


*License Type: PA*

*Provider ID: 289853*

*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*


*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**


*License Type: PA*


*Provider ID: 289853*

*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*

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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*

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## C. Directorio de atención primaria

### PHYSICIANS ASSISTANT

#### TAHRIRI, BAHAREH


License Type: PA

Provider ID: 289853

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](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

#### TAHRIRI, BAHAREH


License Type: PA


Provider ID: 289853

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](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

#### TAHRIRI, BAHAREH

License Type: PA


Provider ID: 289853

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](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

### PODIATRIST

#### DASGUPTA, DEBORSHI

License Type: DPM


Provider ID: 296545

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### PODIATRIST

#### DASGUPTA, DEBORSHI

License Type: DPM

Provider ID: 296545

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

License Type: DPM

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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):

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 Accessibility: CONTACT PROVIDER

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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

License Type: DPM

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## C. Directorio de atención primaria

Provider ID: 296545  
 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**  
 License Type: DPM  
 Provider ID: 296545  
 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  
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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  
 Hours: M-F 8AM-5PM

### SAN YSIDRO

#### CARDIOVASCULAR DISEASE

**PONCE, SONIA**  
 License Type: MD  
 Provider ID: 247960  
 Provider Gender: Female  
 License Number: A145008  
 NPI: 1164659033

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: KINDRED  
 HOSPITAL SAN DIEGO,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA,  
 SCRIPPS MERCY HOSPITAL,  
 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

### CARDIOVASCULAR DISEASE

**PONCE, SONIA**  
 License Type: MD  
 Provider ID: 247960  
 Provider Gender: Female  
 License Number: A145008  
 NPI: 1164659033  
 Provider English Spoken: Y  
 Provider Language(s)

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## C. Directorio de atención primaria

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: KINDRED HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, 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

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### **CERTIFIED NURSE** **PRACTITIONER**

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**CELIZ, ADRIANA**  
 License Type: NP  
 Provider ID: 247760  
 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**

---








**CELIZ, ADRIANA**  
 License Type: NP  
 Provider ID: 247760  
 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**  
 License Type: NP  
 Provider ID: 247760  
 Provider Gender: Female  
 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  
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 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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### **CERTIFIED NURSE** **PRACTITIONER**

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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

### CHAUSSE CASTRO, EKATERINA


License Type: NP

Provider ID: 247760

Provider Gender: Female

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


License Type: NP


Provider ID: 247960

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

### GARCIA, TEDAYSHIA


License Type: NP

Provider ID: 247960

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](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

License Type: NP

Provider ID: 247760

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






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## C. Directorio de atención primaria

**CERTIFIED NURSE**  
**PRACTITIONER**

**GUADARRAMA, IGNACIO**  
License Type: NP  
Provider ID: 247760  
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**  
License Type: NP  
Provider ID: 247960  
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**

**HACINAS, REYNALDO**  
License Type: NP  
Provider ID: 247960  
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**  
License Type: NP  
Provider ID: 247960  
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

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-5:30PM  
SA 8:30AM-2PM*

### CERTIFIED NURSE PRACTITIONER

#### **IBARRA, MARTHA**

*License Type: NP*  
*Provider ID: 247760*  
*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

#### **IBARRA, MARTHA**

*License Type: NP*  
*Provider ID: 247960*  
*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*  
 *4004 BEYER BLVD SAN YSIDRO, CA 92173*  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 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**

*License Type: NP*  
*Provider ID: 247760*  
*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**

*License Type: NP*  
*Provider ID: 247960*  
*Provider Gender: Male*  
*License Number: NP18661*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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

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### **CERTIFIED NURSE PRACTITIONER**

#### **KANTAS, PARIS**


License Type: NP

Provider ID: 247960

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

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### **CERTIFIED NURSE PRACTITIONER**

#### **ORDINANZA, MYLENE**

License Type: NP

Provider ID: 247760

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.syhe>

[alth.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

 Hours: M-F 8AM-5PM

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### **CERTIFIED NURSE PRACTITIONER**

#### **ORDINANZA, MYLENE**

License Type: NP

Provider ID: 247760

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

























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### **CERTIFIED NURSE**

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## C. Directorio de atención primaria

| <b>PRACTITIONER</b>  |  |  |
|--|--|--|
| <b>PITTMAN, LILIANA</b>  |  | <i>IHP OF SOUTHERN CAL-PHP</i>   |
| License Type: NP   |  |  3364 BEYER BLVD  |
| Provider ID: 247760  |  | SAN YSIDRO, CA 92173   |
| Provider Gender: Female  |  |  Phone: (619) 662-4100  |
| License Number: NP95017732   |  |  After Hours Phone: (619) 662-4100  |
| NPI: 1326599002  |  |  Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a>     |
|  Provider English Spoken: Y   |  | Medi-Cal Open Panel: Yes   |
| Cultural Competency: N   |  | Min/Max Age: 0\None  |
| Board Certified Specialty: No  |  | American Sign Language (ASL): N  |
| <i>IHP OF SOUTHERN CAL-PHP</i>   |  |  Accessibility: CONTACT PROVIDER  |
|  3364 BEYER BLVD  |  |  |
| SAN YSIDRO, CA 92173   |  |  |
|  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  |  |  |
|  Accessibility: CONTACT PROVIDER  |  |  |
| <b>CERTIFIED NURSE PRACTITIONER</b>  |  |  |
| <b>PITTMAN, LILIANA</b>  |  | <b><i>SANCHEZ, MYRNA</i></b>   |
| License Type: NP   |  | License Type: NP   |
| Provider ID: 247760  |  | Provider ID: 247760  |
| Provider Gender: Female  |  | Provider Gender: Female  |
| License Number: NP95017732   |  | License Number: NP95003721   |
| NPI: 1326599002  |  | NPI: 1548614506  |
|  Provider English Spoken: Y   |  |  Provider English Spoken: Y   |
| Cultural Competency: N   |  | Cultural Competency: N   |
| Board Certified Specialty: No  |  | Board Certified Specialty: No  |
| <i>IHP OF SOUTHERN CAL-PHP</i>   |  | <i>IHP OF SOUTHERN CAL-PHP</i>   |
|  3364 BEYER BLVD  |  |  3364 BEYER BLVD  |
| SAN YSIDRO, CA 92173   |  | SAN YSIDRO, CA 92173   |
|  Phone: (619) 662-4100  |  |  Phone: (619) 662-4100  |
|  After Hours Phone: (619) 662-4100  |  |  After Hours Phone: (619) 662-4100  |
|  Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a> |  |  Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a> |
| Medi-Cal Open Panel: Yes   |  | Medi-Cal Open Panel: Yes   |
| Min/Max Age: 0\None  |  | Min/Max Age: 0\None  |
| American Sign Language (ASL): N  |  | American Sign Language (ASL): N  |
|  Accessibility: CONTACT PROVIDER  |  |  Accessibility: CONTACT PROVIDER  |
| <b>CERTIFIED NURSE PRACTITIONER</b>  |  |  |
| <b>PITTMAN, LILIANA</b>  |  | <b><i>VAZQUEZ-ERLBECK, MARTHA</i></b>  |
| License Type: NP   |  | License Type: NP   |
| Provider ID: 247760  |  | Provider ID: 247760  |
| Provider Gender: Female  |  | Provider Gender: Female  |
| License Number: NP95017732   |  | License Number: NP95001960   |
| NPI: 1326599002  |  |  |
|  Provider English Spoken: Y   |  |  |
| Cultural Competency: N   |  |  |
| Board Certified Specialty: No  |  |  |
| <i>IHP OF SOUTHERN CAL-PHP</i>   |  |  |

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## C. Directorio de atención primaria

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

### CERTIFIED NURSE PRACTITIONER

**VAZQUEZ-ERLBECK, MARTHA**

License Type: NP

Provider ID: 247760

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**


License Type: DC

Provider ID: 247960

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

### CHIROPRACTOR

**OCHOA, RAUL**

License Type: DC


Provider ID: 247960

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**

License Type: MD

Provider ID: 247960

Provider Gender: Male

License Number: A138772

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 1265851133

 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

### **ENDOCRINOLOGY**

### **METABOLISM DIABETES**

**CRUZ, MICHAEL**


License Type: MD

Provider ID: 247960

Provider Gender: Male

License Number: A138772

NPI: 1265851133

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL


Board Certified Specialty: No


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**

License Type: MD

Provider ID: 247760

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**

**ALGHAMDI, ASMA**

License Type: MD

Provider ID: 247760

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**

License Type: MD

Provider ID: 47414

Provider Gender: Male

License Number: A157505

NPI: 1588197826

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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*  
*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**

*License Type: MD*  
*Provider ID: 47414*  
*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*

*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*  
*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**

*License Type: MD*  
*Provider ID: 247960*  
*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*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL*  
*Board Certified Specialty: No*

*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **ALVAREZ-ESTRADA, MIGUEL**

*License Type: MD*  
*Provider ID: 247960*  
*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*



*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL*  
*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.



## C. Directorio de atención primaria

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

**ARRIETA, NOEMI**


License Type: DO

Provider ID: 247960

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)

- 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

**ARRIETA, NOEMI**


License Type: DO

Provider ID: 247960

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**

License Type: DO

Provider ID: 47414

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/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

**BAUM, PETER**

License Type: DO

Provider ID: 47414

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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/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

#### **BORSAN, COSMIN**

License Type: DO

Provider ID: 247960

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

#### **BORSAN, COSMIN**

License Type: DO

Provider ID: 247960

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)

- 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**

License Type: MD

Provider ID: 47414

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/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

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

### **FAMILY PRACTICE**

#### **CAMPOS, MELISSA**


License Type: MD

Provider ID: 47414

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

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **CARRIEDO-CENICEROS, MARIA**


License Type: MD


Provider ID: 247960

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**

#### **CARRIEDO-CENICEROS, MARIA**

License Type: MD

Provider ID: 247960

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**

License Type: MD

Provider ID: 247960

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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/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**





#### **CASTILLO, STEPHANIE**




License Type: MD  
 Provider ID: 247960  
 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**

License Type: MD  
 Provider ID: 247960  
 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**

#### **CEVALLOS, JAMES**

License Type: MD  
 Provider ID: 247960  
 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**


License Type: MD  
 Provider ID: 247960  
 Provider Gender: Female  
 License Number: A112627

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **CORONADO, MYRNA**


License Type: MD

Provider ID: 47414

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**

#### **CORONADO, MYRNA**


License Type: MD

Provider ID: 47414

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**

#### **CORONADO, MYRNA**

License Type: MD

Provider ID: 247960

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)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **DALUGDUGAN, ESTHER**

License Type: MD

Provider ID: 247960



Provider Gender: Female

License Number: A112511

NPI: 1962662718

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **DALUGDUGAN, ESTHER**


*License Type: MD*


*Provider ID: 247960*

*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 N*

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **DAVIS, CHARLES**


*License Type: MD*

*Provider ID: 247960*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*

### **FAMILY PRACTICE**

#### **DAVIS, CHARLES**

*License Type: MD*

*Provider ID: 247960*

*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*


*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**

*License Type: MD*

*Provider ID: 247960*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 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**

License Type: MD  
 Provider ID: 247960  
 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  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 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):  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **HEINRICI, ALEKA**

License Type: MD  
 Provider ID: 247960  
 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**

#### **HEINRICI, ALEKA**

License Type: MD  
 Provider ID: 247960  
 Provider Gender: Female  
 License Number: A125329  
 NPI: 1780979120

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

### 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

License Type: MD

Provider ID: 247760

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>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### FAMILY PRACTICE

### HENDRIX, JEFFERSON

License Type: MD

Provider ID: 247760

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>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### FAMILY PRACTICE

### HERNANDEZ, RALPH

License Type: MD

Provider ID: 247960

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

Phone: (619) 662-4100

After Hours Phone: (619)  
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

### HERNANDEZ, RALPH

License Type: MD

Provider ID: 247760

Provider Gender: Male

License Number: C42207

NPI: 1285782151

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

 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**

License Type: MD  
Provider ID: 247960  
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  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
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**


#### **HERNANDEZ, RALPH**

License Type: MD  
Provider ID: 247760  
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  
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 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**

#### **KAUFHOLD, ANNE**


License Type: MD

Provider ID: 247960  
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):  
N  
 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **KAUFHOLD, ANNE**

License Type: MD  
Provider ID: 247960  
Provider Gender: Female  
License Number: A88893  
NPI: 1164508073  
 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: 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):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **LARA, LESLEY**

License Type: MD

Provider ID: 247960

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**

#### **LARA, LESLEY**

License Type: MD

Provider ID: 247960

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**

License Type: MD

Provider ID: 247960

Provider Gender: Male

License Number: A164201

NPI: 1417480948

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-5:30PM  
SA 8:30AM-2PM*

### **FAMILY PRACTICE**

#### **LEE, JOSEPH**



*License Type: MD*  
*Provider ID: 247760*  
*Provider Gender: Male*  
*License Number: A164201*  
*NPI: 1417480948*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: ST  
ELIZABETH 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*

 *Hours: M-F 8AM-5PM*

### **FAMILY PRACTICE**

#### **LEE, JOSEPH**


*License Type: MD*

*Provider ID: 247960*

*Provider Gender: Male*

*License Number: A164201*

*NPI: 1417480948*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*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**

*License Type: MD*

*Provider ID: 247760*

*Provider Gender: Male*

*License Number: A164201*

*NPI: 1417480948*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*



*Cultural Competency: N*

*Hospital Affiliation: ST*

*ELIZABETH 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*

 *Hours: M-F 8AM-5PM*

### **FAMILY PRACTICE**

#### **LEPEZ, DAVID**

*License Type: MD*

*Provider ID: 247960*

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
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

#### LEPEZ, DAVID

License Type: MD

Provider ID: 247960

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/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

#### LEUTE, ERIC

License Type: MD

Provider ID: 247960

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

#### LEUTE, ERIC

License Type: MD

Provider ID: 247960

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

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## C. Directorio de atención primaria

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **MOYA, MARY**

License Type: MD

Provider ID: 247960

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

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 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

PROVIDER

### **FAMILY PRACTICE**

#### **MOYA, MARY**


License Type: MD

Provider ID: 247960

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**

#### **NAVARRO, VANESSA MARIA**

License Type: MD


Provider ID: 247760

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**

#### **NAVARRO, VANESSA MARIA**

License Type: MD

Provider ID: 247760

Provider Gender: Female


License Number: A113624

NPI: 1952563421

 Provider English Spoken: Y

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## C. Directorio de atención primaria


 *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**

*License Type: MD*

*Provider ID: 247960*

*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**

#### **NGUYEN, CARIE**

*License Type: MD*

*Provider ID: 247960*

*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

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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*

### **FAMILY PRACTICE**

#### **NIKZAD, JASON**

*License Type: DO*

*Provider ID: 247960*

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
 SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **NIKZAD, JASON**

License Type: DO  
 Provider ID: 247960  
 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**

License Type: MD  
 Provider ID: 247960  
 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)  
 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**

License Type: MD  
 Provider ID: 247960  
 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)  
 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**

License Type: MD  
 Provider ID: 247960  
 Provider Gender: Male  
 License Number: A156607  
 NPI: 1356761571  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MEMORIAL

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## C. Directorio de atención primaria

### 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

#### ORTIZ, KENNETH

License Type: MD

Provider ID: 247960

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

License Type: MD

Provider ID: 247960

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

License Type: MD

Provider ID: 247760

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

#### RAJAIPOUR, NEGIN

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Type: MD  
 Provider ID: 247960  
 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

License Type: MD  
 Provider ID: 247760  
 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

License Type: DO  
 Provider ID: 247960  
 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) 662-4100

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

#### RITTER, STEVEN

License Type: DO  
 Provider ID: 247960  
 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) 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

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## C. Directorio de atención primaria

### ROJAS, SARAH

License Type: MD

Provider ID: 247960

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, SARAH

License Type: MD

Provider ID: 247960

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**

### ROSENBAUM, HERBERT

License Type: MD

Provider ID: 247960

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**

### ROSENBAUM, HERBERT

License Type: MD

Provider ID: 247960

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):

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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-5:30PM SA 8:30AM-2PM</i></p> <hr/> <p style="text-align: center;"><b><u>FAMILY PRACTICE</u></b></p> <p><b>SALEM, RAMSEY</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 247960</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A158364</i></p> <p><i>NPI: 1245401298</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> 4004 BEYER BLVD<br/>SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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>SALEM, RAMSEY</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 247960</i></p> <p><i>Provider Gender: Male</i></p> | <p><i>License Number: A158364</i></p> <p><i>NPI: 1245401298</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> 4004 BEYER BLVD<br/>SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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>SHAHTAJI, ALAN</b></p> <p><i>License Type: DO</i></p> <p><i>Provider ID: 247960</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: 20A11087</i></p> <p><i>NPI: 1972751089</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>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD</p> | <p>SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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>SHAHTAJI, ALAN</b></p> <p><i>License Type: DO</i></p> <p><i>Provider ID: 247960</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: 20A11087</i></p> <p><i>NPI: 1972751089</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>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD<br/>SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SNYDER, CHRISTOPHER**


License Type: DO

Provider ID: 247960

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**

#### **SNYDER, CHRISTOPHER**


License Type: DO

Provider ID: 247960

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):

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **STALEY, MICHAELA**


License Type: MD

Provider ID: 247960

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**

#### **STALEY, MICHAELA**

License Type: MD

Provider ID: 247960

Provider Gender: Female

License Number: A157772

NPI: 1912438250

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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*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 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*

### **FAMILY PRACTICE**

#### **SWEET, PATRICK**

*License Type: MD*  
*Provider ID: 247960*  
*Provider Gender: Male*  
*License Number: A101827*  
*NPI: 1457407702*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: HOAG HOSPITAL IRVINE, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, DESERT REGIONAL MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR,*


*PIONEERS MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*  
*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*

### **FAMILY PRACTICE**

#### **SWEET, PATRICK**


*License Type: MD*  
*Provider ID: 247960*  
*Provider Gender: Male*  
*License Number: A101827*  
*NPI: 1457407702*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: HOAG HOSPITAL IRVINE, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL,*

*DESERT REGIONAL MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, PIONEERS MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*  
*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*

### **FAMILY PRACTICE**



#### **TALAVERA, GREGORY**

*License Type: MD*  
*Provider ID: 247960*  
*Provider Gender: Male*  
*License Number: A40061*  
*NPI: 1740337161*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*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. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

**TALAVERA, GREGORY**


License Type: MD

Provider ID: 247960

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)

- 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**

License Type: MD

Provider ID: 247760

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

**TAN, LO FU**

License Type: MD

Provider ID: 247760

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**

License Type: MD

Provider ID: 247960

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

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## C. Directorio de atención primaria

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**

#### **TREJO, RAUL**

License Type: MD  
Provider ID: 247960  
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**

License Type: MD  
Provider ID: 247960  
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**

#### **UTZ, JACK**

License Type: MD  
Provider ID: 247960  
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

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662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **VAN HOLLEBEKE, RACHEL**

License Type: MD  
Provider ID: 247960  
Provider Gender: Female  
License Number: A177337  
NPI: 1497217756

Provider English Spoken: Y



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## C. Directorio de atención primaria

 *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*  
*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**




#### **VAN HOLLEBEKE, RACHEL**


*License Type: MD*  
*Provider ID: 247960*  
*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*  
*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**

*License Type: MD*  
*Provider ID: 247960*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

*License Type: MD*  
*Provider ID: 247960*  
*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*  
*Medi-Cal Open Panel: Yes*

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## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): License Number: 20A12555

N

 Accessibility: CONTACT PROVIDER

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### FAMILY PRACTICE

---

#### WEN, AKI

License Type: DO

Provider ID: 47414


Provider Gender: Male


License Number: 20A12555


NPI: 1205126505


 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 8AM-5PM

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### FAMILY PRACTICE

---

#### WEN, AKI

License Type: DO

Provider ID: 47414

Provider Gender: Male


License Number: 20A12555


NPI: 1205126505


 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 8AM-5PM

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### FQHC

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#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,


Provider ID: 47414

NPI: 1558852947

 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

Fax: (619) 205-1967

 After Hours Phone: (619)

662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### FQHC

---

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,


Provider ID: 47414

NPI: 1558852947

 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

Fax: (619) 205-1967


 After Hours Phone: (619) 662-4100


 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: 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

|   |  |  |
|---|--|--|
| <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,</b><br/> <i>Provider ID: 247960</i><br/> <i>NPI: 1952364747</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i><br/> <i>Fax: (619) 205-6341</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p> | <p><i>Fax: (619) 205-6341</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p>   | <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,</b><br/> <i>Provider ID: 247760</i><br/> <i>NPI: 1801438239</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 3364 BEYER BLVD<br/> SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i><br/> <i>Fax: (619) 600-4870</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><br/> <i>Min/Max Age: 0\None</i><br/> <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 style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,</b><br/> <i>Provider ID: 247960</i><br/> <i>NPI: 1952364747</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p>  | <p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,</b><br/> <i>Provider ID: 247760</i><br/> <i>NPI: 1801438239</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b></p> <p> 3364 BEYER BLVD<br/> SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i><br/> <i>Fax: (619) 600-4870</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><br/> <i>Min/Max Age: 0\None</i><br/> <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 style="text-align: center;"><b>GENERAL PRACTICE</b></p> <hr/> <p><b>REYNAGA, JOSUE</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 247960</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: A181644</i><br/> <i>NPI: 1356929111</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS</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.

## C. Directorio de atención primaria

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

**REYNAGA, JOSUE**

License Type: MD

Provider ID: 247960

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**

License Type: MD

Provider ID: 247960

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](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

### GENERAL PRACTICE

**TEJEDA, FRANCISCO**

License Type: MD

Provider ID: 247960

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### CALDERON, JORGE


License Type: MD


Provider ID: 247960

Provider Gender: Male

License Number: A40480

NPI: 1407800881

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA, 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

### GYNECOLOGY

### CALDERON, JORGE


License Type: MD

Provider ID: 247960

Provider Gender: Male

License Number: A40480

NPI: 1407800881

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA, 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


License Type: MD

Provider ID: 247960

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

### INFECTIOUS DISEASE

### PROMER, KATHERINE

License Type: MD


Provider ID: 247960

Provider Gender: Female

License Number: A131952

NPI: 1306280607

 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: 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*

*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**

*License Type: MD*  
*Provider ID: 247960*  
*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, 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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **ALDOUS, JEANNETTE**

*License Type: MD*  
*Provider ID: 247960*  
*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, 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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

### **INTERNAL MEDICINE**

#### **CHEN, TSUH-YIN**

*License Type: MD*  
*Provider ID: 247960*  
*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*

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## C. Directorio de atención primaria

|  |  |   |
|--|--|---|
| <p>/clinics/san-ysidro-health<br/>-center<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):<br/>N<br/> Accessibility: CONTACT PROVIDER</p>   | <p>American Sign Language (ASL):<br/>N<br/> Accessibility: CONTACT PROVIDER</p>   | <p>PROVIDER</p>   |
| <b>INTERNAL MEDICINE</b>   |  |   |
| <p><b>CHEN, TSUH-YIN</b><br/>License Type: MD<br/>Provider ID: 247960<br/>Provider Gender: Female<br/>License Number: C55563<br/>NPI: 1093803520<br/> Provider English Spoken: Y<br/> Provider Language(s)<br/>Spoken: Portuguese,<br/>Spanish<br/>Cultural Competency: N<br/>Hospital Affiliation: RADY<br/>CHILDRENS HOSPITAL SAN<br/>DIEGO<br/>Board Certified Specialty: No<br/>IHP OF SOUTHERN CAL-PHP<br/> 4004 BEYER BLVD<br/>SAN YSIDRO, CA 92173<br/> Phone: (619) 662-4100<br/>Fax: (619) 205-6341<br/> After Hours Phone: (619)<br/>662-4100<br/> Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a><br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None</p> | <p><b>CHOW, MAN HUNG</b><br/>License Type: MD<br/>Provider ID: 247760<br/>Provider Gender: Female<br/>License Number: G66745<br/>NPI: 1225149115<br/> Provider English Spoken: Y<br/> Provider Language(s)<br/>Spoken: Chinese, Mandarin<br/>Cultural Competency: N<br/>Hospital Affiliation: PARADISE<br/>VALLEY HOSPITAL, SHARP<br/>CHULA VISTA MED CTR,<br/>SCRIPPS MERCY HOSPITAL<br/>CHULA VISTA, SCRIPPS<br/>MEMORIAL HOSPITAL,<br/>SCRIPPS MERCY HOSPITAL<br/>Board Certified Specialty: No<br/>IHP OF SOUTHERN CAL-PHP<br/> 3364 BEYER BLVD<br/>SAN YSIDRO, CA 92173<br/> Phone: (619) 662-4100<br/> After Hours Phone: (619)<br/>662-4100<br/> Website: <a href="http://www.syhealth.org/locations">https://www.syhealth.org/locations</a><br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):<br/>N<br/> Accessibility: CONTACT PROVIDER</p> | <p><b>INTERNAL MEDICINE</b><br/><b>CHOW, MAN HUNG</b><br/>License Type: MD<br/>Provider ID: 247760<br/>Provider Gender: Female<br/>License Number: G66745<br/>NPI: 1225149115<br/> Provider English Spoken: Y<br/> Provider Language(s)<br/>Spoken: Chinese, Mandarin<br/>Cultural Competency: N<br/>Hospital Affiliation: PARADISE<br/>VALLEY HOSPITAL, SHARP<br/>CHULA VISTA MED CTR,<br/>SCRIPPS MERCY HOSPITAL<br/>CHULA VISTA, SCRIPPS<br/>MEMORIAL HOSPITAL,<br/>SCRIPPS MERCY HOSPITAL<br/>Board Certified Specialty: No<br/>IHP OF SOUTHERN CAL-PHP<br/> 3364 BEYER BLVD<br/>SAN YSIDRO, CA 92173<br/> Phone: (619) 662-4100<br/> After Hours Phone: (619)<br/>662-4100<br/> Website: <a href="http://www.syhealth.org/locations">https://www.syhealth.org/locations</a><br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):<br/>N<br/> Accessibility: CONTACT PROVIDER</p> |
| <b>INTERNAL MEDICINE</b>   |  |   |

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## C. Directorio de atención primaria

### DE LA ROSA, JOSE


License Type: MD


Provider ID: 247960

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

### DE LA ROSA, JOSE


License Type: MD


Provider ID: 247960

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


License Type: MD

Provider ID: 47414

Provider Gender: Male

License Number: A111118

NPI: 1710142708

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL


CHULA VISTA, CHULA VISTA  
COMM HOSP

Board Certified Specialty: No  
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

#### INTERNAL MEDICINE

### DILLON, BENEDICT

License Type: MD


Provider ID: 47414

Provider Gender: Male

License Number: A111118

NPI: 1710142708

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N



Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, CHULA VISTA  
COMM HOSP

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 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

#### **INTERNAL MEDICINE**

### HURST, MICHAEL


License Type: DO

Provider ID: 247960

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**

### HURST, MICHAEL


License Type: DO

Provider ID: 247960

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

License Type: MD

Provider ID: 247960

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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>INTERNAL MEDICINE</b></p> <p><b>KAUFER, DAVID</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 247960</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: G80107</i><br/> <i>NPI: 1710082789</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p> | <p><i>NPI: 1710082789</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 3364 BEYER BLVD<br/> SAN YSIDRO, CA 92173<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: https://www.syhealth.org/locations</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p> | <p>662-4100</p> <p> <i>Website: https://www.syhealth.org/locations</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p>  |
| <p><b>INTERNAL MEDICINE</b></p> <p><b>KAUFER, DAVID</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 247760</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: G80107</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 3364 BEYER BLVD<br/> SAN YSIDRO, CA 92173<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i></p>  | <p><b>INTERNAL MEDICINE</b></p> <p><b>KAUFER, DAVID</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 247760</i><br/> <i>Provider Gender: Male</i><br/> <i>License Number: G80107</i><br/> <i>NPI: 1710082789</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 3364 BEYER BLVD<br/> SAN YSIDRO, CA 92173<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i></p>                          | <p><b>INTERNAL MEDICINE</b></p> <p><b>LAMANTIA, MICHELE</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 247960</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: G71855</i><br/> <i>NPI: 1124176102</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i><br/> <i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173<br/> <i>Phone: (619) 662-4100</i><br/> <i>After Hours Phone: (619) 662-4100</i><br/> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i></p> |

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## C. Directorio de atención primaria

### INTERNAL MEDICINE

#### LAMANTIA, MICHELE


License Type: MD

Provider ID: 247960

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

### INTERNAL MEDICINE

#### MAY, LOUIS

License Type: MD

Provider ID: 247960

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

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
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

#### MAY, LOUIS

License Type: MD


Provider ID: 247960

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

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
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

#### PARK, DANIEL

License Type: MD

Provider ID: 247960

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

 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


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## C. Directorio de atención primaria

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM*

### INTERNAL MEDICINE

#### **PARK, DANIEL**

*License Type: MD*

*Provider ID: 247960*

*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*

 *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*

### INTERNAL MEDICINE

#### **POAST, JENNIFER**

*License Type: DO*

*Provider ID: 247960*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### INTERNAL MEDICINE

#### **POAST, JENNIFER**

*License Type: DO*

*Provider ID: 247960*

*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*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

### INTERNAL MEDICINE

#### **RAMIREZ SANCHEZ, CLAUDIA**

*License Type: MD*

*Provider ID: 247960*

*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, UCSD MEDICAL  
CTR*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*


 *4004 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. 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/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

#### RAMIREZ SANCHEZ, CLAUDIA

License Type: MD

Provider ID: 247960

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, 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)

- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### REDDY, SAMATHHA

License Type: MD

Provider ID: 247760

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, GROSSMONT HOSPITAL, SHARP CHULA VISTA MED CTR, ST AGNES MEDICAL CENTER, UC SAN DIEGO HEALTH - EAST CAMPUS 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

#### REDDY, SAMATHHA

License Type: MD

Provider ID: 247760

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, GROSSMONT HOSPITAL, SHARP CHULA VISTA MED CTR, ST AGNES MEDICAL CENTER, UC SAN DIEGO HEALTH - EAST CAMPUS 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): License Type: MD

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **SALERNO, MARIANA**


License Type: MD

Provider ID: 247960

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

#### **SALERNO, MARIANA**


License Type: MD

Provider ID: 247960

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**


License Type: MD

Provider ID: 247960

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/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**

License Type: MD

Provider ID: 247960

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

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## C. Directorio de atención primaria

 After Hours Phone: (619) 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

#### SHEIKH MOHAMED, AMIRA

License Type: MD

Provider ID: 247760

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

#### SHEIKH MOHAMED, AMIRA

License Type: MD

Provider ID: 247760

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

License Type: MD

Provider ID: 247760

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### SY, RAMON

License Type: MD

Provider ID: 247760

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**

License Type: MD

Provider ID: 247960

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

**VELAZQUEZ CAMARENA,**

**MARIA**

License Type: MD

Provider ID: 247960

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

#### GERIATRIC MEDICINE

**PANDIT, IVY**

License Type: MD

Provider ID: 247960

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

### INTERNAL MEDICINE GERIATRIC MEDICINE

**PANDIT, IVY**

License Type: MD

Provider ID: 247960

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

### INTERVENTIONAL CARDIOLOGY

**MOUSSAVIAN, MEHRAN**

License Type: DO

Provider ID: 247960

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, Adventist Health

and Rideout, UC SAN DIEGO  
HEALTH - EAST CAMPUS  
MEDICAL CENTER

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

### INTERVENTIONAL CARDIOLOGY

**MOUSSAVIAN, MEHRAN**

License Type: DO

Provider ID: 247960

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian

Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,

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## C. Directorio de atención primaria

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, Adventist Health  
and Rideout, UC SAN DIEGO  
HEALTH - EAST CAMPUS  
MEDICAL CENTER  
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

### **OBSTETRICS / GYNECOLOGY**

#### **ANDERSON, MANDY**


License Type: MD  
Provider ID: 47414  
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**

#### **ANDERSON, MANDY**


License Type: MD  
Provider ID: 47414  
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**


License Type: MD  
Provider ID: 47414  
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,



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## C. Directorio de atención primaria

SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS

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**

License Type: MD

Provider ID: 47414

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,  
SCRIPPS MEMORIAL


HOSPITAL ENCINITAS,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

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**

#### **CARR, MIANDA**



License Type: MD

Provider ID: 47414

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](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

### **OBSTETRICS / GYNECOLOGY**

#### **CARR, MIANDA**

License Type: MD

Provider ID: 247960

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

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## C. Directorio de atención primaria

### 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

### **OBSTETRICS / GYNECOLOGY**

#### CARR, MIANDA

License Type: MD  
Provider ID: 47414  
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](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

### **OBSTETRICS / GYNECOLOGY**

#### CARR, MIANDA

License Type: MD  
Provider ID: 247960  
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

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**

#### CARSON, LATISA

License Type: MD  
Provider ID: 247960  
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](http://www.syhealth.org/clinics/san-ysidro-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

|  |  |  |
|--|--|--|
| <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b></p> <p><b>CARSON, LATISA</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 247960</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A72235</i></p> <p><i>NPI: 1245229129</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 CHULA VISTA MED CTR</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD<br/>SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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><b><u>OBSTETRICS / GYNECOLOGY</u></b></p> <p><b>DANESHMAND, SHAHRAM</b></p> <p><i>License Type: MD</i></p> | <p><i>Provider ID: 247960</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A63844</i></p> <p><i>NPI: 1891867412</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Farsi, Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>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</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD<br/>SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></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-5:30PM SA 8:30AM-2PM</i></p> <hr/> <p><b><u>OBSTETRICS / GYNECOLOGY</u></b></p> <p><b>DANESHMAND, SHAHRAM</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 47414</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A63844</i></p> <p><i>NPI: 1891867412</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Farsi, Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>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</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

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**

#### **DANESHMAND, SHAHRAM**

License Type: MD

Provider ID: 47414

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**

#### **DANESHMAND, SHAHRAM**

License Type: MD

Provider ID: 247960

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

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
SA 8:30AM-2PM


### **OBSTETRICS / GYNECOLOGY**


#### **DINH, MY**


License Type: DO  
Provider ID: 247960  
Provider Gender: Female  
License Number: 20A9907  
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**


#### **DINH, MY**


License Type: DO  
Provider ID: 47414  
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**


License Type: DO  
Provider ID: 247960  
Provider Gender: Female  
License Number: 20A9907  
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**


#### **DINH, MY**


License Type: DO  
Provider ID: 47414  
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**

#### **GOLDSTEIN, EDWARD**

License Type: MD  
Provider ID: 47414

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **GOLDSTEIN, EDWARD**

*License Type: MD*  
*Provider ID: 47414*  
*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*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

*License Type: MD*  
*Provider ID: 47414*  
*Provider Gender: Female*  
*License Number: A175006*

*NPI: 1255878997*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS*  
*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 8:30AM-5PM*

### **OBSTETRICS / GYNECOLOGY**


#### **GOMEZ, DANIELA**


*License Type: MD*  
*Provider ID: 47414*  
*Provider Gender: Female*  
*License Number: A175006*  
*NPI: 1255878997*  
 *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: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS  
 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**  
 License Type: MD  
 Provider ID: 247960  
 Provider Gender: Female  
 License Number: A175006  
 NPI: 1255878997

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS  
 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**


**GOMEZ, DANIELA**  
 License Type: MD  
 Provider ID: 247960  
 Provider Gender: Female  
 License Number: A175006  
 NPI: 1255878997


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL HOSPITAL ENCINITAS  
 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**

**JENKINS, ENCHANTA**  
 License Type: MD  
 Provider ID: 47414  
 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, SUTTER MEDICAL CENTER SACRAMENTO

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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**

#### **JENKINS, ENCHANTA**

License Type: MD

Provider ID: 47414

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, SUTTER MEDICAL

CENTER SACRAMENTO

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**

License Type: MD

Provider ID: 47414

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**

#### **MENDEZ, DIEGO**

License Type: MD

Provider ID: 47414

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


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## C. Directorio de atención primaria

### 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




License Type: MD  
Provider ID: 247960  
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**

#### SEFA-BOAKYE, KOFI

License Type: MD  
Provider ID: 247960  
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, ABIADE

License Type: MD  
Provider ID: 247960  
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  
 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

/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**

License Type: MD  
Provider ID: 247960  
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  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
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**

License Type: MD  
Provider ID: 247760  
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

### **OPHTHALMOLOGY**

#### **SKAF, AYHAM**

License Type: MD  
Provider ID: 247760  
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**

License Type: MD  
Provider ID: 47414


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## C. Directorio de atención primaria

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

#### **ACEVEDO, SUSANA**


License Type: MD

Provider ID: 47414

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**


License Type: MD


Provider ID: 47414

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-](http://syhealth.org/clinics/maternal-child-health-center)

center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **BARBADILLO, FERDINAND**

License Type: MD


Provider ID: 247960

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-TU  
8:30AM-5:30PM



---

### PEDIATRICS


#### BARBADILLO, FERDINAND

License Type: MD  
Provider ID: 47414  
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



#### BARBADILLO, FERDINAND


License Type: MD


Provider ID: 247960  
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


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### PEDIATRICS

#### CABARLO, JEHRIB



License Type: DO  
Provider ID: 47414  
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

#### CABARLO, JEHRIB

License Type: DO  
Provider ID: 47414  
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


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## C. Directorio de atención primaria

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**

License Type: MD

Provider ID: 47414

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

#### **CHAIT LLAMAS, LWBBA**

License Type: MD

Provider ID: 47414

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**

License Type: MD

Provider ID: 47414

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  
PROVIDER

### PEDIATRICS

#### **FUJII, CINDY**

License Type: MD

Provider ID: 47414

Provider Gender: Female

License Number: G52183

NPI: 1871664821

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

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## C. Directorio de atención primaria

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

#### **GHAHREMANI, SIMIN**

License Type: MD

Provider ID: 247960

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

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
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

### PEDIATRICS

#### **GHAHREMANI, SIMIN**

License Type: MD

Provider ID: 247960

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

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)

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

### PEDIATRICS

#### **HERMAN, ANDREA**

License Type: MD

Provider ID: 47414

Provider Gender: Female

License Number: A72721

NPI: 1518970037

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No  
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

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## C. Directorio de atención primaria

 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





#### **HERMAN, ANDREA**



License Type: MD  
 Provider ID: 47414  
 Provider Gender: Female  
 License Number: A72721  
 NPI: 1518970037  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No 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






#### **NISSAN, BETI**

License Type: MD  
 Provider ID: 247960  
 Provider Gender: Female  
 License Number: A64487  
 NPI: 1396705299  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Persian  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, HOLLYWOOD PRESBYTERIAN MED CTR, SHARP MEMORIAL HOSPITAL  
 Board Certified Specialty: No 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

### PEDIATRICS


#### **NISSAN, BETI**

License Type: MD  
 Provider ID: 247960  
 Provider Gender: Female  
 License Number: A64487  
 NPI: 1396705299  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Persian  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, HOLLYWOOD PRESBYTERIAN MED CTR, SHARP MEMORIAL HOSPITAL  
 Board Certified Specialty: No 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-5:30PM  
SA 8:30AM-2PM

### PEDIATRICS

#### PIANSAY, MARIA CORAZON


License Type: MD

Provider ID: 247960

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

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### PIANSAY, MARIA CORAZON


License Type: MD


Provider ID: 247960

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

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### RODRIGUEZ, ALDO


License Type: MD


Provider ID: 47414

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)

- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### RODRIGUEZ, ALDO

License Type: MD

Provider ID: 47414

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

License Type: MD

Provider ID: 47414

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): NPI: 1780697276

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### RUELAS, ROBERTO

License Type: MD

Provider ID: 47414

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

License Type: MD

Provider ID: 47414

Provider Gender: Male

License Number: G51462

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

#### SAHMS, TIMOTHY

License Type: MD

Provider ID: 247960

Provider Gender: Male

License Number: G51462

NPI: 1780697276

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

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**


License Type: MD

Provider ID: 47414

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**

#### **SAHMS, TIMOTHY**


License Type: MD

Provider ID: 247960

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**

#### **SHAHIDYAZDANI, TINA**

License Type: MD

Provider ID: 47414

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

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## C. Directorio de atención primaria

|   |   |  |
|---|---|--|
| <p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>SHAHIDYAZDANI, TINA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 47414</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A94813</i><br/> <i>NPI: 1891924858</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4050 BEYER BLVD<br/> SAN YSIDRO, CA 92173<br/>  <i>Phone: (619) 662-4100</i><br/>  <i>After Hours Phone: (619) 662-4100</i><br/>  <i>Website: syhealth.org/clinics/maternal-child-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>       | <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4050 BEYER BLVD<br/> SAN YSIDRO, CA 92173<br/>  <i>Phone: (619) 662-4100</i><br/>  <i>After Hours Phone: (619) 662-4100</i><br/>  <i>Website: syhealth.org/clinics/maternal-child-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8:30AM-5PM</i></p>  | <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8:30AM-5PM</i></p>  |
| <p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>SULLIVAN, ELISSA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 47414</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A169577</i><br/> <i>NPI: 1790216422</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4050 BEYER BLVD<br/> SAN YSIDRO, CA 92173<br/>  <i>Phone: (619) 662-4100</i><br/>  <i>After Hours Phone: (619) 662-4100</i><br/>  <i>Website: syhealth.org/clinics/maternal-child-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> | <p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>SULLIVAN, ELISSA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 47414</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A169577</i><br/> <i>NPI: 1790216422</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4050 BEYER BLVD<br/> SAN YSIDRO, CA 92173<br/>  <i>Phone: (619) 662-4100</i><br/>  <i>After Hours Phone: (619) 662-4100</i><br/>  <i>Website: syhealth.org/clinics/maternal-child-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> | <p style="text-align: center;"><b>PEDIATRICS</b></p> <p><b>TAYLOR, TASHA</b><br/> <i>License Type: MD</i><br/> <i>Provider ID: 47414</i><br/> <i>Provider Gender: Female</i><br/> <i>License Number: A82187</i><br/> <i>NPI: 1528144433</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: TRI CITY MEDICAL CTR, UCSD MEDICAL CTR</i><br/> <i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 4050 BEYER BLVD<br/> SAN YSIDRO, CA 92173<br/>  <i>Phone: (619) 662-4100</i><br/> <i>Fax: (619) 205-1948</i><br/>  <i>After Hours Phone: (619) 662-4100</i><br/>  <i>Website: syhealth.org/clinics/maternal-child-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> |

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## C. Directorio de atención primaria

### **PEDIATRICS**

#### **TAYLOR, TASHA**


License Type: MD

Provider ID: 47414

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, UCSD 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**

License Type: PA

Provider ID: 247960

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**

#### **BUCKNER, JOSEPH**

License Type: PA

Provider ID: 247960

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**



License Type: PA

Provider ID: 247960

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

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## C. Directorio de atención primaria

|  |   |  |
|--|---|--|
| <i>PROVIDER</i>  | <i>NPI: 1013516996</i>  | <i>Medi-Cal Open Panel: Yes</i>  |
| <b>PHYSICIANS ASSISTANT</b>  |  <i>Provider English Spoken: Y</i>   | <i>Min/Max Age: 0\None</i>   |
| <b>GI, HUNG</b>  | <i>Cultural Competency: N</i>   | <i>American Sign Language (ASL): N</i>   |
| <i>License Type: PA</i>  | <i>Board Certified Specialty: No</i>  |  <i>Accessibility: CONTACT PROVIDER</i>   |
| <i>Provider ID: 247960</i>   | <i>IHP OF SOUTHERN CAL-PHP</i>  |  <i>Hours: M-F 8AM-5PM</i>  |
| <i>Provider Gender: Male</i>   |  <i>3364 BEYER BLVD</i>  |  |
| <i>License Number: PA16994</i>   | <i>SAN YSIDRO, CA 92173</i>   |  |
| <i>NPI: 1023207404</i>   |  <i>Phone: (619) 662-4100</i>  |  |
|  <i>Provider English Spoken: Y</i>  |  <i>After Hours Phone: (619) 662-4100</i>  |  |
|  <i>Provider Language(s) Spoken: Chinese, French, Spanish</i>   |  <i>Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></i>   |  |
| <i>Cultural Competency: N</i>  | <i>Medi-Cal Open Panel: Yes</i>   |  |
| <i>Board Certified Specialty: No</i>   | <i>Min/Max Age: 0\None</i>  |  |
| <i>IHP OF SOUTHERN CAL-PHP</i>   | <i>American Sign Language (ASL): N</i>  |  |
|  <i>4004 BEYER BLVD</i>   |  <i>Accessibility: CONTACT PROVIDER</i>  |  |
| <i>SAN YSIDRO, CA 92173</i>  |  <i>Hours: M-F 8AM-5PM</i>  |  |
|  <i>Phone: (619) 662-4100</i>  |   |  |
|  <i>After Hours Phone: (619) 662-4100</i>   |   |  |
|  <i>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</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>   |   |  |
| <b>PHYSICIANS ASSISTANT</b>  | <b>PHYSICIANS ASSISTANT</b>   | <b>PHYSICIANS ASSISTANT</b>  |
| <b>HARMIS, NATASHA</b>   | <b>HARMIS, NATASHA</b>  | <b>KAMOTO, LYNN</b>  |
| <i>License Type: PA</i>  | <i>License Type: PA</i>   | <i>License Type: PA</i>  |
| <i>Provider ID: 247760</i>   | <i>Provider ID: 247760</i>  | <i>Provider ID: 247960</i>   |
| <i>Provider Gender: Female</i>   | <i>Provider Gender: Female</i>  | <i>Provider Gender: Female</i>   |
| <i>License Number: PA58672</i>   | <i>License Number: PA58672</i>  | <i>License Number: PA17162</i>   |
| <i>NPI: 1013516996</i>   | <i>NPI: 1013516996</i>  | <i>NPI: 1447326459</i>   |
|  <i>Provider English Spoken: Y</i>  |  <i>Provider English Spoken: Y</i>   |  <i>Provider English Spoken: Y</i>  |
| <i>Cultural Competency: N</i>  | <i>Cultural Competency: N</i>   |  <i>Provider Language(s) Spoken: Spanish</i>  |
| <i>Board Certified Specialty: No</i>   | <i>Board Certified Specialty: No</i>  | <i>Cultural Competency: N</i>  |
| <i>IHP OF SOUTHERN CAL-PHP</i>   | <i>IHP OF SOUTHERN CAL-PHP</i>  | <i>Board Certified Specialty: No</i>   |
|  <i>3364 BEYER BLVD</i>   |  <i>3364 BEYER BLVD</i>  |  <i>4004 BEYER BLVD</i>   |
| <i>SAN YSIDRO, CA 92173</i>  | <i>SAN YSIDRO, CA 92173</i>   | <i>SAN YSIDRO, CA 92173</i>  |
|  <i>Phone: (619) 662-4100</i>   |  <i>Phone: (619) 662-4100</i>  |  <i>Phone: (619) 662-4100</i>   |
|  <i>After Hours Phone: (619) 662-4100</i>   |  <i>After Hours Phone: (619) 662-4100</i>  |  <i>After Hours Phone: (619) 662-4100</i>   |
|  <i>Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></i>                                      |  <i>Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></i> |  <i>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</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>   |
|  |   |  |
|  |   | <b>PHYSICIANS ASSISTANT</b>  |

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## C. Directorio de atención primaria

### KAMOTO, LYNN

License Type: PA

Provider ID: 247960

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

#### PORTO MADURSKI, KRISTINE

License Type: PA

Provider ID: 47414

Provider Gender: Female

License Number: PA16269

NPI: 1053403782

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

### PHYSICIANS ASSISTANT

#### PORTO MADURSKI, KRISTINE

License Type: PA

Provider ID: 47414

Provider Gender: Female

License Number: PA16269

NPI: 1053403782

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

### PHYSICIANS ASSISTANT

#### ROSS, COLLIN

License Type: PA

Provider ID: 247960

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

#### ROSS, COLLIN

License Type: PA

Provider ID: 247960


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: 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


License Type: PA

Provider ID: 247960

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):

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### SHARPE, NORMA


License Type: PA

Provider ID: 247960

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):

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### SMITH, DOUGLAS

License Type: PA

Provider ID: 247960

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

#### SMITH, DOUGLAS

License Type: PA

Provider ID: 247960

Provider Gender: Male

License Number: PA12304

NPI: 1902016611

 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

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
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**

License Type: PA

Provider ID: 247760

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

 Accessibility: CONTACT

### *PROVIDER*

### **PHYSICIANS ASSISTANT**

#### **SUNA-SITTO, MOHEEN**

License Type: PA

Provider ID: 247760

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

 Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **TRUJILLO, MIGUEL**


License Type: PA


Provider ID: 247960

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

### **PHYSICIANS ASSISTANT**

#### **TRUJILLO, MIGUEL**

License Type: PA

Provider ID: 247960

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)

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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

### PODIATRIST

#### **MANCHEL, BRUCE**



License Type: DPM

Provider ID: 247760

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

### PODIATRIST

#### **MANCHEL, BRUCE**



License Type: DPM

Provider ID: 247760

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

### PODIATRIST

#### **MANCHEL, BRUCE**

License Type: DPM

Provider ID: 247960

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**

License Type: DPM

Provider ID: 247960

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

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## C. Directorio de atención primaria

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

### **REGISTERED PHYSICAL THERAPIST**

#### **SHAUF, JOANN**

License Type: PT

Provider ID: 247960

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):  
N

Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **SHAUF, JOANN**

License Type: PT

Provider ID: 247960

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):  
N

Accessibility: CONTACT  
PROVIDER

### **SPEECH PATHOLOGIST**

#### **HILL, CARLA**

License Type: SP

Provider ID: 247960

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](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

### **SPEECH PATHOLOGIST**

#### **HILL, CARLA**

License Type: SP

Provider ID: 247960

Provider Gender: Female

License Number: SP9075

NPI: 1043950751

Provider English Spoken: Y  
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

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

### SURGERY GENERAL

**OKWUOSA, CHRIS**

License Type: MD

Provider ID: 247960

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](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

### SURGERY GENERAL

**OKWUOSA, CHRIS**

License Type: MD

Provider ID: 247960

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](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

## SANTEE

### CERTIFIED NURSE

### PRACTITIONER

**TODD, MIKAYLA**

License Type: NP

Provider ID: 275285

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

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 Phone: (619) 445-6687

 After Hours Phone: (619)  
445-6687


 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 10:30AM-11:45AM

### CERTIFIED NURSE

### PRACTITIONER

**TODD, MIKAYLA**

License Type: NP

Provider ID: 275285

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: NP95005999

NPI: 1316478092

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

120 TOWN CENTER PKWY  
SANTEE, CA 92071

Phone: (619) 445-6687

After Hours Phone: (619)  
445-6687

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 10:30AM-11:45AM

### **CHIROPRACTOR**

#### **KELCHNER, MATTHEW**

License Type: DC

Provider ID: 275285

Provider Gender: Male

License Number: DC22733

NPI: 1174656755

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

120 TOWN CENTER PKWY  
SANTEE, CA 92071

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 10:30AM-11:45AM

### **CHIROPRACTOR**

#### **KELCHNER, MATTHEW**

License Type: DC

Provider ID: 275285

Provider Gender: Male

License Number: DC22733

NPI: 1174656755

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

120 TOWN CENTER PKWY  
SANTEE, CA 92071

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 10:30AM-11:45AM

### **FAMILY PRACTICE**

#### **BAIOU, MOHAMED**

License Type: MD

Provider ID: 275285

Provider Gender: Male

License Number: A149492

NPI: 1447542659

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

120 TOWN CENTER PKWY  
SANTEE, CA 92071

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

### **FAMILY PRACTICE**

#### **BAIOU, MOHAMED**

License Type: MD

Provider ID: 275285

Provider Gender: Male

License Number: A149492

NPI: 1447542659

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

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## C. Directorio de atención primaria

### IHP OF SOUTHERN CAL-PHP

120 TOWN CENTER PKWY  
SANTEE, CA 92071

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

### FQHC

#### SAN YSIDRO HEALTH SANTEE FAMILY MEDICINE,

Provider ID: 275285

NPI: 1376184911

Provider English Spoken: Y  
Cultural Competency: N

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

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

### FQHC

#### SAN YSIDRO HEALTH SANTEE FAMILY MEDICINE,

Provider ID: 275285

NPI: 1376184911

Provider English Spoken: Y  
Cultural Competency: N

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

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

#### CORBIN, DAVID

License Type: MD

Provider ID: 275285

Provider Gender: Male

License Number: C169916

NPI: 1275627200

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hungarian

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

### CHULA VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

120 TOWN CENTER PKWY  
SANTEE, CA 92071

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

#### CORBIN, DAVID

License Type: MD

Provider ID: 275285

Provider Gender: Male

License Number: C169916

NPI: 1275627200

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hungarian

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP


120 TOWN CENTER PKWY  
SANTEE, CA 92071

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](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

---

#### GUERRA, JACQUELINE

License Type: MD

Provider ID: 275285

Provider Gender: Female

License Number: A151449


NPI: 1649685074


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: GOLETA VALLEY COTTAGE HOSP

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 120 TOWN CENTER PKWY  
SANTEE, CA 92071


 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 10:30AM-11:45AM

---

### INTERNAL MEDICINE

---

#### GUERRA, JACQUELINE

License Type: MD

Provider ID: 275285

Provider Gender: Female

License Number: A151449


NPI: 1649685074


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: GOLETA VALLEY COTTAGE HOSP

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 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 10:30AM-11:45AM

---

### PEDIATRICS

---

#### ARLATA, TAMANTHA


License Type: MD

Provider ID: 297749

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\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### PEDIATRICS

---

#### IKE, ERICA

License Type: DO

Provider ID: 275285

Provider Gender: Female

License Number: 20A16603

NPI: 1821413907

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST JOHNS 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

IHP OF SOUTHERN CAL-PHP N

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 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

### PEDIATRICS

#### **IKE, ERICA**


License Type: DO

Provider ID: 275285

Provider Gender: Female

License Number: 20A16603

NPI: 1821413907

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: ST JOHNS


MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 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

### PEDIATRICS


#### **MANGINE, REGINA**

License Type: MD

Provider ID: 204821

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

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**

License Type: NP

Provider ID: 25735

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](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

#### **LEONARD, BEVERLY**

License Type: NP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 25735  
 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):  
 N  
 Accessibility: CONTACT  
 PROVIDER

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### **CERTIFIED NURSE PRACTITIONER**

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#### **WILLIAMS, TAKISHA**

License Type: NP  
 Provider ID: 25735  
 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

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### **CERTIFIED NURSE PRACTITIONER**


---

#### **WILLIAMS, TAKISHA**

License Type: NP  
 Provider ID: 25735  
 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


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### **FAMILY PRACTICE**

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#### **BACHARACH, REBECCA**

License Type: DO  
 Provider ID: 25735  
 Provider Gender: Female  
 License Number: 20A15459  
 NPI: 1225442643  
 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**

---


#### **BACHARACH, REBECCA**

License Type: DO  
 Provider ID: 25735  
 Provider Gender: Female  
 License Number: 20A15459


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 1225442643

 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**


License Type: MD


Provider ID: 25735

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

 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**


License Type: MD


Provider ID: 25735

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

 Website: 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**

License Type: MD


Provider ID: 25735

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  
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

#### **CONSTANTINO, STEPHANIE**

License Type: MD

Provider ID: 25735

Provider Gender: Female

License Number: A149063

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

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**

License Type: MD

Provider ID: 25735

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

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**

License Type: MD

Provider ID: 25735

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

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

### **FQHC**

#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,**

Provider ID: 25735

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

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

### **FQHC**


#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,**

Provider ID: 25735


NPI: 1508801069

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 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*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

*N*

 *Accessibility: CONTACT PROVIDER*

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

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**

*License Type: MD*

*Provider ID: 25735*

*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):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **BUECHNER, CHARLENE**


*License Type: MD*


*Provider ID: 25735*

*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):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**

#### **CARTER, KHALIL**

*License Type: MD*

*Provider ID: 25735*

*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)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

515-2555  
 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**








#### **CARTER, KHALIL**

License Type: MD  
 Provider ID: 25735  
 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](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**

#### **CHAKRABARTI, PRIYA**

License Type: MD  
 Provider ID: 25735  
 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](http://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**

License Type: MD  
 Provider ID: 25735  
 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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 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**

#### **DE MIK, TRAVIS**

License Type: MD  
 Provider ID: 25735  
 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: A108228


NPI: 1629277322


 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):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

License Type: MD

Provider ID: 25735

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

 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**

#### **DORUELO, ASHLEY**


License Type: MD

Provider ID: 25735

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](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**

License Type: MD

Provider ID: 25735

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

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 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**

#### **HANLEY, LAUREN**

License Type: MD

Provider ID: 25735



Provider Gender: Female

License Number: C174771

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: 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](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


License Type: MD

Provider ID: 25735

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

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 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

#### LIPSCHITZ, LISA


License Type: MD

Provider ID: 25735

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

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 After Hours Phone: (619)  
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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

#### LIPSCHITZ, LISA

License Type: MD

Provider ID: 25735

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

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## C. Directorio de atención primaria



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 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**

License Type: MD  
Provider ID: 25735  
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**

**SAPRA, SONIA**  
License Type: MD  
Provider ID: 25735  
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  
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 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**

License Type: DO

Provider ID: 25735  
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  
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**

License Type: DO  
Provider ID: 25735  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No

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## C. Directorio de atención primaria

### 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

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

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

License Type: MD

Provider ID: 25735

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):

### OBSTETRICS / GYNECOLOGY

#### ZIEG, ALAN

License Type: MD

Provider ID: 25735

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

### OBSTETRICS / GYNECOLOGY

#### ZIEG, ALAN

License Type: MD

Provider ID: 25735

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



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## C. Directorio de atención primaria

|  |  |  |
|--|--|--|
| <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>   | <p><i>Provider Gender: Male</i></p> <p><i>License Number: PA21385</i></p> <p><i>NPI: 1932335080</i></p>  | <p> <i>Phone: (619) 515-2555</i></p> <p> <i>After Hours Phone: (619) 515-2555</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>  |
| <hr/> <p><b>PEDIATRICS</b></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> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M 8:30AM-5:30PM W-F 8:30AM-5:30PM</i></p>   |
| <hr/> <p><b>JI, AMANDA</b></p> <p><i>License Type: MD</i></p> <p><i>Provider ID: 25735</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A169342</i></p> <p><i>NPI: 1750745493</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</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 8788 JAMACHA RD<br/>SPRING VALLEY, CA 91977</p> <p> <i>Phone: (619) 515-2555</i></p> <p> <i>After Hours Phone: (619) 515-2555</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> 8788 JAMACHA RD<br/>SPRING VALLEY, CA 91977</p> <p> <i>Phone: (619) 515-2555</i></p> <p> <i>After Hours Phone: (619) 515-2555</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 8:30AM-5:30PM W-F 8:30AM-5:30PM</i></p> | <hr/> <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TRAN, TU-UYEN</b></p> <p><i>License Type: PA</i></p> <p><i>Provider ID: 25735</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: PA54588</i></p> <p><i>NPI: 1598293748</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>Board Certified Specialty: No</i></p> <p><i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 8788 JAMACHA RD<br/>SPRING VALLEY, CA 91977</p> <p> <i>Phone: (619) 515-2555</i></p> <p> <i>After Hours Phone: (619) 515-2555</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> |
| <hr/> <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>LOPEZ, MARIO</b></p> <p><i>License Type: PA</i></p> <p><i>Provider ID: 25735</i></p>  | <hr/> <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>LOPEZ, MARIO</b></p> <p><i>License Type: PA</i></p> <p><i>Provider ID: 25735</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: PA21385</i></p> <p><i>NPI: 1932335080</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> 8788 JAMACHA RD<br/>SPRING VALLEY, CA 91977</p>  |  |



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## C. Directorio de atención primaria


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8:30AM-5:30PM  
 TU 8:30AM-7PM  
 W-F 8:30AM-5:30PM*



### **PHYSICIANS ASSISTANT**

#### **TRAN, TU-UYEN**

*License Type: PA  
 Provider ID: 25735  
 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**

*License Type: PA  
 Provider ID: 25735  
 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*


### **PHYSICIANS ASSISTANT**



#### **TURNER, ERIC**

*License Type: PA  
 Provider ID: 25735  
 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*

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 *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: 304652  
 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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


### CLINIC OUTPATIENT

#### NEIGHBORHOOD

#### HEALTHCARE,


Provider ID: 304652

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


License Type: MD

Provider ID: 304652

Provider Gender: Male

License Number: A114419

NPI: 1154583128

 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

### FAMILY PRACTICE

#### AYON MARTINEZ, CARLOS


License Type: MD

Provider ID: 304652

Provider Gender: Male

License Number: A114419

NPI: 1154583128

 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

### FAMILY PRACTICE

#### CASTANER, ZALYA

License Type: MD

Provider ID: 304652

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

#### CASTANER, ZALYA

License Type: MD

Provider ID: 304652

Provider Gender: Female








License Number: A139490

NPI: 1487072179



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*  
*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**  
*License Type: MD*  
*Provider ID: 304652*  
*Provider Gender: Male*  
*License Number: G61829*  
*NPI: 1356376164*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, Modern 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*

### **FAMILY PRACTICE**

**SCHULTZ, JAMES**  
*License Type: MD*  
*Provider ID: 304652*  
*Provider Gender: Male*  
*License Number: G61829*  
*NPI: 1356376164*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, Modern 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: 304652*  
*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*

### **FQHC**

#### **NEIGHBORHOOD 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.

## C. Directorio de atención primaria


Provider ID: 304652

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**

License Type: MD

Provider ID: 205034

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  
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

### **VISTA**

#### CERTIFIED NURSE

#### PRACTITIONER

#### **HALGEDAHL, YI TING**


License Type: NP

Provider ID: 289896

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](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

#### CERTIFIED NURSE

#### PRACTITIONER

#### **HALGEDAHL, YI TING**

License Type: NP


Provider ID: 289896

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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VISTA, CA 92083

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 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

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## C. Directorio de atención primaria

 Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

### **CERTIFIED NURSE PRACTITIONER**

#### **KELLEHER, BRIDGET**

License Type: NP  
Provider ID: 289896  
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](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

### **CERTIFIED NURSE**

### **PRACTITIONER**



#### **KELLEHER, BRIDGET**


License Type: NP  
Provider ID: 289896  
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](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

### **CERTIFIED NURSE PRACTITIONER**

#### **WILLIAMS, JINA**


License Type: NP  
Provider ID: 289896


Provider Gender: Female  
License Number: NP95020624  
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

### **CERTIFIED NURSE PRACTITIONER**


#### **WILLIAMS, JINA**


License Type: NP  
Provider ID: 289896  
Provider Gender: Female  
License Number: NP95020624  
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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

### **CHIROPRACTOR**

**JU, NATHANIEL**


License Type: DC


Provider ID: 289896

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.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 8AM-5PM  
TU 10:30AM-7:30PM

W-F 8AM-5PM

### **CHIROPRACTOR**

**JU, NATHANIEL**


License Type: DC


Provider ID: 289896

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.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 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

### **FAMILY PRACTICE**

**ESPINOSA-SILVA, YAMINAH**

License Type: DO

Provider ID: 289896

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.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

### **FAMILY PRACTICE**

**ESPINOSA-SILVA, YAMINAH**

License Type: DO


Provider ID: 289896

Provider Gender: Female

License Number: 20A12958

NPI: 1003172016

 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  
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**

License Type: MD

Provider ID: 289896

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,  
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

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-5PM  
TU 10:30AM-7:30PM  
W-F 8AM-5PM

### **FAMILY PRACTICE**

#### **KETCHEL, CLINT**

License Type: MD

Provider ID: 289896

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,  
TRI CITY MEDICAL CTR,  
WHITTIER HOSPITAL MEDICAL  
CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD  
VISTA, CA 92083

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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

### **FQHC**

#### **VCC DURIAN,**

Provider ID: 289898

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: (844) 308-5003  
 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 8:30AM-5PM  
 TH-F 8:30AM-5PM

### FQHC



**VCC DURIAN,**  
 Provider ID: 289898  
 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](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 8:30AM-5PM  
 TH-F 8:30AM-5PM





### FQHC

**VISTA COMMUNITY CLINIC  
 GRAPEVINE,**  
 Provider ID: 289896  
 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](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

### FQHC

**VISTA COMMUNITY CLINIC  
 GRAPEVINE,**  
 Provider ID: 289896  
 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](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

### INTERNAL MEDICINE

**COPELAND, ARDETH**  
 License Type: MD  
 Provider ID: 310657  
 Provider Gender: Female  
 NPI: 1699704338  
 Provider English Spoken: Y  
 Cultural Competency: N  
 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  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\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

| <b>PEDIATRICS</b>  |  |
|--|--|
| <p><b>AMBO, STANLEY</b><br/> License Type: MD<br/> Provider ID: 204366<br/> Provider Gender: Male<br/> NPI: 1891735676</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/> Cultural Competency: N<br/> Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO<br/> Board Certified Specialty: No<br/> RADY CHILDRENS HEALTH NETWORK</p> <p> 2067 W VISTA WAY STE 180 VISTA, CA 92083<br/>  Phone: (760) 945-3434<br/> Fax: (760) 945-6761<br/>  After Hours Phone: (760) 945-3434<br/>  Website: N/A<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0\19<br/> American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM</p> | <p>Provider ID: 289898<br/> Provider Gender: Female<br/> License Number: 20A14390<br/> NPI: 1346530466</p> <p> Provider English Spoken: Y<br/> Cultural Competency: N<br/> Board Certified Specialty: No<br/> IHP OF SOUTHERN CAL-PHP</p> <p> 105 DURIAN ST STE A VISTA, CA 92083<br/>  Phone: (844) 308-5003<br/>  After Hours Phone: (844) 308-5003<br/>  Website: www.vistacommu nityclinic.org<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0\None<br/> American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> |
| <b>PEDIATRICS</b>  |  |
| <p><b>HARTFORD, NICOLE</b><br/> License Type: DO</p> <p>Provider ID: 289898<br/> Provider Gender: Female<br/> License Number: 20A14390<br/> NPI: 1346530466</p> <p> Provider English Spoken: Y<br/> Cultural Competency: N<br/> Board Certified Specialty: No<br/> IHP OF SOUTHERN CAL-PHP</p> <p> 105 DURIAN ST STE A VISTA, CA 92083<br/>  Phone: (844) 308-5003<br/>  After Hours Phone: (844)</p>  | <p>308-5003<br/>  Website: www.vistacommu nityclinic.org<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0\None<br/> American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p>   |
| <b>PEDIATRICS</b>  |  |
| <p><b>KRAK, MICHAEL</b><br/> License Type: MD<br/> Provider ID: 302573<br/> Provider Gender: Male<br/> NPI: 1003989419</p> <p> Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/> Cultural Competency: N<br/> Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR<br/> Board Certified Specialty: Yes<br/> RADY CHILDRENS HEALTH NETWORK</p> <p> 2067 W VISTA WAY STE 280 VISTA, CA 92083<br/>  Phone: (760) 941-3630<br/> Fax: (760) 941-1214<br/>  After Hours Phone: (760) 941-3630<br/>  Website: N/A<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0\18</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

American Sign Language (ASL): \_\_\_\_\_

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-6PM  
SA 9AM-1PM

### PEDIATRICS

#### **LUSCHWITZ, BRIAN**

License Type: MD

Provider ID: 289896

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](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

### PEDIATRICS

#### **LUSCHWITZ, BRIAN**

License Type: MD

Provider ID: 289896

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](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

### PEDIATRICS

#### **NAUDIN, VERONICA**

License Type: MD

Provider ID: 204706

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\18

American Sign Language (ASL): \_\_\_\_\_

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-12PM

### PEDIATRICS

#### **NISHIKAWA, MOENA**

License Type: MD

Provider ID: 310501

Provider Gender: Female

NPI: 1407434533

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: Japanese*  
*Cultural Competency: N*  
*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\18*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

### **PEDIATRICS**



#### **PERTL, URSULA**







*License Type: MD*  
*Provider ID: 291211*  
*Provider Gender: Female*  
*NPI: 1609947464*  
 *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, PALOMAR MEDICAL CENTER**  
*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\18*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 10AM-2PM M-F 8AM-5PM SA 8AM-12PM*

### **PEDIATRICS**







#### **RONAN, KEVIN**

*License Type: MD*  
*Provider ID: 289896*  
*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*  
*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**

#### **RONAN, KEVIN**

*License Type: MD*  
*Provider ID: 289896*  
*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*  
*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

nityclinic.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


License Type: PA  
 Provider ID: 289896  
 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

### PHYSICIANS ASSISTANT



#### WEAVER, APRIL

License Type: PA  
 Provider ID: 289896  
 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. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

|  |  |  |
|--|--|--|
| <p style="text-align: center;"><b>DOULA</b></p> <p><b>ARROYO, ELYDE</b><br/>Board Certified Specialty: No<br/>FOR THE VILLAGE INC</p> <p>Phone: (619) 657-3384<br/>After Hours Phone: (619) 657-3384<br/>Provider Gender: Female<br/>NPI: 1841985348<br/>Provider English Spoken: Y<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: N<br/>Medi-Cal Open Panel: No<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL): N<br/>Accessibility: CONTACT PROVIDER<br/>Hours: M-W 5PM-9AM TH-F 9AM-5PM<br/>Website: www.forthevillage.org</p> | <p>Spoken: Spanish<br/>Cultural Competency: N<br/>Medi-Cal Open Panel: No<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL): N<br/>Accessibility: CONTACT PROVIDER<br/>Hours: M-W 5PM-9AM TH-F 9AM-5PM<br/>Website: www.forthevillage.org</p>   | <p>Board Certified Specialty: No<br/>FOR THE VILLAGE INC</p> <p>Phone: (619) 657-3384<br/>After Hours Phone: (619) 657-3384<br/>Provider Gender: Female<br/>NPI: 1871327684<br/>Provider English Spoken: Y<br/>Cultural Competency: N<br/>Medi-Cal Open Panel: No<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL): N<br/>Accessibility: CONTACT PROVIDER<br/>Hours: M-W 5PM-9AM TH-F 9AM-5PM<br/>Website: www.forthevillage.org</p> |
| <p style="text-align: center;"><b>DOULA</b></p> <p><b>CARAWAY, ARLENE</b><br/>Board Certified Specialty: No<br/>FOR THE VILLAGE INC</p> <p>Phone: (619) 657-3384<br/>After Hours Phone: (619) 657-3384<br/>Provider Gender: Female<br/>NPI: 1205662665<br/>Provider English Spoken: Y<br/>Provider Language(s)</p>   | <p style="text-align: center;"><b>DOULA</b></p> <p><b>CARTER, LEXXUS</b><br/>Board Certified Specialty: No<br/>FOR THE VILLAGE INC</p> <p>Phone: (619) 657-3384<br/>After Hours Phone: (619) 657-3384<br/>Provider Gender: Female<br/>NPI: 1093413304<br/>Provider English Spoken: Y<br/>Cultural Competency: N<br/>Medi-Cal Open Panel: No<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL): N<br/>Accessibility: CONTACT PROVIDER<br/>Hours: M-W 5PM-9AM TH-F 9AM-5PM<br/>Website: www.forthevillage.org</p> | <p style="text-align: center;"><b>DOULA</b></p> <p><b>CORLEY MILNER, JANTENEE</b><br/>Board Certified Specialty: No<br/>FOR THE VILLAGE INC</p> <p>Phone: (619) 657-3384<br/>After Hours Phone: (619) 657-3384<br/>Provider Gender: Female<br/>NPI: 1194423194<br/>Provider English Spoken: Y<br/>Cultural Competency: N<br/>Medi-Cal Open Panel: No<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL): N</p>                         |
|  | <p style="text-align: center;"><b>DOULA</b></p> <p><b>CENTENO QUIEL, JULISSA</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.






## D. Directorio de proveedores especialistas

 Accessibility: CONTACT PROVIDER  
 Hours: M-W 5PM-9AM TH-F 9AM-5PM  
 Website: [www.forthevillage.org](http://www.forthevillage.org)

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### **DOULA**

#### **FOR THE VILLAGE INC,**

 Phone: (619) 657-3384  
 Fax: (619) 374-2418  
 After Hours Phone: (619) 657-3384  
 NPI: 1366156952  
 Provider 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: [www.forthevillage.org](http://www.forthevillage.org)

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### **DOULA**

#### **GRANT, PERRIETTE**

Board Certified Specialty: No  
 FOR THE VILLAGE INC

 Phone: (619) 657-3384  
 After Hours Phone: (619) 657-3384  
 Provider Gender: Female  
 NPI: 1740060466  
 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-W 5PM-9AM TH-F 9AM-5PM  
 Website: [www.forthevillage.org](http://www.forthevillage.org)




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### **DOULA**

#### **KNOX, LATANIA**

Board Certified Specialty: No  
 FOR THE VILLAGE INC






 Phone: (619) 657-3384  
 After Hours Phone: (619) 657-3384  
 Provider Gender: Female  
 NPI: 1356047153  
 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-W 5PM-9AM TH-F 9AM-5PM  
 Website: [www.forthevillage.org](http://www.forthevillage.org)

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### **DOULA**

**MERCADO FORSECK, ALEJANDRA**  
 Board Certified Specialty: No  
 FOR THE VILLAGE INC



 Phone: (619) 657-3384  
 After Hours Phone: (619) 657-3384  
 Provider Gender: Female  
 NPI: 1538996632  
 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-W 5PM-9AM TH-F 9AM-5PM  
 Website: [www.forthevillage.org](http://www.forthevillage.org)

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### **DOULA**

#### **OMAE, ILANA**

Board Certified Specialty: No  
 FOR THE VILLAGE INC

 Phone: (619) 657-3384  
 After Hours Phone: (619) 657-3384  
 Provider Gender: Female  
 NPI: 1548024821  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: 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

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-W 5PM-9AM  
 TH-F 9AM-5PM  
 🌐 Website: [www.forthevillage.org](http://www.forthevillage.org)

### DOULA

#### VARGAS, BRIANDA

Board Certified Specialty: No  
 FOR THE VILLAGE INC

☎ Phone: (619) 657-3384  
 📞 After Hours Phone: (619) 657-3384  
 Provider Gender: Female  
 NPI: 1942025721  
 🗑 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-W 5PM-9AM  
 TH-F 9AM-5PM  
 🌐 Website: [www.forthevillage.org](http://www.forthevillage.org)

### DOULA

#### WASHINGTON, KRYSTAL

Board Certified Specialty: No

FOR THE VILLAGE INC  
 ☎ Phone: (619) 657-3384  
 📞 After Hours Phone: (619) 657-3384  
 Provider Gender: Female  
 NPI: 1982468427  
 🗑 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-W 5PM-9AM  
 TH-F 9AM-5PM  
 🌐 Website: [www.forthevillage.org](http://www.forthevillage.org)

### ALPINE

### CHIROPRACTOR

#### PHILLIPS, KATHERINE

Provider ID: 310866  
 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  
 Provider Gender: Female  
 NPI: 1063927242  
 🗑 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

### 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  
 📠 Fax: (619) 205-6305  
 📞 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

#### SILVA SEPULVEDA, JOSE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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, PIONEERS 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**

**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\18

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: IHP of Southern Cal-PHP*

### CARLSBAD

#### 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 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

##### **CHAVEZ SANTOS, 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) 736-6744*

 *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*








Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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-F 8:30AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC









### NEPHROLOGY

#### **HAMILTON, ROSS**

Provider ID: 310675  
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: 1538587852  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER, TRI CITY  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, 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-4:30PM  
 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  
 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

### OTOLARYNGOLOGY

#### **DONALDSON, CHADWICK**

Provider ID: 268146  
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: 1891743910  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
TEMECULA VALLEY HOSPITAL  
INC, SCRIPPS MEMORIAL

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, 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  
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

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-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: USC

Arcadia Hospital, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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

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

**MCGEE, 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, TRI CITY MEDICAL CTR,  
PALOMAR MEDICAL CENTER,  
COLUSA 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

### SURGERY NEUROLOGICAL

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### **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):  
N

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  
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

Hospital Affiliation: UCSD  
MEDICAL CTR, 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: 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, 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 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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\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

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, 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*

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### **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*

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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)*  
*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*

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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*

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **CARRION-GELABERT, 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: 302402  
 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: 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, 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,  
 UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**DE LA CRUZ, 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

**IBARRA, MARTHA**  
 Provider ID: 308352  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 855 3RD AVE STE 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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  
 8:30AM-5:30PM  
 SA 8:30AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**

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**KEUM, SARAH**  
 Provider ID: 312108  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 450 4TH AVE STE 311  
 CHULA VISTA, CA 91910  
 Phone: (619) 371-9156  
 Fax: (619) 872-0997  
 After Hours Phone: (619)  
 371-9156  
 Provider Gender: Female  
 NPI: 1053183525  
 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-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP



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### **CERTIFIED NURSE PRACTITIONER**

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**LANE, KIMBERLY**  
 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





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### **CERTIFIED NURSE PRACTITIONER**

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**TRESSLAR, PERI**  
 Provider ID: 312028  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1111 BROADWAY STE 305  
 CHULA VISTA, CA 91911  
 Phone: (619) 567-7007  
 Fax: (619) 567-7775




 After Hours Phone: (619)  
 567-7007  
 Provider Gender: Female  
 NPI: 1548021512



 Provider 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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### **EMERGENCY MEDICINE**




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**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\18  
 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: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **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**



#### **BECERRA, MAURA**

*Provider ID: 313437*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 662-4196*

 *After Hours Phone: (619) 662-4100*


*Provider Gender: Female*  
*NPI: 1710561279*

 *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**

#### **SPAK, DARYL**


*Provider ID: 310870*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 678 3RD AVE

CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 662-4196*

 *After Hours Phone: (619) 662-4100*


*Provider Gender: Male*  
*NPI: 1285128025*

 *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: IHP of Southern Cal-PHP*

### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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






#### **CHAVEZ, LUIS**

Provider ID: 311342  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 296 H ST STE 301  
 CHULA VISTA, CA 91910  
 Phone: (619) 416-3510  
 Fax: (619) 243-3216  
 After Hours Phone: (619)  
 416-3510  
 Provider Gender: Male  
 NPI: 1295224905  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, PARADISE VALLEY

HOSPITAL  
 Medi-Cal Open 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

### 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  
 VISTA  
 Medi-Cal Open Panel: Yes

Min/Max Age: 18\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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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


### 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**


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: Yes  
COMMUNITY CARE IPA LLC

 765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

 Phone: (619) 616-2100

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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) 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

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

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### 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, SHARP CHULA

VISTA MED CTR, TRI CITY

MEDICAL CTR, TRI CITY

MEDICAL CTR, UC SAN DIEGO

HEALTH - EAST CAMPUS

MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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: 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*  
 *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

#### **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, SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER, 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: 296051*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 765 MEDICAL CENTER CT




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## D. Directorio de proveedores especialistas





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

### 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  
 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

### 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, SOUTHWEST  
 HEALTHCARE INLAND

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## D. Directorio de proveedores especialistas

VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): Min/Max Age: 0\18

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

SOUTHWEST HEALTHCARE

INLAND VALLEY 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: Rady Childrens Health

Network, UCSD Medical Group

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


### 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,


### MATERNAL AND FETAL MEDICINE

**REIMERS, REBECCA**

Provider ID: 294653

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: 1801207634

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST

HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes


### 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, SOUTHWEST HEALTHCARE INLAND

VALLEY HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\18

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## D. Directorio de proveedores especialistas

American Sign Language (ASL): Sharp Grossmont Hospital,  
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,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY 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: 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)  
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, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes



Min/Max Age: 0\19




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: Rady Childrens Health Network





 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

 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

### 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 CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### 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

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## D. Directorio de proveedores especialistas

### ENCINITAS

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


### NEPHROLOGY

#### BALBOA NEPHROLOGY MED GRP INC,


Provider ID: 311223

IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

 855 3RD AVE STE 2210  
CHULA VISTA, CA 91911

 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619) 427-1144


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.com


### NEPHROLOGY

#### PATEL, AMAR


Provider ID: 312570

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 855 3RD AVE STE 2210  
CHULA VISTA, CA 91911



 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


#### 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 4TH AVE STE 4  
CHULA VISTA, CA 91910

 Phone: (619) 427-1144

Fax: (619) 427-1185


 After Hours Phone: (619) 427-1144

Provider Gender: Female

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## D. Directorio de proveedores especialistas

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

 Website: N/A

IPA: IHP of Southern Cal-PHP

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

 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

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,

Imperial Health Holdings

Medical Group-SD

### 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

### 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

### 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

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## D. Directorio de proveedores especialistas

*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*  
 *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

#### 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




#### HOSSEIN ZADEH MALEKI, ANA

*Provider ID: 304999*  
*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: Female*  
*NPI: 1316471485*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Persian*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*  
*Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC, SHARP CHULA VISTA MED CTR, LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, LOMA LINDA UNIVERSITY MED CTR, RIVERSIDE COUNTY 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*

### **NEUROLOGY**






#### **MANDEVILLE, ROSS**




*Provider ID: 309932*  
*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: 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 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: 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, 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*

### **NEUROLOGY**

#### **MOHAMMAD, AHMAD SHAH**

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### NEUROLOGY

#### **SORIA LOPEZ, 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

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

TEMECULA VALLEY HOSPITAL

INC, SHARP CHULA VISTA

MED CTR

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: 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


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-12PM

 Website: N/A

IPA: Community Care IPA LLC,

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


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-12PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OCCUPATIONAL THERAPIST

#### **MORRIS, SHEILA**

Provider ID: 268926

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### COMMUNITY CARE IPA LLC

1020 TIERRA DEL REY STE A

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

#### ESLANI, MEDI

Provider ID: 314105

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619) 425-7755

Provider Gender: Male

NPI: 1437614310

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: 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

#### GOLDMAN, DAVID

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

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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) 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


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: IHP of Southern Cal-PHP

### OPHTHALMOLOGY


#### **SHUMWAY, CALEB**

Provider ID: 310744

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: 1225698814

 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

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### OPTOMETRIST


#### **AMINI, AFSANEH**

Provider ID: 313446

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 THIRD AVE

CHULA VISTA, CA 91911

 Phone: (619) 662-4100

Fax: (619) 662-4196

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1790099943

 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

### 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

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## D. Directorio de proveedores especialistas

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
Fax: (619) 662-4196

 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 3RD AVE STE A  
CHULA VISTA, CA 91911

 Phone: (619) 425-7755  
Fax: (619) 425-2138

 After Hours Phone: (619)  
425-7755

Provider Gender: Female

NPI: 1669825667

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 268680

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 3RD AVE STE A  
CHULA VISTA, CA 91911

 Phone: (619) 425-7755  
Fax: (619) 425-2138

 After Hours Phone: (619)  
425-7755

Provider Gender: Female


NPI: 1669825667


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: 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**

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

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## D. Directorio de proveedores especialistas

 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: 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: 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

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: 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,

Imperial Health Holdings


Medical Group-SD

### OPTOMETRIST


#### NGUYEN, THU

Provider ID: 125032

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 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: 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

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## D. Directorio de proveedores especialistas

Medical Group-SD

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### OPTOMETRIST

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**NGUYEN, THU**

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) 422-0114

🕒 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

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### OPTOMETRIST

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**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) 422-0114

🕒 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

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### OPTOMETRIST

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**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

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**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

### **OPTOMETRIST**

#### **THACH, QUEEN**

Provider ID: 310877  
 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


Provider Gender: Female  
 NPI: 1053841478

 Provider 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**

#### **THACH, QUEEN**

Provider ID: 310536  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138

 After Hours Phone: (619)

425-7755

Provider Gender: Female  
 NPI: 1053841478


 Provider 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**

#### **THACH, QUEEN**

Provider ID: 312234  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138

 After Hours Phone: (619) 425-7755

Provider Gender: Female  
 NPI: 1053841478

 Provider 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

### **OTOLARYNGOLOGY**

#### **CHANG, EDWARD**

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






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## D. Directorio de proveedores especialistas




 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, UC SAN DIEGO HEALTH - EAST CAMPUS 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, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD






### OTOLARYNGOLOGY

**RASUL, LAILA**  
 Provider ID: 312170  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 321 E ST STE B  
 CHULA VISTA, CA 91910  
 Phone: (619) 934-3260  
 Fax: (619) 934-3268  
 After Hours Phone: (619)





934-3260  
 Provider Gender: Female  
 NPI: 1881190767  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS 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-F 8AM-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\18  
 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

**CRAWFORD, MICHAEL**  
 Provider ID: 311161  
 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: Male  
 NPI: 1336727791  
 Provider English Spoken: Y

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## D. Directorio de proveedores especialistas


Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSPITAL OF  
ORANGE COUNTY, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18

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, SOUTHWEST

HEALTHCARE INLAND

VALLEY 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: 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

#### **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\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM

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## D. Directorio de proveedores especialistas

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### **SHERER, KIMBERLY**

Provider ID: 311933

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: 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

#### **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): 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: (619) 761-5308

Fax: (619) 591-1910

 After Hours Phone: (619) 761-5308

Provider Gender: Male

NPI: 1407052459

 Provider English Spoken: Y  
Cultural Competency: N

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## D. Directorio de proveedores especialistas

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  
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)

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## D. Directorio de proveedores especialistas

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 3RD 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)  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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 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: 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 3RD AVE STE 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\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PODIATRIST

#### CAINE, SAMUEL

Provider ID: 308636

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

345 F ST STE 100  
CHULA VISTA, CA 91910

Phone: (619) 427-3481  
Fax: (619) 420-7807

After Hours Phone: (619)  
427-3481

Provider Gender: Male

NPI: 1396230298

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
Grossmont Hospital, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY

HOSPITAL, SHARP MEMORIAL

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## D. Directorio de proveedores especialistas

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

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### PODIATRIST


**CAINE, SAMUEL**

Provider ID: 308211


Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 345 F ST STE 100

CHULA VISTA, CA 91910

 Phone: (619) 427-3481

Fax: (619) 420-7807

 After Hours Phone: (619) 427-3481

Provider Gender: Male

NPI: 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 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### PODIATRIST


**DAVIDSON III, JOHN**

Provider ID: 129545

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 345 F ST STE 100

CHULA VISTA, CA 91910


 Phone: (619) 427-3481

Fax: (619) 420-7807

 After Hours Phone: (619) 427-3481

Provider Gender: Male

NPI: 1689069874

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, 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  
F 9AM-12PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### PODIATRIST


**DAVIDSON III, JOHN**

Provider ID: 312175


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 345 F ST STE 100

CHULA VISTA, CA 91910


 Phone: (619) 427-3481

Fax: (619) 420-7807

 After Hours Phone: (619) 427-3481

Provider Gender: Male

NPI: 1689069874

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED 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-TH 9AM-4:30PM  
F 9AM-12PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

### PODIATRIST

#### **READ, TRENTON**

*Provider ID: 296655*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

 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*


### 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*


### 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*


### PSYCHOLOGIST

#### **GOULD, HILARY**

*Provider ID: 290467*

*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: 1104297696*

 *Provider English Spoken: Y*

*Cultural Competency: N*

*Hospital Affiliation: 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): Provider ID: 303101

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): IPA: Community Care IPA LLC

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

### REGISTERED DIETITIAN / NUTRITIONIST


**KRISHNAMURTHY,**

**MEENAKSHI**

Provider ID: 311656

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910

 Phone: (619) 427-1144

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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) 427-1185

☎ After Hours Phone: (619) 427-1144

Provider Gender: Female

NPI: 1790304822

🗉 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

### REGISTERED DIETITIAN / NUTRITIONIST

**KRISHNAMURTHY,  
MEENAKSHI**

Provider ID: 312557

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

📍 855 3RD AVE STE 2210  
CHULA VISTA, CA 91911

☎ Phone: (619) 427-1144

Fax: (619) 427-1185

☎ After Hours Phone: (619) 427-1144

Provider Gender: Female

NPI: 1790304822

🗉 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

### REGISTERED DIETITIAN / NUTRITIONIST

**KRISHNAMURTHY,  
MEENAKSHI**

Provider ID: 313088

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 855 3RD AVE STE 2210  
CHULA VISTA, CA 91911

☎ Phone: (619) 427-1144

Fax: (619) 427-1185

☎ After Hours Phone: (619) 427-1144

Provider Gender: Female

NPI: 1790304822

🗉 Provider 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

### 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

**CHENG, BRANDON**

Provider ID: 307786

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 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: 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: 310337

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

386 E H ST STE 203  
CHULA VISTA, CA 91910

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 3RD AVE STE A  
CHULA VISTA, CA 91911

Phone: (619) 205-4585  
Fax: (619) 271-3183

After Hours Phone: (619)  
205-4585

Provider Gender: Female

NPI: 1063170603

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 55\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

#### **JIMENEZ, ANDREA**

Provider ID: 299889

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: 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 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

### JIMENEZ, ANDREA

Provider ID: 310382

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

386 E H ST STE 203  
CHULA VISTA, CA 91910

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1407440670

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: 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

#### REGISTERED PHYSICAL THERAPIST

### KARANDE, PRACHI

Provider ID: 310746

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

386 E H ST STE 203  
CHULA VISTA, CA 91910

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

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 7AM-6PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

#### REGISTERED PHYSICAL THERAPIST

### KARANDE, PRACHI

Provider ID: 287100

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: 1699357525

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,

IHP of Southern Cal-PHP

#### REGISTERED PHYSICAL THERAPIST

### KARANDE, PRACHI

Provider ID: 301380

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: Female

NPI: 1699357525

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

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## D. Directorio de proveedores especialistas

 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: 305014  
 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: 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: 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,  
 IHP of Southern Cal-PHP

---


### **REGISTERED PHYSICAL THERAPIST**

---


#### **NGUYEN, TIA**

Provider ID: 310381

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 386 E H ST STE 203

CHULA VISTA, CA 91910

 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: 310722

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 386 E H ST STE 203

CHULA VISTA, CA 91910

 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




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## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 7AM-6PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP



### 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  
 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-12PM  
 W-TH 7AM-7PM  
 F 7AM-12PM

 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 7AM-7PM  
 TU 7AM-12PM  
 W-TH 7AM-7PM  
 F 7AM-12PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**SPARKS, TODD**  
 Provider ID: 310371  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 386 E H ST STE 203  
 CHULA VISTA, CA 91910  
 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):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### 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

**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,  
 IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**STAHL, KEVIN**  
 Provider ID: 310409  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 386 E H ST STE 203  
 CHULA VISTA, CA 91910  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619)

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## D. Directorio de proveedores especialistas

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  
🌐 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

**SUGGS, SARAH**  
Provider ID: 310419  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
📍 386 E H ST STE 203  
CHULA VISTA, CA 91910  
☎ 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

**VAISMAN, SAMANTHA**  
Provider ID: 311836  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
📍 386 E H ST STE 203  
CHULA VISTA, CA 91910  
☎ Phone: (619) 482-3000  
Fax: (619) 482-3001  
🕒 After Hours Phone: (619)  
482-3000  
Provider Gender: Female  
NPI: 1457022071

☐ Provider 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

**VERISSIMO, TAYLOR**  
Provider ID: 310405  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

📍 386 E H ST STE 203  
CHULA VISTA, CA 91910  
☎ Phone: (619) 482-3000  
Fax: (619) 332-4220  
🕒 After Hours Phone: (619)  
482-3000  
Provider Gender: Female  
NPI: 1124871629  
☐ Provider 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

**VERISSIMO, TAYLOR**  
Provider ID: 310406  
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: 1124871629  
☐ 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

 Website: N/A

IPA: Community Care IPA LLC

### REGISTERED PHYSICAL THERAPIST


**VILLANUEVA, GIOVANNI**

Provider ID: 301532

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: 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

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## D. Directorio de proveedores especialistas

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

#### **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, UC SAN DIEGO

HEALTH - EAST CAMPUS  
MEDICAL CENTER, 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  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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): MEDICAL CTR

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

American Sign Language (ASL):


Medi-Cal Open 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

### **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

 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 GENERAL

#### **BORTZ, PASCAL**








Provider ID: 313996

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 230 PROSPECT PL STE 340  
CORONADO, CA 92118

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (858) 457-4917  
 Fax: (858) 646-0019  
 After Hours Phone: (858) 457-4917  
 Provider Gender: Male  
 NPI: 1821330796  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL 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 9AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP


### **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**


### **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

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## 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: TU-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**


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**ALVA, WENDY**

Provider ID: 311724

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: Female

NPI: 1023085560

 Provider 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

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### **CERTIFIED NURSE** **PRACTITIONER**


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**ARMSTON, LINDSEY**

Provider ID: 312119

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 892 E MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 737-1117

Fax: (619) 880-8535

 After Hours Phone: (619)  
737-1117

Provider Gender: Female

NPI: 1841851375

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, 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-6PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE** **PRACTITIONER**


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**CARRION-GELABERT, ANA**

Provider ID: 312136

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 892 E MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 737-1117

Fax: (619) 880-8535

 After Hours Phone: (619)  
737-1117

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

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### **CERTIFIED NURSE** **PRACTITIONER**


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**DE DIOS, SARAH JANE**

Provider ID: 312113

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 892 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 737-1117





Fax: (619) 880-8535

 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









737-1117  
 Provider Gender: Female  
 NPI: 1528632742  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR, 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-8PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP,  
 UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER









**DE LA CRUZ, ALEKSANDRYA**  
 Provider ID: 312156  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 892 E MADISON AVE  
 EL CAJON, CA 92020  
 Phone: (619) 737-1117  
 Fax: (619) 880-8535  
 After Hours Phone: (619)  
 737-1117  
 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

**DOWNEY, NANCY**  
 Provider ID: 311826  
 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: 1578051017  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 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

### CERTIFIED NURSE PRACTITIONER








**GARCIA, CATALINA**  
 Provider ID: 311391  
 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: 1659148104  
 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



**HAMID, WAHIDA**  
 Provider ID: 302295  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020




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## D. Directorio de proveedores especialistas

 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

**NGUYEN, VANESSA**  
 Provider ID: 312138  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 892 E MADISON AVE  
 EL CAJON, CA 92020  
 Phone: (619) 737-1117  
 Fax: (619) 880-8535  
 After Hours Phone: (619) 737-1117  
 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): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**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

### 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

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## D. Directorio de proveedores especialistas

 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


### GASTROENTEROLOGY

#### **CHAVEZ, LUIS**

Provider ID: 311341

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 2732 NAVAJO RD STE 200  
 EL CAJON, CA 92020


 Phone: (619) 416-3510

Fax: (619) 243-3216

 After Hours Phone: (619) 416-3510

Provider Gender: Male

NPI: 1295224905

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL


Medi-Cal Open 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

### 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

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## D. Directorio de proveedores especialistas

American Sign Language (ASL): Board Certified Specialty: No  
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

#### **MAY, LOUIS**

Provider ID: 294916

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

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## D. Directorio de proveedores especialistas

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

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### INTERVENTIONAL CARDIOLOGY


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#### **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


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, SHARP CHULA  
VISTA MED CTR, TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
Sharp Grossmont Hospital, UC  
SAN DIEGO HEALTH - EAST  
CAMPUS MEDICAL CENTER,  
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

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### INTERVENTIONAL CARDIOLOGY


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#### **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) 486-6470

 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

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### INTERVENTIONAL CARDIOLOGY


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#### **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) 486-6470

 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


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## D. Directorio de proveedores especialistas

American Sign Language (ASL):  Hours: M-F 8AM-5PM

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### NEUROLOGY

**GUPTA, MONIKA**

Provider ID: 312122

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 892 E MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 737-1117


Fax: (619) 880-8535

 After Hours Phone: (619)  
737-1117

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

**HOSSEIN ZADEH MALEKI, ANA**

Provider ID: 312128

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 892 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 737-1117

Fax: (619) 880-8535

 After Hours Phone: (619)  
737-1117

Provider Gender: Female

NPI: 1316471485

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Persian

Cultural Competency: N

Hospital Affiliation: TEMECULA

VALLEY HOSPITAL INC, SHARP

CHULA VISTA MED CTR, LOMA

LINDA UNIVERSITY

CHILDRENS HOSPITAL, LOMA

LINDA UNIVERSITY MED CTR,

RIVERSIDE COUNTY

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


### NEUROLOGY

**MANDEVILLE, ROSS**

Provider ID: 312140

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 892 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 737-1117

Fax: (619) 880-8535

 After Hours Phone: (619)  
737-1117

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: 312137

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### IHP OF SOUTHERN CAL-PHP

 892 E MADISON AVE  
 EL CAJON, CA 92020  
 Phone: (619) 737-1117  
 Fax: (619) 880-8535  
 After Hours Phone: (619)  
 737-1117  
 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, 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-6PM  
 SA 9AM-12:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### NEUROLOGY

#### SORIA LOPEZ, JOSE







Provider ID: 312118  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 892 E MADISON AVE

EL CAJON, CA 92020  
 Phone: (619) 737-1117  
 Fax: (619) 880-8535  
 After Hours Phone: (619)  
 737-1117  
 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, SHARP CHULA VISTA  
 MED CTR  
 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

### OPHTHALMOLOGY


#### ESLANI, MEDI

Provider ID: 314107  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 231 W MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 425-7755

Fax: (619) 425-2138  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 NPI: 1437614310  
 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: 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

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## 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: Community Care IPA LLC,

IHP of Southern Cal-PHP


### OPTOMETRIST

#### **THACH, QUEEN**

Provider ID: 312236

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: 1053841478

 Provider 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

#### **THACH, QUEEN**

Provider ID: 310538

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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: 1053841478

 Provider 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


### PEDIATRICS

#### **MURADIAN-MOORE, SARAH**


Provider ID: 311838

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 855 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (833) 867-4642

Fax: (360) 462-2746

 After Hours Phone: (833)  
867-4642

Provider Gender: Female

NPI: 1700205895

 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 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### **ACOSTA, ANGELICA**

Provider ID: 310413

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: 1952513517

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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


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

#### **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) 205-6305

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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: Community Care IPA LLC,

IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **CAMPA, PATRICIA**

Provider ID: 312107

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Community Care IPA LLC,  
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: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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## D. Directorio de proveedores especialistas

### REGISTERED PHYSICAL THERAPIST

#### **MORRIS, CHAD**

Provider ID: 312164

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: Community Care IPA LLC,

IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **WILKINS, MARJORIE**

Provider ID: 313820

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: 1699781062

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-6PM

Website: N/A

IPA: Community Care IPA LLC

### RHEUMATOLOGY

#### **MALINAK, JAMES**

Provider ID: 313400

Board Certified Specialty: Yes  
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: 1497867501

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8AM-5PM  
TH 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **EL CENTRO**

### 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


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## D. Directorio de proveedores especialistas

American Sign Language (ASL):  Hours: M-F 8AM-5PM

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, 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: 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,

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

### **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  
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**

#### **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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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

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### **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

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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### **EMERGENCY MEDICINE**

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#### **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

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**


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#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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)  
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



#### 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  
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


### 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, UCSD MEDICAL 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: UCSD Medical Group

### INFECTIOUS DISEASE

#### AKRAMI, KEVAN

Provider ID: 277342  
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

 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  
 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

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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




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







#### **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, 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



### 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  
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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### 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,  
 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

### 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

### PULMONARY DISEASES

#### LEVERONE, NICHOLAS

Provider ID: 313306  
 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: 1407388564  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, 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

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (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

Provider Gender: Male

NPI: 1578903936

☑ 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

#### CARDIOVASCULAR DISEASE

##### **RAMSIS, MATTHEUS**

Provider ID: 310449

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

Provider Gender: Male

NPI: 1609225135

☑ 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

#### 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

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

#### CERTIFIED ACUPUNCTURIST

##### **DISTEFANO, KIMBERLY**

Provider ID: 311061

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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: 1851914220

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

### **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  
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

### **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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 301447  
 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: No

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

### 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

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## D. Directorio de proveedores especialistas


**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

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### **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

 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

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

---


### **CERTIFIED REGISTERED** **NURSE ANESTHETIST**

**SEILNACHT-BERNARD,  
 KAREN**


Provider ID: 310372

Board Certified Specialty: No


COMMUNITY CARE IPA LLC

 781 GARDEN VIEW CT STE  
 100

ENCINITAS, CA 92024

 Phone: (616) 361-8292

Fax: (940) 478-8378

 After Hours Phone: (616) 361-8292

Provider Gender: Female

NPI: 1861562498

 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. 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: Community Care IPA LLC

### **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, 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


### **FAMILY PRACTICE**

#### **SHAH, NIYATI**

Provider ID: 312273

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: Female

NPI: 1891136354

 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

### **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) 783-0441


Fax: (760) 635-5972

 After Hours Phone: (760)  
783-0441

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  
STE 200

ENCINITAS, CA 92024

 Phone: (858) 249-2560

Fax: (888) 539-8781

 After Hours Phone: (858)  
249-2560


Provider Gender: Male

NPI: 1144486929

 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*  
*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, CORONA  
 REGIONAL MED CTR,  
 CORONA REGIONAL MED  
 CTR, UCSD LA JOLLA JOHN  
 SALLY THORNTON, UCSD  
 MEDICAL CTR, UCI  
 HEALTH-FOUNTAIN 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*

### HEMATOLOGY / ONCOLOGY

#### **FINDAKLY, DAWOOD**

*Provider ID: 313443*  
*Board Certified Specialty: No*  
 COMMUNITY CARE IPA LLC  
 25405 HANCOCK AVE STE  
 206  
 ENCINITAS, CA 92024  
 *Phone: (858) 649-8935*

*Fax: (858) 649-5099*  
 *After Hours Phone: (858)  
 649-8935*  
*Provider Gender: Male*  
*NPI: 1639676620*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
 Spoken: Arabic*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, PALOMAR  
 HEALTH, PALOMAR MEDICAL  
 CENTER, 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*

### HEMATOLOGY / ONCOLOGY





#### **FINDAKLY, DAWOOD**

*Provider ID: 313442*  
*Board Certified Specialty: No*  
 COMMUNITY CARE IPA LLC  
 326 SANTA FE DR STE 105  
 ENCINITAS, CA 92024  
 *Phone: (760) 452-3340*  
*Fax: (760) 452-3344*  
 *After Hours Phone: (760)  
 452-3340*  
*Provider Gender: Male*

*NPI: 1639676620*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
 Spoken: Arabic*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, PALOMAR  
 HEALTH, PALOMAR MEDICAL  
 CENTER, 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*




### HOSPICE AND PALLIATIVE MEDICINE

#### **RUBENZIK, 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*




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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: 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*

### INTERVENTIONAL CARDIOLOGY

**BLANCHARD, DANIEL**  
*Provider ID: 310391*  
*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*  
*Provider Gender: Male*  
*NPI: 1487684155*  
 *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*

### 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) 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, 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: UCSD Medical Group*

### MATERNAL AND FETAL MEDICINE

**HULL, ANDREW**  
*Provider ID: 209483*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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

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, 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

**MATERNAL AND FETAL  
MEDICINE**

**NHAN-CHANG, CHIA-LING**

Provider ID: 312714

Board Certified Specialty: No  
UCSD MEDICAL GROUP

781 GARDEN VIEW CT STE  
200

ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265686794

Provider 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**

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 1154305977

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN

DIEGO, Sharp Grossmont

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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### **MATERNAL AND FETAL MEDICINE**

---

#### **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

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

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### **MATERNAL AND FETAL MEDICINE**

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#### **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

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

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### **NEONATAL / PERINATAL MEDICINE**

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#### **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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (760) 633-6120

Provider Gender: Female

NPI: 1528454188

 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\None

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, SOUTHWEST

HEALTHCARE INLAND

VALLEY 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: 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,  
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: 269966


Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 477 N EL CAMINO REAL  
STE 302

ENCINITAS, CA 92024

 Phone: (760) 944-6377

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: (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\None

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\18

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

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

### NEUROLOGY CHILD

#### KIM MCMANUS, 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) 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, UCSD  
MEDICAL CTR

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](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 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### **OBSTETRICS / GYNECOLOGY**


#### **ASHAK, DANI**

Provider ID: 311188  
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: 1790149425

 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


 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DELCORE, 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, 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**

#### **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, 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**

#### **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, 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


 Website: N/A  
IPA: UCSD Medical Group

### OBSTETRICS / GYNECOLOGY

#### **DRIEBE, AMY**

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, 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

#### **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, 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: UCSD Medical Group

### OBSTETRICS / GYNECOLOGY

#### **MACKAY, GILLIAN**

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


### OBSTETRICS / GYNECOLOGY

#### **MCKINNEY, SARA**

Provider ID: 311111  
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: 1558708297

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: 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](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: 16\None

American Sign Language (ASL): CENTER

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, PALOMAR MEDICAL

CENTER, 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

### 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, 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: 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

 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, UCSD MEDICAL CTR, PALOMAR MEDICAL CENTER  
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

### 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, PALOMAR MEDICAL CENTER, 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

### 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, 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, 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 CHULA VISTA, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: Rady Childrens Health Network

### OPHTHALMOLOGY

#### **YAMANE, MAYA**

Provider ID: 311887

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: 1124580139

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

Website: N/A

IPA: Rady Childrens Health Network

### OPTOMETRIST

#### **ZAIDI, NOORINA**

Provider ID: 310607

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760) 743-5872

Provider Gender: Female  
NPI: 1023477262

Provider 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

### 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

#### **FRANK, ETHAN**

Provider ID: 310280

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: 1720584345

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](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\18

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

 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

### OTOLARYNGOLOGY

#### QIAN, ZHEN

Provider ID: 311004

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL STE D302

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

## D. Directorio de proveedores especialistas

ENCINITAS, CA 92024  
☎ Phone: (760) 944-5545  
Fax: (760) 944-3927  
🕒 After Hours Phone: (760) 944-5545  
Provider Gender: Male  
NPI: 1356796783  
🗣 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  
🌐 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  
Medi-Cal Open Panel: Yes  
Min/Max 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**

**LASALLE, ELIZABETH**  
Provider ID: 313254  
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: 1235634015  
🗣 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\18

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


### 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

#### **SILVA SEPULVEDA, 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, PIONEERS 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 ENDOCRINOLOGY

#### **RANADIVE, SAYALI**

Provider ID: 311396

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: 1588846380

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Hindi,  
Marathi, 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-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301641

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
 Network

### PEDIATRIC GASTROENTEROLOGY

**DICKERSON, ANDREW**

Provider ID: 310620

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: 1063916633

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

Website: N/A

IPA: Rady Childrens Health  
 Network

### PEDIATRIC GASTROENTEROLOGY

**YOUNG, JOCELYN**

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\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
 Network

### PEDIATRIC NEPHROLOGY

**RASCHKE, ROBIN**

Provider ID: 310302

Board Certified Specialty: No  
**RADY CHILDRENS HEALTH  
 NETWORK**

477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024

Phone: (858) 966-8052

Fax: (858) 966-7789





After Hours Phone: (858)  
 966-8052

Provider Gender: Female

NPI: 1609365402





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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\18*  
*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*  
*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*

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## D. Directorio de proveedores especialistas

### 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

#### LANDIS, SARAH

Provider ID: 313723

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: Female

NPI: 1144733676

 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

### 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

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## D. Directorio de proveedores especialistas

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

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\18

American Sign Language (ASL):

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

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## D. Directorio de proveedores especialistas


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**

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

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

### 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


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## D. Directorio de proveedores especialistas

 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

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

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

#### **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

### 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

### SURGERY PEDIATRIC

#### **THOMPSON, KYLE**

Provider ID: 310987

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: 1598147050

 Provider English Spoken: Y

 Provider Language(s)

Spoken: French

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## D. Directorio de proveedores especialistas

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

 Website: N/A

IPA: Rady Childrens Health  
Network


### UROLOGY

#### MOORE, SARAH

Provider ID: 311608

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: 1538620760

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 300090

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### UROLOGY

#### SAADA, HASSAN

Provider ID: 313176

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 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: Male

NPI: 1760009518


 Provider 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

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1955 CITRACADO PKWY  
STE 203

ESCONDIDO, CA 92029

 Phone: (760) 738-5533

Fax: (760) 738-3835

 After Hours Phone: (760)  
738-5533

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA

Medi-Cal Open Panel: 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: 299881

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

### ESCONDIDO

### ANESTHESIOLOGY PAIN MANAGEMENT

#### DAIRO, BRANDON

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## D. Directorio de proveedores especialistas

1955 CITRACADO PKWY  
STE 203

ESCONDIDO, CA 92029

Phone: (760) 738-5533

Fax: (760) 738-3835

After Hours Phone: (760)  
738-5533

Provider Gender: Male

NPI: 1689092470

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: 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, Spanish

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

### **CERTIFIED NURSE PRACTITIONER**

#### **BALLOUT, REEM**

Provider ID: 310193

Board Certified Specialty: No  
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

Provider Gender: Female

NPI: 1780459958

Provider 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: 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: No

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: Rady Childrens Health Network

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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

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### **CERTIFIED NURSE PRACTITIONER**

---


#### **NAVARRO, STEVEN**

Provider ID: 310223

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: Male

NPI: 1013598960

 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: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**

---

#### **WALDRUP, LA RHONDA**


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: 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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### **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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 9AM-5PM

 Website: N/A


IPA: Community Care IPA LLC


### EMERGENCY MEDICINE

#### **PHAM, LILY**

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\18

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


### 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


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (619) 345-4055

☎ 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: No

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 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 PKWY STE 220

ESCONDIDO, CA 92029

☎ Phone: (760) 743-0546

Fax: (760) 743-8005

☎ After Hours Phone: (760) 743-0546

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

### INTERNAL MEDICINE

**MALEK, MIKHAIL**

Provider ID: 296831

Board Certified Specialty: Yes

COMMUNITY CARE IPA LLC

📍 2130 CITRACADO PKWY STE 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

### INTERVENTIONAL CARDIOLOGY

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

## D. Directorio de proveedores especialistas

### BAYAT, HAMED

Provider ID: 296842

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029

Phone: (760) 743-0546

Fax: (760) 317-9769

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

### INTERVENTIONAL CARDIOLOGY

### BAYAT, HAMED

Provider ID: 296843

Board Certified Specialty: No  
BLUE SHIELD PROMISE

### HEALTH PLAN DIRECT

2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029

Phone: (760) 743-0546

Fax: (760) 317-9769

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

### 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 PKWY  
STE 320  
ESCONDIDO, CA 92029

Phone: (858) 485-0130

Fax: (858) 485-9424

After Hours Phone: (858)  
485-0130


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. La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

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: (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

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

ESCONDIDO, CA 92025

 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\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,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

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## D. Directorio de proveedores especialistas

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: Rady Childrens Health

Network, UCSD Medical Group

American Sign Language (ASL): ENCINITAS, PALOMAR

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

CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL


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


### 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

### 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, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. Directorio de proveedores especialistas

CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, 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


### 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\18

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: 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


#### **HAMILTON, ROSS**

Provider ID: 311788

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029

 Phone: (760) 631-3000

Fax: (760) 631-3016

 After Hours Phone: (760)  
631-3000

Provider Gender: Male

NPI: 1538587852

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

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## D. Directorio de proveedores especialistas

### 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-4:30PM

 Website: N/A


IPA: Community Care IPA LLC


### 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

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\18


American Sign Language (ASL):

N

 Accessibility: CONTACT

### PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health  
Network


### NEUROLOGY

#### KIM MCMANUS, 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, UCSD  
MEDICAL CTR

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


### 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):

 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

### **OBSTETRICS / GYNECOLOGY**

#### **HOFFMAN, MICHAEL**

Provider ID: 310393

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025

Phone: (760) 466-9800

Fax: (360) 462-2741

After Hours Phone: (760) 466-9800

Provider Gender: Male

NPI: 1720047707

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ADVENTIST 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

Website: N/A

IPA: IHP of Southern Cal-PHP

### **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, 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: 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, PALOMAR MEDICAL

CENTER, 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

### **OPHTHALMOLOGY**

#### **BHATIA, SHAGUN**

Provider ID: 277877

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

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1104237353

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

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: Rady Childrens Health  
Network

### OPHTHALMOLOGY

#### ESLANI, MEDI

Provider ID: 314108

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: Male

NPI: 1437614310

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: IHP of Southern Cal-PHP

### 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, 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

### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, SHARP MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
PALOMAR MEDICAL CENTER,  
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

### 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  
OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
PALOMAR MEDICAL CENTER,  
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

### 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, 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, 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:





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, 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: Rady Childrens Health  
Network

### OPHTHALMOLOGY






#### YAMANE, MAYA

Provider ID: 311889  
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: 1124580139  
 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  
 Website: N/A  
 IPA: Rady Childrens Health  
Network







### OPTOMETRIST

#### AMINI, AFSANEH

Provider ID: 313445  
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: 1790099943  
 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



### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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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### OPTOMETRIST

#### ZAIDI, NOORINA

Provider ID: 310608

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: 1023477262

☐ Provider 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

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### 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

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### OTOLARYNGOLOGY

#### FRANK, ETHAN

Provider ID: 310282

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: 1720584345

☐ 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

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

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### OTOLARYNGOLOGY

#### FRIESEN, TZYYNONG

Provider ID: 277853


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (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  
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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

### **OTOLARYNGOLOGY**


#### **QIAN, ZHEN**

*Provider ID: 311005*

*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: 1356796783*

 *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*

 *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: 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**

#### **HALEY, JESSICA**

*Provider ID: 205689*


*Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK*

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## D. Directorio de proveedores especialistas

 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

IPA: Rady Childrens Health Network

---

### **PEDIATRIC CARDIOLOGY**


#### **LASALLE, ELIZABETH**

Provider ID: 313256

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: 1235634015

 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

 Website: N/A

IPA: Rady Childrens Health Network

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### **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**


#### **SILVA SEPULVEDA, 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, PIONEERS 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](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): *Accessability: CONTACT PROVIDER*  
*N*  
*Accessability: CONTACT PROVIDER*  
*Hours: M-F 8AM-5PM*  
*Website: N/A*  
*IPA: Rady Childrens Health Network*

*Accessability: CONTACT PROVIDER*  
*Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM*  
*Website: N/A*  
*IPA: Rady Childrens Health Network*

*PROVIDER*  
*Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM*  
*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*  
*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\18*  
*American Sign Language (ASL): N*

### PEDIATRIC EMERGENCY MEDICINE


**CRAWFORD, MICHAEL**  
*Provider ID: 311162*  
*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: 1336727791*  
*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\18*  
*American Sign Language (ASL): N*  
*Accessability: CONTACT*

### 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*  
*Accessability: 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](https://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

**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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


### PEDIATRIC EMERGENCY MEDICINE

**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

 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

**SHERER, KIMBERLY**

Provider ID: 311934

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029


 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Provider Gender: Female

NPI: 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








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## D. Directorio de proveedores especialistas


| <b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>  | <b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>  | <b><u>PEDIATRIC EMERGENCY MEDICINE</u></b>   |
|---|---|--|
| <p><b>TODD, SARAH</b><br/> <i>Provider ID: 302802</i><br/> <i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 2125 CITRACADO PKWY STE 100<br/>           ESCONDIDO, CA 92029<br/>  <i>Phone: (760) 739-1543</i><br/> <i>Fax: (760) 294-9274</i><br/>  <i>After Hours Phone: (760) 739-1543</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1407299787</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\18</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network</i></p> | <p><b>VAIDYA, KAMALA</b><br/> <i>Provider ID: 205812</i><br/> <i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 625 CITRACADO PKWY STE 100<br/>           ESCONDIDO, CA 92025<br/>  <i>Phone: (760) 739-1543</i><br/> <i>Fax: (760) 294-9274</i><br/>  <i>After Hours Phone: (760) 739-1543</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1083840920</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\19</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network</i></p> | <p><i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 2125 CITRACADO PKWY STE 100<br/>           ESCONDIDO, CA 92029<br/>  <i>Phone: (760) 739-1543</i><br/> <i>Fax: (760) 294-9274</i><br/>  <i>After Hours Phone: (760) 739-1543</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1083840920</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\19</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network</i></p> |
|   | <p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>VAIDYA, KAMALA</b><br/> <i>Provider ID: 289412</i></p>  | <p><b><u>PEDIATRIC ENDOCRINOLOGY</u></b></p> <p><b>RANADIVE, SAYALI</b><br/> <i>Provider ID: 311398</i><br/> <i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 2125 CITRACADO PKWY</p>   |








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## D. Directorio de proveedores especialistas



STE 100  
 ESCONDIDO, CA 92029  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 294-9260  
 Provider Gender: Female  
 NPI: 1588846380  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: German, Hindi, Marathi, 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-F 8AM-5PM  
 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\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC GASTROENTEROLOGY

**DICKERSON, ANDREW**  
 Provider ID: 310621  
 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: 1063916633  
 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  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC RHEUMATOLOGY

**LEVY, AVIYA**  
 Provider ID: 310781  
 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: 1144726936  
 Provider English Spoken: Y  
 Cultural Competency: N

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## D. Directorio de proveedores especialistas

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

 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRICS**


#### **BENDER STERN, JULIA**

Provider ID: 311586

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: 1568044691


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

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**


#### **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

 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**

#### **ABSI, CHRISTIAN**

Provider ID: 311840

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (833) 867-4642

Fax: (360) 462-2748

 After Hours Phone: (833)  
867-4642

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 1316652779


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N  
IHP OF SOUTHERN CAL-PHP

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT


#### **CAMPBELL, PATRICK**

Provider ID: 310816


Board Certified Specialty: No

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

Provider Gender: Male


NPI: 1538917125


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 10\None

American Sign Language (ASL): N  
IHP OF SOUTHERN CAL-PHP

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### 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  
IHP OF SOUTHERN CAL-PHP

 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  
IHP OF SOUTHERN CAL-PHP

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### PHYSICIANS ASSISTANT

#### **NCHOTU, SUCCESS**

Provider ID: 311537

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: 1073157210

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL): N  
IHP OF SOUTHERN CAL-PHP

 Accessibility: CONTACT  
PROVIDER








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## D. Directorio de proveedores especialistas

 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\18  
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):  
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>PODIATRIST</b></p> <p><b>ALGHURAIBI, OHOUD</b><br/>           Provider ID: 295998<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  460 N ELM ST<br/>           ESCONDIDO, CA 92025<br/>  Phone: (760) 520-8100<br/>           Fax: (360) 462-2745<br/>  After Hours Phone: (760) 520-8100<br/>           Provider Gender: Female<br/>           NPI: 1669842357<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Arabic<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: IHP of Southern Cal-PHP</p> | <p> After Hours Phone: (760) 480-1189<br/>           Provider Gender: Male<br/>           NPI: 1952963431<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network</p> | <p>Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\19<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network</p>   |
| <p style="text-align: center;"><b>PODIATRIST</b></p> <p><b>READ, TRENTON</b><br/>           Provider ID: 300882<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  215 S HICKORY ST STE 118<br/>           ESCONDIDO, CA 92025<br/>  Phone: (760) 480-1189<br/>           Fax: (858) 485-1515</p>  | <p style="text-align: center;"><b>PODIATRIST</b></p> <p><b>READ, TRENTON</b><br/>           Provider ID: 296654<br/>           Board Certified Specialty: No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>  215 S HICKORY ST STE 118<br/>           ESCONDIDO, CA 92025<br/>  Phone: (760) 480-1189<br/>           Fax: (858) 485-1515<br/>  After Hours Phone: (760) 480-1189<br/>           Provider Gender: Male<br/>           NPI: 1952963431<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish</p>  | <p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>TEETER-WITT, ALYSSA</b><br/>           Provider ID: 290891<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  425 N DATE ST<br/>           ESCONDIDO, CA 92025<br/>  Phone: (760) 520-8300<br/>           Fax: (858) 633-4698<br/>  After Hours Phone: (760) 520-8300<br/>           Provider Gender: Female<br/>           NPI: 1932308442<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: IHP of Southern Cal-PHP</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

### 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

### 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

Provider Gender: Female

NPI: 1629462882

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: REDLANDS  
COMMUNITY HOSP,

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: 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

#### VAKILIAN, SIAVOSH

Provider ID: 314063

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025

Phone: (760) 839-7370

Fax: (858) 429-7938

After Hours Phone: (760)  
839-7370

Provider Gender: Male

NPI: 1427456151

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP

MEMORIAL 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):  Website: N/A  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### 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: (760) 839-7370

Fax: (858) 429-7938

 After Hours Phone: (760)  
839-7370

Provider Gender: Male

NPI: 1427456151

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, 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


### REGISTERED PHYSICAL THERAPIST

**MCGEE, 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


**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

 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  
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, UC SAN DIEGO

HEALTH - EAST CAMPUS

MEDICAL CENTER, 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, UCSD

MEDICAL CTR, 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: UCSD Medical Group

### SURGERY ORTHOPEDIC

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## D. Directorio de proveedores especialistas

### 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 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 PKWY  
STE 200  
ESCONDIDO, CA 92029

Phone: (760) 743-4789  
Fax: (760) 743-4779

After Hours Phone: (760) 743-4789

Provider Gender: Male

NPI: 1962409938

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

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

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

### SURGERY PEDIATRIC

#### THOMPSON, KYLE

Provider ID: 310989

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 755-7600  
Fax: (760) 755-7699

After Hours Phone: (760) 755-7600

Provider Gender: Male

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## D. Directorio de proveedores especialistas

NPI: 1598147050

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

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

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: 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

##### **KELLEHER, BRIDGET**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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,  
Rady Childrens Health  
Network

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### CERTIFIED NURSE PRACTITIONER

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**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

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### CERTIFIED NURSE PRACTITIONER

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**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

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

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### CERTIFIED NURSE PRACTITIONER

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**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,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

### 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

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: 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

### 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

### PEDIATRICS

#### ROBINSON, DAISY

Provider ID: 298311

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 631-5000

Fax: (760) 414-3892

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## D. Directorio de proveedores especialistas

☎ *After Hours Phone: (760) 631-5000*

*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*

### 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

##### 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*

#### CERTIFIED NURSE

##### PRACTITIONER

##### OCONNELL, 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*

#### CHIROPRACTOR

##### CABALLERO, JAMES

*Provider ID: 310867*







*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

📍 *949 PALM AVE IMPERIAL BEACH, CA*




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## D. Directorio de proveedores especialistas





91932  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Provider Gender: Male  
 NPI: 1093991549  
 Provider 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: 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 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


**PASCUA, RYAN**  
 Provider ID: 312025  
 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: 1972064269  
 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



**HSIEH, STEPHANIE**  
 Provider ID: 312496  
 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: 1720868045  
 Provider 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


**CHENG, BRANDON**  
 Provider ID: 304530  
 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) 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) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Female  
 NPI: 1407440670

 Provider English Spoken: Y N

 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: 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) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Female  
 NPI: 1407440670

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7AM-7PM


 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


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 7AM-6PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP

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## D. Directorio de proveedores especialistas

### 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: 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

#### NOVENCIDO, ANDREW

Provider ID: 301995

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: 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

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## D. Directorio de proveedores especialistas


 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-12PM

W-TH 7AM-7PM

F 7AM-12PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


### REGISTERED PHYSICAL


### THERAPIST

#### **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

#### **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

#### **VAISMAN, SAMANTHA**

Provider ID: 311835

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: 1457022071

 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): **VILLANUEVA, GIOVANNI**  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Community Care IPA LLC

### REGISTERED PHYSICAL THERAPIST

**VERISSIMO, TAYLOR**  
Provider ID: 310202  
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: 1124871629  
Provider 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

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

**AL AZZAWI, SARAH**  
Provider ID: 312974  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (858) 554-1212  
Fax: (888) 539-8781  
After Hours Phone: (858) 554-1212  
Provider Gender: Female  
NPI: 1063041887

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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* *IPA: UCSD Medical Group*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): Provider ID: 300067*

*N*

 *Accessibility: CONTACT PROVIDER*

 *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*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

---

### **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*


*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*

---


### **ANESTHESIOLOGY**

#### **BHATIA, KARISHMA**


*Provider ID: 313007*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (858) 554-1212*

*Fax: (888) 539-8781*

 *After Hours Phone: (858) 554-1212*

*Provider Gender: Female*

*NPI: 1932764081*

 *Provider 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**

#### **BIGELOW, ELSIE**

*Provider ID: 313509*

*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: 1215565114*


 *Provider 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](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

### **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**

#### **CABANISS, SCOTT**

Provider ID: 311437

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: 1821626714

Provider 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**

#### **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

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

#### **COBLENTZ, IAN**

Provider ID: 311462

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: 1649730367

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): Provider ID: 313026

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  
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**


#### **DARWISH, ALEX**

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Male

NPI: 1043839970


 Provider 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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### **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


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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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### ANESTHESIOLOGY


#### GARRETT, RILEY

Provider ID: 313741

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: 1740642776


 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

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### ANESTHESIOLOGY

#### GOH, REGINE

Provider ID: 311502

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205381316


 Provider 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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### 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

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### ANESTHESIOLOGY


#### HYLTON, DIANA

Provider ID: 241736

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: 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

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## D. Directorio de proveedores especialistas

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


### ANESTHESIOLOGY

#### **KAWASAKI, MEGAN**


Provider ID: 313584

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: 1073140059

 Provider 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


#### **KIM, ELIZABETH**

Provider ID: 313003


Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1831726744

 Provider 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

#### **KROL, CAITLIN**


Provider ID: 313047

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1518594910

 Provider 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

#### **MALONEY, IAN**


Provider ID: 313015

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Male

NPI: 1508492422

 Provider 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

#### **MEASER, JACQUELINE**


Provider ID: 312977

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) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1790300671

 Provider 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**


#### **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**

#### **MOELLENHOFF, MICHAEL**

Provider ID: 311125

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: 1679584791

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
DOMINICAN SANTA CRUZ  
HOSP, 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


### **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





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## D. Directorio de proveedores especialistas





 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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, UC SAN DIEGO HEALTH - EAST CAMPUS 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




### 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

**SNOW, ERICA**  
 Provider ID: 312988  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (858) 554-1212  
 Fax: (888) 539-8781  
 After Hours Phone: (858) 554-1212  
 Provider Gender: Female  
 NPI: 1023637808  
 Provider 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

**SORIA, CLAIRE**  
 Provider ID: 243295  
 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

### 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,  
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, CORONA 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 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**

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

**YOUNAN, LAWRENCE**

Provider ID: 240871

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

 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

#### **ZAERPOOR, DARA**

Provider ID: 313028

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858) 554-1212

Provider Gender: Male

NPI: 1497226450

 Provider 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 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, 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


### 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

#### **BIRS, ANTOINETTE**

Provider ID: 313049

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

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1164957957

Provider 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**

#### **DAMANI, SAMIR**

Provider ID: 310637

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### **CARDIOVASCULAR DISEASE**

#### **GUPTA, TRIPTI**

Provider ID: 313715

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: 1306290242

Provider 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**

#### **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

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

### **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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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**

#### **NAREZKINA, ANNA**




Provider ID: 312912  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR  
 FL 17411  
 LA JOLLA, CA 92037  
 Phone: (858) 657-8530  
 Fax: (858) 657-8814  
 After Hours Phone: (858)  
 657-8530  
 Provider Gender: Female  
 NPI: 1891958773  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Russian  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
 THORNTON, 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**



#### **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

### **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  
 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

### **CARDIOVASCULAR DISEASE**

#### **WILKINSON, MICHAEL**

Provider ID: 312909

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
Phone: (858) 657-8530  
After Hours Phone: (858)  
657-8530

Provider Gender: Male  
NPI: 1699063701

Provider English Spoken: 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 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  
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

**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  
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

**CERTIFIED ACUPUNCTURIST**  
**ARELLANO, JACQUELINE**

Provider ID: 304140  
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  
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

**CERTIFIED ACUPUNCTURIST**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### **DISTEFANO, KIMBERLY**

Provider ID: 311065

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: 1851914220

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

### **CERTIFIED ACUPUNCTURIST**

### **DISTEFANO, KIMBERLY**

Provider ID: 311066

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: 1851914220

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

### **CERTIFIED ACUPUNCTURIST**

### **DISTEFANO, KIMBERLY**

Provider ID: 311064

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: 1851914220

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

### **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

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

### **JULIAN, FIDES**

Provider ID: 304135

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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: 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**

#### **LEE, JIHYUNG**

Provider ID: 312191

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: 1073212338

Provider 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**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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

### CERTIFIED NURSE PRACTITIONER

#### **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

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


#### **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

 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

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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 NURSE** **PRACTITIONER**


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#### **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*

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **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*

*GREEN 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*

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### **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, 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**

---


#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 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  
 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

**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

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

**DE DIOS, SARAH JANE**


Provider ID: 300052

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: Female

NPI: 1528632742

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, 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,  
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  
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


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

### 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

#### **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

#### **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

IPA: UCSD Medical Group

### 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

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

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


---

**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

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

---

### 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

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

---


### 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

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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### CERTIFIED NURSE PRACTITIONER

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**GOSHEN, KIRSTEN**


Provider ID: 314005

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 9850 GENESEE AVE STE  
570

LA JOLLA, CA 92037

 Phone: (858) 457-4917

 After Hours Phone: (858)  
457-4917

Provider Gender: Female

NPI: 1447795661

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## D. Directorio de proveedores especialistas

*Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE 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: IHP of Southern Cal-PHP*

### CERTIFIED NURSE PRACTITIONER

#### **HANNA, LINDSAY**

*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*  
*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

#### **HARKNESS, RUMIKO**

*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*

*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*

### CERTIFIED NURSE PRACTITIONER

#### **HOWARD, KARLA**

*Provider ID: 312718*

*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: 1942818240*

*Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: Providence St. Joseph Hospital Eureka*

*Medi-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

#### **IYER, VICTORIA**

*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)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 1871738864  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
 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

**JONES, CHRISTA**  
 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

### 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

**MA, XIAOJUAN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 311507  
 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: 1861161366  
 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: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 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  
 Medi-Cal Open Panel: Yes  
 Min/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: 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**

**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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

**CERTIFIED NURSE  
PRACTITIONER**


---

**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*

*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: 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*

---

**CERTIFIED NURSE  
PRACTITIONER**


---

**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**


---

**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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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#### **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

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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### **CERTIFIED NURSE PRACTITIONER**


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#### **MUUS, SUSAN**

Provider ID: 311126

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: 1295583870

 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

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### **CERTIFIED NURSE PRACTITIONER**


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#### **MUUS, SUSAN**

Provider ID: 311127

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: 1295583870

 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

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### **CERTIFIED NURSE PRACTITIONER**


---

#### **MUUS, SUSAN**

Provider ID: 311128

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: 1295583870

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*

*Medi-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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#### **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*

*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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### **CERTIFIED NURSE PRACTITIONER**


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#### **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*

*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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#### **PURDY, CHRISTINA**

*Provider ID: 313711*

*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: 1972370435*


 *Provider 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**


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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:*

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







## D. Directorio de proveedores especialistas




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

### CERTIFIED NURSE PRACTITIONER




#### **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

### CERTIFIED NURSE PRACTITIONER

#### **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

### CERTIFIED NURSE PRACTITIONER




#### **SALINAS, NIECEL**

Provider ID: 312992  
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: 1205579141  
 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

### CERTIFIED NURSE PRACTITIONER


#### **SRILASAK, MICHELE**

Provider ID: 281855  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

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### **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

---


### **CERTIFIED NURSE PRACTITIONER**


---

#### **TONG, KIM**

Provider ID: 313527

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: 1861069874

 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

---


### **CERTIFIED NURSE PRACTITIONER**


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#### **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  
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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### **CERTIFIED NURSE PRACTITIONER**

---

#### **TOPPEN, LAURA**



Provider ID: 215475

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

 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  
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**

---

#### **TREJO, ANA**

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

Hospital Affiliation: UCSD  
MEDICAL CTR, 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

---



### **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  
Hospital Affiliation: UCSD  
MEDICAL CTR, 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

---



### **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  
Hospital Affiliation: UCSD  
MEDICAL CTR, 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

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **TRUJILLO, DALE**


Provider ID: 278428  
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

 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


 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1477325181

 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

---

### **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

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

---

### **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

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### **CERTIFIED REGISTERED**

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## D. Directorio de proveedores especialistas

### NURSE ANESTHETIST

#### **BARSOTTI, ALEXANDRA**

Provider ID: 312689

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: 1356100051

Provider 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

#### **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  
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 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

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## D. Directorio de proveedores especialistas

### FARRIS, AMANDA

Provider ID: 311602

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: 1538900154

Provider 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**

### 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

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 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

Provider Gender: Female

NPI: 1083254205

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, 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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## D. Directorio de proveedores especialistas

|  |  |   |
|--|--|---|
| <p><b><u>CERTIFIED REGISTERED<br/>NURSE ANESTHETIST</u></b></p>  | <p>Provider Gender: Female<br/>NPI: 1487213500</p>   | <p>Min/Max Age: 0\None<br/>American Sign Language (ASL):</p>  |
| <p><b>LANTRIP, KEATON</b><br/>Provider ID: 311519<br/>Board Certified Specialty: No<br/>UCSD MEDICAL GROUP<br/>9300 CAMPUS POINT DR<br/>LA JOLLA, CA 92037<br/>Phone: (800) 926-8273<br/>Fax: (888) 539-8781<br/>After Hours Phone: (800) 926-8273<br/>Provider Gender: Male<br/>NPI: 1043059686<br/>Provider English Spoken: Y<br/>Cultural Competency: N<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):<br/>N<br/>Accessibility: CONTACT PROVIDER<br/>Website: N/A<br/>IPA: UCSD Medical Group</p> | <p>Provider English Spoken: Y<br/>Cultural Competency: N<br/>Hospital Affiliation: UCSD<br/>MEDICAL CTR<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):<br/>N<br/>Accessibility: CONTACT PROVIDER<br/>Website: N/A<br/>IPA: UCSD Medical Group</p>  | <p>N<br/>Accessibility: CONTACT PROVIDER<br/>Hours: M-F 8AM-5PM<br/>Website: N/A<br/>IPA: UCSD Medical Group</p>  |
| <p><b><u>CERTIFIED REGISTERED<br/>NURSE ANESTHETIST</u></b></p>  | <p><b><u>CERTIFIED REGISTERED<br/>NURSE ANESTHETIST</u></b></p>  | <p><b><u>CERTIFIED REGISTERED<br/>NURSE ANESTHETIST</u></b></p>   |
| <p><b>RAMIREZ, NICOLE</b><br/>Provider ID: 291403<br/>Board Certified Specialty: No<br/>UCSD MEDICAL GROUP<br/>9300 CAMPUS POINT DR<br/>LA JOLLA, CA 92037<br/>Phone: (800) 926-8273<br/>Fax: (888) 539-8781<br/>After Hours Phone: (800) 926-8273</p>   | <p><b>SACKS, BRENT</b><br/>Provider ID: 278004<br/>Board Certified Specialty: No<br/>UCSD MEDICAL GROUP<br/>9300 CAMPUS POINT DR<br/>LA JOLLA, CA 92037<br/>Phone: (800) 926-8273<br/>Fax: (888) 539-8781<br/>After Hours Phone: (800) 926-8273<br/>Provider Gender: Male<br/>NPI: 1982133591<br/>Provider English Spoken: Y<br/>Cultural Competency: N<br/>Hospital Affiliation: UCSD LA<br/>JOLLA JOHN SALLY<br/>THORNTON, UCSD MEDICAL<br/>CTR<br/>Medi-Cal Open Panel: Yes</p> | <p><b>SCOTT, TIFFANY</b><br/>Provider ID: 312871<br/>Board Certified Specialty: No<br/>UCSD MEDICAL GROUP<br/>9300 CAMPUS POINT DR<br/>LA JOLLA, CA 92037<br/>Phone: (800) 926-8273<br/>Fax: (888) 539-8781<br/>After Hours Phone: (800) 926-8273<br/>Provider Gender: Female<br/>NPI: 1376885186<br/>Provider English Spoken: Y<br/>Cultural Competency: N<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):<br/>N<br/>Accessibility: CONTACT PROVIDER<br/>Website: N/A<br/>IPA: UCSD Medical Group</p> |
| <p><b><u>CERTIFIED REGISTERED<br/>NURSE ANESTHETIST</u></b></p>  | <p><b><u>CERTIFIED REGISTERED<br/>NURSE ANESTHETIST</u></b></p>  | <p><b><u>CERTIFIED REGISTERED<br/>NURSE ANESTHETIST</u></b></p>   |
|  |  | <p><b>SEILNACHT-BERNARD,</b></p>  |

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## D. Directorio de proveedores especialistas

### KAREN

Provider ID: 310373

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Phone: (616) 361-8292

Fax: (970) 478-8378

After Hours Phone: (616)  
361-8292

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 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### CERTIFIED REGISTERED NURSE ANESTHETIST

### TOCCO, JESSICA

Provider ID: 312886

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: 1366836397

Provider 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

### WAKEFIELD, CHANTAL

Provider ID: 313051

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1548006141

Provider 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 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

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,

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 REGISTERED NURSE MIDWIFE

### GOODWIN, RACHEL

Provider ID: 210017

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### 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

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

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

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-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: 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

Hospital Affiliation: 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-TU 8AM-5PM  
W 8AM-8PM  
TH-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: 210056  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 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  
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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### **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

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### **DERMATOLOGY**

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**DANG, TIMOTHY**  
Provider ID: 312866  
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: 1518427913

📄 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

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### **DERMATOLOGY**

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**WONG, HENRY**  
Provider ID: 313608  
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: 1437237567  
📄 Provider 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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>EMERGENCY MEDICINE</b></p> <p><b>AMANN, CHRISTOPHER</b><br/>           Provider ID: 270914<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  9300 CAMPUS POINT DR<br/>           LA JOLLA, CA 92037<br/>  Phone: (858) 657-7000<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (858)<br/>           657-7000<br/>           Provider Gender: Male<br/>           NPI: 1134326895<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD<br/>           MEDICAL CTR, UCSD LA<br/>           JOLLA JOHN SALLY<br/>           THORNTON, USC KENNETH<br/>           NORRIS JR CANCER<br/>           HOSPITAL, KECK HOSPITAL<br/>           OF USC, USC VERDUGO HILLS<br/>           HOSPITAL<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p> | <p>Provider ID: 269292<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  9300 CAMPUS POINT DR<br/>           LA JOLLA, CA 92037<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800)<br/>           926-8273<br/>           Provider Gender: Female<br/>           NPI: 1811289093<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD<br/>           MEDICAL CTR, UCSD LA<br/>           JOLLA JOHN SALLY<br/>           THORNTON, GROSSMONT<br/>           HOSPITAL, Los Angeles<br/>           General Medical Center,<br/>           TEMECULA VALLEY HOSPITAL<br/>           INC<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p> | <p> 9300 CAMPUS POINT DR<br/>           LA JOLLA, CA 92037<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800)<br/>           926-8273<br/>           Provider Gender: Female<br/>           NPI: 1093161473<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD LA<br/>           JOLLA JOHN SALLY<br/>           THORNTON, UCSD MEDICAL<br/>           CTR<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT<br/>           PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p> |
| <p><b>EMERGENCY MEDICINE</b></p> <p><b>AUSTIN, ANDREA</b></p>  | <p><b>EMERGENCY MEDICINE</b></p> <p><b>BAGBY, JESSICA</b><br/>           Provider ID: 271138<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP</p>   | <p><b>EMERGENCY MEDICINE</b></p> <p><b>BAGBY, JESSICA</b><br/>           Provider ID: 271135<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  8910 VILLA LA JOLLA DR<br/>           STE 100<br/>           LA JOLLA, CA 92037<br/>  Phone: (858) 249-6800<br/>           Fax: (858) 404-9226<br/>  After Hours Phone: (858)<br/>           249-6800<br/>           Provider Gender: Female</p>   |

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## D. Directorio de proveedores especialistas

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, 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


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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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### EMERGENCY MEDICINE

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#### CASAS, TAMARA








Provider ID: 313567  
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: 1669962270  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, 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  
 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### EMERGENCY MEDICINE

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#### CASAS, TAMARA

Provider ID: 313569  
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: 1669962270  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, 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  
 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

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### EMERGENCY MEDICINE

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#### 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  
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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### EMERGENCY MEDICINE

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#### 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  
 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: 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**


#### **CHIN, BRIAN**

Provider ID: 313571

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: 1770140782

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**


#### **COOK, LEANNE**

Provider ID: 313634

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: 1053948687


 Provider 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**

#### **COOK, LEANNE**


Provider ID: 313632

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  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1053948687


 Provider 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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### EMERGENCY MEDICINE


#### DILBAROVA, RIMA

Provider ID: 313637

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: 1922635457

 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): UCSD MEDICAL GROUP  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### EMERGENCY MEDICINE

#### DILBAROVA, RIMA

Provider ID: 313635

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: 1922635457

 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

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### EMERGENCY MEDICINE


#### EAGLE, SONJA

Provider ID: 311504

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1699394114

 Provider 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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### 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: UCSD

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## D. Directorio de proveedores especialistas

MEDICAL CTR, 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


### 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


### 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, 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


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 1043705296

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
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


### 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


### 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


### EMERGENCY MEDICINE

#### KRYSHTAFOVYCH, SOLOMIYA

Provider ID: 313021

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: 1801425244

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY 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

### EMERGENCY MEDICINE

#### KUTZ, CRAIG




Provider ID: 283846




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](http://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: 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

**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

**LAFREE, ANDREW**  
 Provider ID: 313674  
 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: 1639437809  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, 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

### EMERGENCY MEDICINE

**LAVEMAN, EVAN**  
 Provider ID: 313671  
 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: 1134654148

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, TEMECULA VALLEY HOSPITAL INC  
 Medi-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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### LAVEMAN, EVAN

Provider ID: 313670

Board Certified Specialty: No  
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1134654148

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOS

ANGELES COUNTY HARBOR

UCLA MEDICAL CENTER,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, TEMECULA VALLEY

HOSPITAL INC

Medi-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

### 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, SOUTHWEST

HEALTHCARE INLAND

VALLEY 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: 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, SOUTHWEST

HEALTHCARE INLAND

VALLEY 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: 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

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, 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

#### LIOTTA, BENJAMIN


Provider ID: 313018

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: 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


#### LIPPI, MATTHEW

Provider ID: 311493

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: 1932736485


 Provider 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


#### 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, 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

### EMERGENCY MEDICINE

#### NOSTE, ERIN

Provider ID: 239796

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### 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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 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


#### RUDOLF, FRANCES

Provider ID: 240160

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: 1821487430

 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

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## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### 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

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

#### SAMHA, LEEN

Provider ID: 313011

Board Certified Specialty: No

UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1992334825

Provider 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

#### SAMHA, LEEN

Provider ID: 313009

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1992334825

Provider 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

#### SANDIFORD, PATRICK

Provider ID: 312861

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: 1700151917

Provider 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

#### SANDIFORD, PATRICK

Provider ID: 312860

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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: 1700151917

Provider 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

**SEGAL, LAUREN**

Provider ID: 313709

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: 1013278431

Provider 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

**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

**SHISHLOV, KIRILL**

Provider ID: 313657

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: 1114248077

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL  
CENTER, 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

### 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

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## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1871099333


 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


### **EMERGENCY MEDICINE**


#### **SMITH, CASEY**

Provider ID: 313728

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: 1871099333

 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


### **EMERGENCY MEDICINE**


#### **SUPAT, BENJAMIN**

Provider ID: 313296

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: 1376772905


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\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, 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

### **EMERGENCY MEDICINE**


#### **TORRES, ERICK**

Provider ID: 313619

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: 1548846983



 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  
 Medi-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



#### WAYMENT, ANDREW

Provider ID: 313530  
 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: 1013593839



 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: BEAR  
 VALLEY COMM HOSP,  
 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  
 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  
 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

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## D. Directorio de proveedores especialistas

☎ 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

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

### 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  
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

#### **DECAMPS, SCARLETT**

Provider ID: 311512

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: 1477014611

☑ Provider 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

#### **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







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## D. Directorio de proveedores especialistas






|  |  |   |
|--|--|---|
| <p>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Mandarin<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: UCSD Medical Group         </p>   | <p>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: UCSD Medical Group         </p>   | <p>           IPA: UCSD Medical Group<br/> <hr/> <p style="text-align: center;"><b><u>ENDOCRINOLOGY</u></b><br/><b><u>METABOLISM DIABETES</u></b></p> <p><b>PETTUS, JEREMY</b><br/>           Provider ID: 303286<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP</p> </p>   |
| <p style="text-align: center;"><b><u>ENDOCRINOLOGY</u></b><br/><b><u>METABOLISM DIABETES</u></b></p> <p><b>KULASA, KRISTEN</b><br/>           Provider ID: 255623<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  9350 CAMPUS POINT DR LA JOLLA, CA 92037<br/>  Phone: (800) 962-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800) 962-8273<br/>           Provider Gender: Female<br/>           NPI: 1932324175<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD MEDICAL CTR<br/>           Medi-Cal Open Panel: Yes</p> | <p style="text-align: center;"><b><u>ENDOCRINOLOGY</u></b><br/><b><u>METABOLISM DIABETES</u></b></p> <p><b>NAGELBERG, JODI</b><br/>           Provider ID: 287778<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  8939 VILLA LA JOLLA DR LA JOLLA, CA 92037<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800) 926-8273<br/>           Provider Gender: Female<br/>           NPI: 1720474141<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD MEDICAL CTR<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 18\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A</p> | <p>  9350 CAMPUS POINT DR LA JOLLA, CA 92037<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800) 926-8273<br/>           Provider Gender: Male<br/>           NPI: 1225234982<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD MEDICAL CTR<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group         </p> |
|  |  | <p style="text-align: center;"><b><u>ENDOCRINOLOGY</u></b><br/><b><u>METABOLISM DIABETES</u></b></p> <p><b>SANTOS CAVAIOLA, TRICIA</b><br/>           Provider ID: 256092<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  9350 CAMPUS POINT DR</p>   |




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## D. Directorio de proveedores especialistas



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  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1114366192  
 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

### **FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**


**LUKACZ, EMILY**  
 Provider ID: 256953  
 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) 657-8745

 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**

#### **BRANCH, LAUREL**

Provider ID: 313514

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: 1912437617

 Provider 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**

#### **BRANCH, LAUREL**

Provider ID: 313515

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 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: 1912437617


 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

 Website: N/A

IPA: UCSD Medical Group


### **GASTROENTEROLOGY**

#### **CARETHERS, JOHN**

Provider ID: 311110

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: 1518048990


 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):  9300 CAMPUS POINT DR

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **GASTROENTEROLOGY**


#### **CARETHERS, JOHN**


Provider ID: 311108

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8440

 After Hours Phone: (858)  
657-8440

Provider Gender: Male

NPI: 1518048990

 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**

#### **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


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


### **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

Provider Gender: Male

NPI: 1588081814

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: 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

### **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


Medi-Cal Open Panel: Yes

Min/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**

#### **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

 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  
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




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## D. Directorio de proveedores especialistas

**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



**KRAUSE, AMANDA**  
 Provider ID: 313629  
 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: 1528561305

 Provider 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

**KRAUSE, AMANDA**  
 Provider ID: 313630  
 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: 1528561305

 Provider 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

**KUO, SELENA**  
 Provider ID: 313477  
 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: 1174029821

 Provider 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

**KUO, SELENA**  
 Provider ID: 313478  
 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

926-8273

Provider Gender: Female


NPI: 1174029821

 Provider 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

#### **NOUREDDIN, NABIL**

Provider ID: 313613

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: 1972037026


 Provider 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

#### **NOUREDDIN, NABIL**

Provider ID: 313614

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: 1972037026

 Provider 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

#### **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

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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


### GASTROENTEROLOGY


#### **TSAI, MATTHEW**

Provider ID: 252369

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: 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

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### GASTROENTEROLOGY


#### **TSAI, MATTHEW**

Provider ID: 252368

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: 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

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### GASTROENTEROLOGY

#### **YOUSSEF, FADY**

Provider ID: 300023

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: 1265887723

 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

#### **YOUSSEF, FADY**

Provider ID: 300025

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: 1265887723

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. Directorio de proveedores especialistas

American Sign Language (ASL): SALLY THORNTON, UCSD

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### 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, CORONA

REGIONAL MED CTR,

CORONA REGIONAL MED

CTR, UCSD LA JOLLA JOHN

MEDICAL CTR, UCI

HEALTH-FOUNTAIN 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


### HEMATOLOGY / ONCOLOGY

#### **AL-BANAA, KADHIM**


Provider ID: 313022

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858) 554-1212

Provider Gender: Male

NPI: 1548790041

 Provider 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


#### **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

#### **CHANG, JEREMY**

Provider ID: 314055


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: 1699206839

 Provider 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: 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

Hospital Affiliation: UCSD  
MEDICAL CTR

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: 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  
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

### 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: 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

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## D. Directorio de proveedores especialistas


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: SU-SA 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


#### **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




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## D. Directorio de proveedores especialistas

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  
 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

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## D. Directorio de proveedores especialistas

### 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

### HEPATOLOGY

#### **BARMAN, PRANAB**

Provider ID: 241952

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
STE 2C

LA JOLLA, CA 92037

Phone: (619) 543-5415

After Hours Phone: (619)  
543-5415

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

#### **RUBENZIK, 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

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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

---


### 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

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: 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

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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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*

### **HOSPITALIST MD/DO**

#### **LE ROUX, MICHELLE**




*Provider ID: 311568*  
*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: 1144808353*


 *Provider 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*

### **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*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Male*  
*NPI: 1356804926*

 *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*

### **INFECTIOUS DISEASE**



#### **RAMIREZ SANCHEZ, CLAUDIA**

*Provider ID: 299947*  
*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, 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,*  
*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*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*  
*926-8273*

*Provider Gender: Male*  
*NPI: 1982018545*

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## D. Directorio de proveedores especialistas

 *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*

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### **INTERNAL MEDICINE**


**BARRIOLA RUBARTH,  
 RODRIGO**

*Provider ID: 311571*  
*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: 1336729979*

 *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*

---


### **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*

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### **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*


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### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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*

*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

#### **FOX, SUTTON**

*Provider ID: 313473*

*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: 1326624008*


 *Provider 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


#### **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

#### **IBARRA, ALLISON**

*Provider ID: 312686*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR  
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](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: Female  
 NPI: 1881221273  
 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






#### 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  
 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  
 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

#### KUMAR, ANJALI

Provider ID: 312864  
 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

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## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1295362507

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

#### 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

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

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## D. Directorio de proveedores especialistas


 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

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### INTERNAL MEDICINE


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#### 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

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### INTERNAL MEDICINE


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#### 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

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### INTERNAL MEDICINE


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#### MARINO, NIKOLAS

Provider ID: 313524

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: 1316523988

 Provider 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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### INTERNAL MEDICINE

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#### NGUYEN, MICHELLE


Provider ID: 311485

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: Female

NPI: 1407367618

 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

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### 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

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### INTERNAL MEDICINE


#### **NOVIKOV, YEVGENY**

Provider ID: 313731

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: 1144682428


 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

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### INTERNAL MEDICINE

#### **POTOK, OLIVIA**

Provider ID: 272707

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (619) 543-6397

Fax: (888) 539-8781

 After Hours Phone: (619)  
543-6397

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

---


### 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

 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

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

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

#### **SIRIPHAND, CHRISTOPHER**

Provider ID: 311446

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: 1891258596


 Provider English Spoken: Y  
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

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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) 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

#### WONG, JUSTIN

Provider ID: 313598

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: 1740869387

🗨 Provider 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

#### 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

🗨 Provider English 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)




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **BARNES, LAURA**

Provider ID: 312183

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: 1558749242

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, 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: 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

#### **DEWOLF, SEAN**

Provider ID: 311454

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: 1518312230

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: KINDRED  
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: UCSD Medical Group


### INTERNAL MEDICINE CRITICAL CARE MEDICINE


#### **HEPOKOSKI, MARK**

Provider ID: 311547

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (855) 355-5864

 After Hours Phone: (855)  
355-5864

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: 1649408790

 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

#### **IBRAHIM, ISLAM**

Provider ID: 311488

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-7125

Fax: (858) 822-5338

 After Hours Phone: (858)  
657-7125

Provider Gender: Male

NPI: 1962586917

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, LONG BEACH

MEMORIAL MED CTR,  
TEMECULA VALLEY HOSPITAL  
INC, SOUTHWEST

HEALTHCARE INLAND


VALLEY 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: UCSD Medical Group


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **JOHN, MIRA**

Provider ID: 311592

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: 1013448588


 Provider 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


#### **KAMDAR, BIREN**

Provider ID: 311451

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (855) 355-5864

 After Hours Phone: (855)  
355-5864

Provider Gender: Male

NPI: 1528115417

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SANTA  
MONICA UCLA MED CTR,  
RONALD REAGAN 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

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **LIN, CHRISTINE**

Provider ID: 311560

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 1699979591

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

### 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

#### **PAGE, BRADY**

Provider ID: 313676

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: 1528557550

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

### 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

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL

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-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


#### **BLANCHARD, DANIEL**

Provider ID: 310390

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: 1487684155

 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


### INTERVENTIONAL CARDIOLOGY

#### **BUI, QUAN**

Provider ID: 310077

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: 1831553718

 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


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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, 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

### 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  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

**LACHARITE-ROBERGE, ANNE-SOPHIE**  
 Provider ID: 311130  
 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: 1285089805  
 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

### INTERVENTIONAL CARDIOLOGY

**MA, GARY**  
 Provider ID: 313302  
 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: Male  
 NPI: 1437503208  
 Provider English Spoken: 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

### INTERVENTIONAL CARDIOLOGY

**MA, JANET**

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## D. Directorio de proveedores especialistas

Provider ID: 311578  
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: 1922454396

Provider English 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

### INTERVENTIONAL CARDIOLOGY

#### **SORIA JIMENEZ, CESAR**

Provider ID: 311092  
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: 1851826713

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

### INTERVENTIONAL CARDIOLOGY

#### **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

### INTERVENTIONAL CARDIOLOGY

#### **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

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## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### INTERVENTIONAL CARDIOLOGY

#### **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  
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, 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: 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

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, 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


### 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





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## D. Directorio de proveedores especialistas

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  
 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, 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




#### **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,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY 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: Rady Childrens Health  
 Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### **NHAN-CHANG, CHIA-LING**

Provider ID: 312715  
 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: 1265686794  
 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): Min/Max Age: 16\None

N

 Accessibility: CONTACT PROVIDER

 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,

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

American Sign Language (ASL): Min/Max Age: 16\None

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

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, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

### NEONATAL / PERINATAL MEDICINE

**DEL ROSARIO, 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, 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: 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

**MATOB, 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, 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

### NEONATAL / PERINATAL MEDICINE

**MATOB, NANA**

Provider ID: 297977

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

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## D. Directorio de proveedores especialistas

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, 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

### 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)  
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, SOUTHWEST

HEALTHCARE INLAND

VALLEY 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: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **PHAM, BETTY**

Provider ID: 310311

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: Female

NPI: 1790217750

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, 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

### 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

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## D. Directorio de proveedores especialistas

 *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\None*  
*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*  
*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, 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*

### NEONATAL / PERINATAL MEDICINE

**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, 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*

### NEPHROLOGY

**RIFKIN, DENA**  
*Provider ID: 311022*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 1578519203

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

### NEPHROLOGY

**RIFKIN, DENA**

Provider ID: 311023

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: 1578519203

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

### NEPHROLOGY

**SANCHEZ, AMBER**

Provider ID: 311155

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: 1700963907

Provider English Spoken: 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

### NEPHROLOGY

**SANCHEZ, AMBER**

Provider ID: 311156

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: 1700963907

Provider English Spoken: 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

### NEPHROLOGY

**SANCHEZ, AMBER**

Provider ID: 311157

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

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1700963907

Provider English Spoken: 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

### NEPHROLOGY

#### SINGH, PRABHLEEN

Provider ID: 311034

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: 1235207234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Punjabi

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

### NEPHROLOGY

#### SINGH, PRABHLEEN

Provider ID: 311035

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: 1235207234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Punjabi

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

#### GHOLOPOUR, TAHA

Provider ID: 311497

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: 1801159611

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Persian

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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## D. Directorio de proveedores especialistas

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>HAMILTON, ROSS</b><br/>           Provider ID: 311789<br/>           Board Certified Specialty: No<br/> <b>COMMUNITY CARE IPA LLC</b><br/>  9850 GENESEE AVE STE 530<br/>           LA JOLLA, CA 92037<br/>  Phone: (760) 631-3000<br/>           Fax: (760) 631-3007<br/>  After Hours Phone: (760) 631-3000<br/>           Provider Gender: Male<br/>           NPI: 1538587852<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 18\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8:30AM-4:30PM<br/>  Website: N/A<br/>           IPA: Community Care IPA LLC</p> | <p>Board Certified Specialty: No<br/> <b>UCSD MEDICAL GROUP</b><br/>  9300 CAMPUS POINT DR<br/>           LA JOLLA, CA 92037<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800) 926-8273<br/>           Provider Gender: Male<br/>           NPI: 1831685577<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p> | <p><b>THORNTON, UCSD MEDICAL CTR</b><br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p>  |
| <p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>ILICETO, ALESSANDRO</b><br/>           Provider ID: 313505</p>  | <p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>IRAGUIMADOZ, VICENTE</b><br/>           Provider ID: 246701<br/>           Board Certified Specialty: No<br/> <b>UCSD MEDICAL GROUP</b><br/>  9350 CAMPUS POINT DR<br/>           LA JOLLA, CA 92037<br/>  Phone: (858) 657-8540<br/>  After Hours Phone: (858) 657-8540<br/>           Provider Gender: Male<br/>           NPI: 1053326710<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD LA JOLLA JOHN SALLY</p>   | <p style="text-align: center;"><b>NEUROLOGY</b></p> <p><b>JACQUES, KAYLA</b><br/>           Provider ID: 311187<br/>           Board Certified Specialty: No<br/> <b>UCSD MEDICAL GROUP</b><br/>  9300 CAMPUS POINT DR<br/>           LA JOLLA, CA 92037<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800) 926-8273<br/>           Provider Gender: Female<br/>           NPI: 1538622014<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD MEDICAL CTR<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</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

| <b>NEUROLOGY</b>  |  |
|---|--|
| <b>KANSAL, LEENA</b>  |  |
| Provider ID: 311522   |  |
| Board Certified Specialty: No   |  |
| UCSD MEDICAL GROUP  |  |
| 9350 CAMPUS POINT DR<br>LA JOLLA, CA 92037                                |  |
| Phone: (585) 657-8540   |  |
| After Hours Phone: (585) 657-8540   |  |
| Provider Gender: Female   |  |
| NPI: 1871759084   |  |
| 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   |  |
| <b>NEUROLOGY</b>  |  |
| <b>LEE, DAVID</b>   |  |
| Provider ID: 246264   |  |
| Board Certified Specialty: No   |  |
| UCSD MEDICAL GROUP  |  |
| 9350 CAMPUS POINT DR<br>STE LLB<br>LA JOLLA, CA 92037                     |  |
| Phone: (619) 284-3746   |  |
| Fax: (888) 579-8781   |  |
| After Hours Phone: (619) 284-3746   |  |
| Provider Gender: Male   |  |
| NPI: 1093178220   |  |
| 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   |  |
| <b>NEUROLOGY</b>  |  |
| <b>QAYOUMI, WALI</b>  |  |
| Provider ID: 284371   |  |
| Board Certified Specialty: No   |  |
| UCSD MEDICAL GROUP  |  |
| 9350 CAMPUS POINT DR<br>STE LLB<br>LA JOLLA, CA 92037                     |  |
| Phone: (619) 284-3746   |  |
| Fax: (888) 579-8781   |  |
| After Hours Phone: (619) 284-3746   |  |
| Provider Gender: Male   |  |
| NPI: 1093178220   |  |
| Provider English Spoken: Y  |  |
| Provider Language(s) Spoken: French                                       |  |
| Cultural Competency: N  |  |
| Hospital Affiliation: UCSD LA   |  |
| 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   |  |
| <b>NEUROLOGY</b>  |  |
| <b>QAYOUMI, WALI</b>  |  |
| Provider ID: 284369   |  |
| Board Certified Specialty: No   |  |
| UCSD MEDICAL GROUP  |  |
| 9500 GILMAN DR STE 2069<br>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   |  |

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 0\None

American Sign Language (ASL):  
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): IPA: UCSD Medical Group  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY


**SHIH, JERRY**


Provider ID: 311471

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: 1790774156

 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


### NEUROLOGY


**TECOMA, EVELYN**

Provider ID: 311534

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: Female

NPI: 1174556518

 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


### NEUROLOGY

**UNG, HOAMENG**

Provider ID: 311434

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
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](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: Male

NPI: 1619438363


 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


### NEUROLOGY

#### **WU, VICTORIA**

Provider ID: 313038

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: 1649833039

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, 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


### 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, 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


### OBSTETRICS / GYNECOLOGY

#### **ASHAK, DANI**

Provider ID: 311194

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: 1790149425

 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

 Website: N/A

IPA: UCSD Medical Group


### OBSTETRICS / GYNECOLOGY

#### **ASHAK, DANI**

Provider ID: 311195

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: 1790149425

 Provider English Spoken: Y

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## D. Directorio de proveedores especialistas

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

 Website: N/A  
IPA: UCSD Medical Group


### **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, 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**

#### **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, 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**

#### **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, 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**

#### **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, 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

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

#### FERRANDO, CECILE

Provider ID: 311104

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: 1255592325

 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

 Website: N/A

IPA: UCSD Medical Group


### OBSTETRICS / GYNECOLOGY

#### FERRANDO, CECILE

Provider ID: 311106

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: 1255592325

 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

 Website: N/A

IPA: UCSD Medical Group


### OBSTETRICS / GYNECOLOGY

#### GREINER, KAREN

Provider ID: 313592

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: 1427686930

 Provider 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


### OBSTETRICS / GYNECOLOGY

#### GREINER, KAREN

Provider ID: 313594

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: 1427686930

 Provider 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

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

## D. Directorio de proveedores especialistas

### **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**

#### **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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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**


#### **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

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, EISENHOWER 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-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)

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## D. Directorio de proveedores especialistas

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**



**MCKINNEY, SARA**  
Provider ID: 311117  
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: 1558708297  
 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  
 Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**MCKINNEY, SARA**  
Provider ID: 311118  
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: 1558708297  
 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  
 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  
LA JOLLA, CA 92037  
 Phone: (858) 657-8745  
Fax: (888) 539-8781  
 After Hours Phone: (858)



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## D. Directorio de proveedores especialistas




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  
Hospital Affiliation: 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**

**NUTAITIS, ALEXANDRA**  
Provider ID: 313547  
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: 1548897770  
 Provider 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

### **OBSTETRICS / GYNECOLOGY**

**PENALOSA, PATRICK**  
Provider ID: 313494  
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: 1558998914  
 Provider 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

### **OBSTETRICS / GYNECOLOGY**

**PENALOSA, PATRICK**  
Provider ID: 313493  
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: 1558998914  
 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): UCSD MEDICAL GROUP*

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*

*Hospital Affiliation: 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**

#### **PICKETT, CHARLOTTE**

*Provider ID: 299977*

*Board Certified Specialty: No*

 *8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1447530696*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: 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**


#### **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  
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 AVE STE  
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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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**

#### **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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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**


#### **LIPARI, RACHEL**

Provider ID: 311102

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: 1578129904

 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


### **OCCUPATIONAL THERAPIST**

#### **MUNCADA, CAESAR**

Provider ID: 288724

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: 1790268100

 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

---

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**

#### **PARKER, LESLIE**


Provider ID: 311354

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: 1053143875

 Provider 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

---

### **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

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

---

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 7AM-5PM  
SA 7:45AM-2PM

 Website: N/A

IPA: UCSD Medical Group

---


### **OPHTHALMOLOGY**


**CHENG, SARAH**

Provider ID: 313680

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: 1568995397


 Provider 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

---


### **OPHTHALMOLOGY**


**CHENG, SARAH**

Provider ID: 313682

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: 1568995397

 Provider 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

---

### **OPHTHALMOLOGY**


**CHENG, SARAH**

Provider ID: 313683

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9350 CAMPUS POINT DR  
STE 2C

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1568995397

 Provider 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

---


### **OPHTHALMOLOGY**


**CHENG, SARAH**

Provider ID: 313684

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: Female

NPI: 1568995397


 Provider 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

---

### **OPHTHALMOLOGY**

**GIRKIN, CHRISTOPHER**

Provider ID: 313497

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 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](http://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: Male

NPI: 1891730073

🗉 Provider 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

### OPHTHALMOLOGY

#### **GIRKIN, CHRISTOPHER**

Provider ID: 313498

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: 1891730073

🗉 Provider 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

### OPHTHALMOLOGY

#### **GIRKIN, CHRISTOPHER**

Provider ID: 313495

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: 1891730073

🗉 Provider 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

### OPHTHALMOLOGY

#### **HOYT, BRIGGS**

Provider ID: 313717

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: 1982232542

🗉 Provider 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

### OPHTHALMOLOGY

#### **HOYT, BRIGGS**

Provider ID: 313718

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: 1982232542

🗉 Provider 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

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



## D. Directorio de proveedores especialistas

### OPHTHALMOLOGY

#### **HSUEH, JESSICA**

Provider ID: 313692

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: 1952927584

Provider 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

### OPHTHALMOLOGY

#### **HSUEH, JESSICA**

Provider ID: 313693

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: 1952927584

Provider 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

### 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, 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: Rady Childrens Health  
Network, UCSD Medical Group

### OPHTHALMOLOGY

#### **NAYER, ZACHARIA**

Provider ID: 311100

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: 1174152961

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

### OPHTHALMOLOGY

#### **NAYER, ZACHARIA**

Provider ID: 311101

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

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: 1174152961

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

### **OPHTHALMOLOGY**

**PETERSON, JONATHAN**

Provider ID: 313537

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: 1124641071

Provider 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

### **OPHTHALMOLOGY**

**PETERSON, JONATHAN**

Provider ID: 313538

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: 1124641071

Provider 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

### **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, 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

### **OPHTHALMOLOGY**

**SATTERFIELD, KELLIE**

Provider ID: 305303

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP


9834 GENESEE AVE STE

200

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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 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):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### OPHTHALMOLOGY

#### **SCHONBACH, ETIENNE**

Provider ID: 284432

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: 1073040580

 Provider English Spoken: Y

 Provider Language(s)

Spoken: German

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

#### **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):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### OPHTHALMOLOGY

#### **VAIL, DANIEL**

Provider ID: 313580

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: 1285262568

 Provider 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


### OPHTHALMOLOGY

#### **VAIL, DANIEL**

Provider ID: 313581

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9415 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: 1285262568

 Provider 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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### 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

 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): Board Certified Specialty: No

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

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


#### 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

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

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

Medi-Cal Open Panel: Yes

Min/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


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: 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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

Spoken: Chinese  
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**

#### **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  
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**

#### **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  
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**

#### **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

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**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*  
*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**

**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*  
*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**


**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*  
*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**

**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: UCSD Medical Group

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### 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

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### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299580

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: 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

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### 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

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### OTOLARYNGOLOGY

#### **DECONDE, ADAM**

Provider ID: 299570

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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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**


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#### **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*

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### **OTOLARYNGOLOGY**

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#### **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*

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### **OTOLARYNGOLOGY**

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#### **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**


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#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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


 Website: N/A  
IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### GILANI, SAPIDEH

Provider ID: 299558  
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: 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

#### 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  
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

#### 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)  
926-8273

Provider Gender: Female  
NPI: 1144583931

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

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

#### **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

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

#### **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  
 Medi-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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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: 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

#### **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  
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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## D. Directorio de proveedores especialistas

### 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

#### **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

#### **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: 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

WHITTIER HOSPITAL, 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](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: Rady Childrens Health

Network, 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

WHITTIER HOSPITAL, 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)  
926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH

WHITTIER HOSPITAL, 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

WHITTIER HOSPITAL, 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

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## D. Directorio de proveedores especialistas

### 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

WHITTIER HOSPITAL, 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: 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, 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: 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, 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: 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

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1891858379

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](https://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, UCSD MEDICAL CTR, 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: Rady Childrens Health Network, UCSD Medical Group


### OTOLARYNGOLOGY

#### **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, 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: Rady Childrens Health Network, 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

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

#### **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

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

#### **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

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## D. Directorio de proveedores especialistas


 *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**

#### **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*

*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**


#### **PEREZ, ANGEL**

*Provider ID: 313031*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (858) 554-1212*  
*Fax: (888) 539-8781*

 *After Hours Phone: (858)  
554-1212*


*Provider Gender: Male  
NPI: 1881841971*

 *Provider 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**

#### **STABENAU, KALEIGH**

*Provider ID: 311588*

*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: Female  
NPI: 1952806788*

 *Provider 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**

#### **VAHABZADEH-HAGH, ANDREW**

*Provider ID: 299504*

*Board Certified Specialty: No  
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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

 Hours: M-F 8AM-5PM

 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: 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

#### **WATSON, DEBORAH**






Provider ID: 299643

Board Certified Specialty: No  
UCSD MEDICAL GROUP





 3855 HEALTH SCIENCES

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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


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, 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: 299644  
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, 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: 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, 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, 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

**WEISSBROD, PHILIP**  
Provider ID: 299616  
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: 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  
 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

**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

**YAN, CAROL**  
 Provider ID: 298416  
 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. 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: 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: 242138

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9350 CAMPUS POINT DR STE LLA  
LA JOLLA, CA 92037

☎ Phone: (858) 657-8590

☎ After Hours Phone: (858) 657-8590

Provider Gender: Female

NPI: 1619237260

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/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: 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

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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

 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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, 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

### 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  
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,

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## D. Directorio de proveedores especialistas

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

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

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## D. Directorio de proveedores especialistas




 *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

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**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

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**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 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




---

**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

#### 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, 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


#### 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

### PATHOLOGY ANATOMIC CLINICAL

#### SHABAIK, AHMED

Provider ID: 275782  
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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### 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

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## D. Directorio de proveedores especialistas

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

**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


### PATHOLOGY CLINICAL

**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

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PEDIATRIC NEPHROLOGY

**CRANE, CLARKSON**

Provider ID: 312986

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: 1689036436

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, 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\18

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

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### PHYSICIANS ASSISTANT

**AL-SHOUBAKI, HEBA**

Provider ID: 312997

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: 1548867666


 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

---


### 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

NPI: 1730605486

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SALINAS  
VALLEY MEMORIAL HOSP,


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

---


### 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

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## 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


### 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, 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


**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

 Provider English 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

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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


### 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

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


### 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

Provider Gender: Male

NPI: 1467926295

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, TRI CITY


MEDICAL CTR, 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


**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

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## D. Directorio de proveedores especialistas

 *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*


### **PHYSICIANS ASSISTANT**

#### **GEBAUER, HEATHER**


*Provider ID: 311551*

*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: 1467987586*

 *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*

 *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*


*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: 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: 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


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


### 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


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

### 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


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


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 1114459765

 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

### **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


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


### **PHYSICIANS ASSISTANT**


**LEE, JENNIFER**

Provider ID: 309997

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: 1265081871

 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

### **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

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

### **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

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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



### **PHYSICIANS ASSISTANT**

#### **LIN, JOYCE**

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

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


### **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


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

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 1093440836


 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

---


### **PHYSICIANS ASSISTANT**


#### **MARTIN, HALEY**

Provider ID: 305024

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

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


---


### **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


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

---


### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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**

#### **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  
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

### **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**

#### **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)

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## D. Directorio de proveedores especialistas

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

**PERREAULT, 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  
 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

### 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  
 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

### 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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, 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*

---

### **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, 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*

---

### **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*

*Hospital Affiliation: UCSD  
MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

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## D. Directorio de proveedores especialistas

---

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

Provider ID: 313666

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: 1821573718

 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

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

---


### PHYSICIANS ASSISTANT

#### SERHAN, STEPHANIE

Provider ID: 312858

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: 1487438750

 Provider 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

#### SMITH, TREVOR

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### PHYSICIANS ASSISTANT

#### SMITH, TREVOR

Provider ID: 313667

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: 1821573718

 Provider English Spoken: Y  
Cultural Competency: N

---



### PHYSICIANS ASSISTANT

#### SMITH, TREVOR

Provider ID: 313668

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: 1821573718

 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

---

### PHYSICIANS ASSISTANT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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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### TAN, CARMELA

Provider ID: 311090

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: 1811069271

🗣 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

---

### PHYSICIANS ASSISTANT

### THOMAS, THEA

Provider ID: 312696

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: 1457718843

🗣 Provider 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

### THOMAS, THEA

Provider ID: 312697

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: 1457718843

🗣 Provider 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: 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

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

---

### PHYSICIANS ASSISTANT

### WAHLIN, TAMARA

Provider ID: 299602

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: Female  
NPI: 1083823322


 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


### 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

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


### 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


#### **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


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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 1568893162

 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


### 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): **BOUTELLE, KERRI**

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


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


Medi-Cal Open Panel: Yes

Min/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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

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


### 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


Medi-Cal Open Panel: Yes

Min/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: 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

#### **EGAN, KAITLYN**

Provider ID: 311171






Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR  
STE C101

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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: 1629653860  
 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

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### 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

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### 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

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### PSYCHOLOGIST

**LASSWELL, EVE**


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## D. Directorio de proveedores especialistas

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

 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

---



### 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



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### 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  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1306629399  
 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




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### 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  
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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### PSYCHOLOGIST

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

## D. Directorio de proveedores especialistas

### 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

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

### 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

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

### 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

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

### PSYCHOLOGIST

### THOMAS, KELSEY

Provider ID: 311589

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: 1700264264

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

### PSYCHOLOGIST

### ZLATAR, ZVINKA

Provider ID: 272712

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

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

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

### PULMONARY DISEASES

#### **CYPRO, ALEXANDER**

Provider ID: 313678

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: 1881126936

Provider 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

#### **HOGAN, NICHOLAS**

Provider ID: 313712

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: 1861925273

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

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

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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


#### **LEVERONE, NICHOLAS**

Provider ID: 313305

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: 1407388564

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, 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

 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, 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


### 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


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

### RADIATION ONCOLOGY

#### **HOPPER, AUSTIN**


Provider ID: 313013


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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


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Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093


 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Male

NPI: 1306308721

 Provider 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**

#### **HOPPER, AUSTIN**

Provider ID: 313012

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3960 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92037


 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Male

NPI: 1306308721

 Provider 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**

#### **LUI, ASONA**

Provider ID: 311440

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3960 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104487446

 Provider 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**

#### **LUI, ASONA**

Provider ID: 311439

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: 1104487446

 Provider 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**

#### **ADAMS, STEPHEN**

Provider ID: 311198

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: 1376689778

 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: UC DAVIS  
MEDICAL CTR, Highland  
Hospital, Alameda Hospital,  
SAN LEANDRO 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

### **RADIOLOGY DIAGNOSTIC**

#### **AWWAD, REEM**

Provider ID: 311086  
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: 1811158967

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, 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**

#### **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, 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**

#### **BISSET, LOGAN**

Provider ID: 311145

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: 1356760276

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, UCSD MEDICAL  
CTR, KERN 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**

#### **BLACKWELL, CHRISTOPHER**


Provider ID: 313486

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 1740740125

 Provider 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**

#### **BLACKWELL, CHRISTOPHER**


Provider ID: 313487

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: 1740740125

 Provider 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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### **RADIOLOGY DIAGNOSTIC**

#### **BONE, SAMUEL**

Provider ID: 311167

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: 1841216306

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: GEORGE L  
MEE MEMORIAL HOSP, UC  
DAVIS MEDICAL CTR, 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**

#### **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

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### **RADIOLOGY DIAGNOSTIC**

#### **BROWN, TERESA**


Provider ID: 311081

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: 1669492237

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SAN  
LEANDRO HOSPITAL,

Highland Hospital, Alameda

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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, 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

**CARLSON, BLAKE**

Provider ID: 311136

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: 1548249956

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Eisenhower  
Medical Center, 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

**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,  
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: 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

**CHRISTENSEN, DIANA**

Provider ID: 313645

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: 1578079786

 Provider English Spoken: Y  
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*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **RADIOLOGY DIAGNOSTIC**

#### **CHRISTENSEN, DIANA**

*Provider ID: 313646*

*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: 1578079786*


 *Provider 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**

#### **CIRIELLO, JONATHAN**

*Provider ID: 313502*

*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: 1720540743*

 *Provider 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**

#### **CIRIELLO, JONATHAN**

*Provider ID: 313503*

*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: 1720540743*

 *Provider 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**

#### **CRAMER, SCOTT**

*Provider ID: 313576*

*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: 1598225740*

 *Provider 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**

#### **CRAMER, SCOTT**

*Provider ID: 313577*

*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: 1598225740

☑ Provider 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: 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

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

### **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,  
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**

#### **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 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**







#### **GERST, SCOTT**

Provider ID: 311149





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. La información en este directorio de proveedores está sujeta a cambios.

## 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: 1184602872  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, KERN 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**

**GORDON, EMILE**  
 Provider ID: 311596  
 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: 1184121899  
 Provider 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**

**GORDON, EMILE**  
 Provider ID: 311597  
 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: 1184121899  
 Provider 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**

**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)

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## 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**

**HANSCH, ERNST**  
 Provider ID: 311122  
 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: 1366428351  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:

COMMUNITY HOSPITAL OF  
 THE MONTEREY PENINSULA,  
 MOUNTAINS COMMUNITY  
 HOSP, EISENHOWER  
 MEDICAL CTR, UCSD MEDICAL  
 CTR, KERN 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**

**HELMY, MARWAH**  
 Provider ID: 311097  
 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: 1841276730  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: DOCTORS  
 MEDICAL CENTER, Providence  
 St Jude Medical Center,  
 Parkview Community Hospital  
 Medical Center, ST  
 BERNARDINE MED CTR,

COMMUNITY HOSP OF SAN  
 BERNARDINO, KINDRED  
 HOSPITAL ONTARIO,  
 DAMERON HOSPITAL ASSOC,  
 DAMERON HOSPITAL ASSOC,  
 ST JOSEPHS MEDICAL  
 CENTER, REGIONAL MEDICAL  
 CTR OF SAN JOSE, MARK  
 TWAIN 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**

**HENNEMEYER, CHARLES**  
 Provider ID: 312881  
 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: 1548209539  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: 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): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **RADIOLOGY DIAGNOSTIC**

#### **HENNEMEYER, CHARLES**

Provider ID: 312882

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: 1548209539

 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

---


### **RADIOLOGY DIAGNOSTIC**


#### **HORKY, LAURA**

Provider ID: 241854

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598967812

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/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

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**

#### **HURT, BRIAN**

Provider ID: 313602

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: 1306370465


 Provider 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

### **RADIOLOGY DIAGNOSTIC**

#### **HURT, BRIAN**

Provider ID: 313603  
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: 1306370465

 Provider 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**

#### **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, 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**

#### **KAKISH, DAVID**

Provider ID: 313589  
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: 1588123863

 Provider 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**

#### **KAKISH, DAVID**

Provider ID: 313590  
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: 1588123863

 Provider 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: 307767  
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: Male

NPI: 1427496710

☑ 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

### **RADIOLOGY DIAGNOSTIC**

#### **KHURANA, AMAN**

Provider ID: 312890

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: 1427496710

☑ 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

### **RADIOLOGY DIAGNOSTIC**

#### **KONDILI, DHIMITER**

Provider ID: 283144

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: 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**

#### **LIM, GARRETT**

Provider ID: 313543

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: 1396233565

☑ Provider 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**

#### **LIM, GARRETT**

Provider ID: 313544

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: 1396233565

☑ 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): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

IPA: UCSD Medical Group

Provider ID: 313777

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: 1649776915


 Provider 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

Medi-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**

#### **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, 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**

#### **PANZARINI, BRUNO**

Provider ID: 313778

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: 1649776915

 Provider English Spoken: Y  
Cultural Competency: N


### **RADIOLOGY DIAGNOSTIC**

#### **POHLEN, MICHAEL**

Provider ID: 313559

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: 1285130906

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: LUCILE  
SALTER PACKARD  
CHILDRENS HOSP, Stanford  
Health Care, 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**

#### **PANZARINI, BRUNO**

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

## D. Directorio de proveedores especialistas

### **RADIOLOGY DIAGNOSTIC**

#### **POHLEN, MICHAEL**

Provider ID: 313560

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: 1285130906

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LUCILE  
SALTER PACKARD

CHILDRENS HOSP, Stanford  
Health Care, 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**

#### **RICKMAN, CHRISTOPHER**

Provider ID: 311170

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: 1497759898

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Providence

St Joseph Hospital, SUTTER  
COAST HOSPITAL, SUTTER

LAKESIDE HOSP, SUTTER

MATERNITY AND SURGERY

CENTER OF SANTA CRUZ,

MEMORIAL HOSPITAL MED

CTR, EISENHOWER MEDICAL

CTR, Alameda Hospital,

Alameda Hospital, Highland

Hospital, SAN LEANDRO

HOSPITAL, SAN LEANDRO

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**

#### **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

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

### **RADIOLOGY DIAGNOSTIC**

#### **ROBINSON, ADAM**

Provider ID: 313699

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: 1730685611

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

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **ROBINSON, ADAM**

Provider ID: 313700

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: 1730685611

 Provider 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**

#### **ROTMAN, YONATAN**

Provider ID: 313554

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: 1326542341

 Provider 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**

#### **ROTMAN, YONATAN**

Provider ID: 313555

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: 1326542341

 Provider 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**

#### **ROZELL, JOSEPH**

Provider ID: 311180

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: 1629368519

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


EISENHOWER MEDICAL CTR,  
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**

#### **SADAT, SAYED**

Provider ID: 299967

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### 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

Hospital Affiliation: UCSD  
MEDICAL CTR, MAD RIVER  
COMM HOSPITAL,  
MOUNTAINS 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

### 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  
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

#### 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

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

### RADIOLOGY DIAGNOSTIC

#### SHWAIKI, OMAR

Provider ID: 313564

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: 1487117826

 Provider 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

#### SHWAIKI, OMAR

Provider ID: 313565

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 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: 1487117826

☑ Provider 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**

#### **SPARKS, CHELSEA**

Provider ID: 313625

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: 1366901662

☑ Provider 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**

#### **SPARKS, CHELSEA**

Provider ID: 313626

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: 1366901662

☑ Provider 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**

#### **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

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

## D. Directorio de proveedores especialistas


IRVINE MED CTR, 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**

**SPENGLER, NATHAN**

Provider ID: 312877

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: 1992919666

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, 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**

**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

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


### **RADIOLOGY DIAGNOSTIC**

**SUN, ALEX**

Provider ID: 311563

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-6641

 After Hours Phone: (858)  
657-6641

Provider Gender: Male

NPI: 1538502331

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SCRIPPS GREEN

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

GROSSMONT HOSPITAL,


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: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

**SUN, ALEX**

Provider ID: 311566

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 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: Male

NPI: 1538502331

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SCRIPPS GREEN

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

GROSSMONT HOSPITAL,

GROSSMONT 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


#### **TADDONIO, MICHAEL**

Provider ID: 240406

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: 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: 268545

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: 1306112057

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **UNSDORFER, KYLE**

Provider ID: 300036

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: 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

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

## D. Directorio de proveedores especialistas

### VAHDAT, NOUSHIN

Provider ID: 300069

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: 1396700852

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

### RADIOLOGY DIAGNOSTIC

### WANG, LAWRENCE

Provider ID: 313707

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: 1013440965

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, 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

### YIN, JANE

Provider ID: 313640

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: 1477014405

Provider 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

### YIN, JANE

Provider ID: 313641

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: 1477014405

Provider 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

### YORK, VINCENT

Provider ID: 283518

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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


### REGISTERED DIETITIAN / NUTRITIONIST

#### **SIEVERING, DENISE**


Provider ID: 268249

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: 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

#### **BALL, STEPHEN**

Provider ID: 311014

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: 1437644044

 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


### REGISTERED PHYSICAL THERAPIST


#### **BERGERON, PATRICK**

Provider ID: 206533

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: 1285061390

 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


#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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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### **REGISTERED PHYSICAL THERAPIST**


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#### **BOEHMER, ALEXANDRA**

Provider ID: 311059

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: 1528789856

 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

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### **REGISTERED PHYSICAL THERAPIST**

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#### **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

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### **REGISTERED PHYSICAL THERAPIST**


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#### **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


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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### **REGISTERED PHYSICAL THERAPIST**

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#### **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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 1891260238  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Chinese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

**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  
 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

### 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: 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  
 Website: N/A  
 IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

**RUDD, CHRISTOPHER**  
 Provider ID: 258372  
 Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### 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

#### 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

### 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):

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## D. Directorio de proveedores especialistas

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): IPA: UCSD Medical Group*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### REGISTERED PHYSICAL THERAPIST


### 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*

*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)*


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

## D. Directorio de proveedores especialistas

657-6879

Provider Gender: Female

NPI: 1639271208

 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

### **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

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1164979837

 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): Provider ID: 265338

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

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

### **SPEECH PATHOLOGIST**


#### **UNGER, LINDSEY**

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

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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) 926-8273

Provider Gender: Male

NPI: 1043558653

Provider English 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 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

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

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## D. Directorio de proveedores especialistas

### 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

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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

### **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**

#### **ARMANI, AVA**

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

### **SURGERY GENERAL**

#### **BORTZ, PASCAL**

Provider ID: 313995

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

9850 GENESEE AVE STE  
570

LA JOLLA, CA 92037

Phone: (858) 457-4917

After Hours Phone: (858)  
457-4917

Provider Gender: Male

NPI: 1821330796

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL 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 9AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### **SURGERY GENERAL**

#### **CLARY, BRYAN**

Provider ID: 202568

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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


### **SURGERY GENERAL**

**HOLLANDSWORTH, HANNAH**

Provider ID: 310728

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: 1972954303

 Provider English 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 GENERAL**


**HORGAN, SANTIAGO**

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

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**


**JACOBSEN, GARTH**

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

Medi-Cal Open Panel: Yes

Min/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

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## D. Directorio de proveedores especialistas

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

#### **SIMEONE, DIANE**

Provider ID: 311176

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: 1215038138

 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

### 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

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## D. Directorio de proveedores especialistas

### 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: 1316232010

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

#### 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

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## D. Directorio de proveedores especialistas


 Website: N/A  
IPA: UCSD Medical Group


### **SURGERY NEUROLOGICAL**

#### **BARBA, DAVID**



Provider ID: 275678  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 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, TRI CITY MEDICAL CTR,  
PALOMAR MEDICAL CENTER,  
COLUSA 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

### **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





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*

### **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, UCSD MEDICAL CTR, 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: UCSD Medical Group*

### **SURGERY NEUROLOGICAL**

#### **KHANNA, ARJUN**




*Provider ID: 311542*  
*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: 1780079954*  
 *Provider 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**

#### **KHANNA, ARJUN**

*Provider ID: 311543*  
*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: 1780079954*

 *Provider 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**

#### **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*  
*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: 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

Hospital Affiliation: UCSD  
MEDICAL CTR, 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: 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

Hospital Affiliation: UCSD  
MEDICAL CTR, 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: 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**


#### **OSORIO, JOSEPH**

Provider ID: 242006

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: 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: 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, 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 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**


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**

#### **BOCKHORN, LAUREN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 313620

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: 1902369366

🗣 Provider 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

#### **BOCKHORN, LAUREN**

Provider ID: 313621

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: 1902369366

🗣 Provider 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: 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

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 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

### **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**

**CORTES, ALEJANDRO**  
 Provider ID: 313518  
 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: 1972066785

Provider 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**

**CORTES, ALEJANDRO**

Provider ID: 313519  
 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: 1972066785  
 Provider 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**

**DIJANIC, CHRISTOPHER**  
 Provider ID: 313480  
 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: 1295396281  
 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: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**


#### **DIJANIC, CHRISTOPHER**

Provider ID: 313481

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: 1295396281


 Provider 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**


#### **GEORGE, JOSE**

Provider ID: 313605

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: 1528528668

 Provider 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**


#### **GEORGE, JOSE**

Provider ID: 313606

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: 1528528668

 Provider 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**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 ORTHOPEDIC</b></p> <p><b>GOEB, YANNICK</b><br/> <i>Provider ID: 284792</i><br/> <i>Board Certified Specialty: No</i><br/> <b>UCSD MEDICAL GROUP</b></p> <p>9400 CAMPUS POINT DR<br/>           LA JOLLA, CA 92093<br/> <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/> <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1730542747</i><br/> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: German, Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i><br/> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p> | <p>9300 CAMPUS POINT DR<br/>           LA JOLLA, CA 92037<br/> <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/> <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1083842371</i><br/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p>  | <p><i>N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p>  |
| <p><b>SURGERY ORTHOPEDIC</b></p> <p><b>HURVITZ, ANDREW</b><br/> <i>Provider ID: 311581</i><br/> <i>Board Certified Specialty: No</i><br/> <b>UCSD MEDICAL GROUP</b></p>   | <p><b>SURGERY ORTHOPEDIC</b></p> <p><b>HURVITZ, ANDREW</b><br/> <i>Provider ID: 311582</i><br/> <i>Board Certified Specialty: No</i><br/> <b>UCSD MEDICAL GROUP</b></p> <p>9400 CAMPUS POINT DR<br/>           LA JOLLA, CA 92093<br/> <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/> <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1083842371</i><br/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL):</i></p> | <p><b>SURGERY ORTHOPEDIC</b></p> <p><b>KUSNEZOV, NICHOLAS</b><br/> <i>Provider ID: 303194</i><br/> <i>Board Certified Specialty: No</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b></p> <p>9834 GENESEE AVE STE 228<br/>           LA JOLLA, CA 92037<br/> <i>Phone: (858) 455-9942</i><br/> <i>Fax: (858) 455-6473</i><br/> <i>After Hours Phone: (858) 455-9942</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1396185161</i><br/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>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</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

Medi-Cal Open 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,  
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

### **SURGERY ORTHOPEDIC**

#### **PASSIAS, BRADEN**

Provider ID: 313510

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: 1144783028

 Provider 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**

#### **PASSIAS, BRADEN**


Provider ID: 313511

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: 1144783028

 Provider 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**

#### **SEDGHI, SOUDABEH**


Provider ID: 313490

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: 1619438199

 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*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **SURGERY ORTHOPEDIC**

#### **SEDGHI, SOUDABEH**

*Provider ID: 313491*

*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: 1619438199*

 *Provider 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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### **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*

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### **SURGERY ORTHOPEDIC**

#### **SULLIVAN, THOMAS**

*Provider ID: 285245*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 *9400 CAMPUS POINT DR  
LA JOLLA, CA 92093*

 *Phone: (858) 657-8200*

*Fax: (888) 539-8781*

 *After Hours Phone: (858)  
657-8200*

*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*

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### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, UCSD Medical Group*

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### **SURGERY THORACIC**

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**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*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, 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*




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### **SURGERY THORACIC**

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**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*

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### **SURGERY THORACIC**

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**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*

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### **SURGERY THORACIC**

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**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

### 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


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

### 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

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


### 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

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## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780940031

 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

### UROLOGY


#### BAGRODIA, ADITYA

Provider ID: 286165

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: Male

NPI: 1730310665

 Provider English 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

### 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

 After Hours Phone: (858) 657-7876

Provider Gender: Male

NPI: 1902814379

 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


### UROLOGY

#### GRIFFITHS, LUKE

Provider ID: 311498

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: 1760945836

 Provider 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


#### KANE, CHRISTOPHER

Provider ID: 312867

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: Male

NPI: 1083636294

 Provider English Spoken: Y

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

 Website: N/A

IPA: UCSD Medical Group

### UROLOGY

#### MOORE, SARAH


Provider ID: 311609

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: 1538620760

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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

### 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

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, UC

SAN DIEGO HEALTH - EAST

CAMPUS 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

### 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, UC

SAN DIEGO HEALTH - EAST

CAMPUS MEDICAL 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

 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: 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, SHARP CHULA

VISTA MED CTR, TRI CITY

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

Sharp Grossmont Hospital, UC

SAN DIEGO HEALTH - EAST

CAMPUS MEDICAL CENTER,

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 8AM-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):

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: 268693

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

5565 GROSSMONT  
CENTER DR

LA MESA, CA 91942

Phone: (619) 589-5414

Fax: (619) 589-7391

After Hours Phone: (619)  
589-5414

Provider Gender: Female

NPI: 1063558856

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: 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

### HOSPITALIST MD/DO

#### **DUBE, AMANDA**

Provider ID: 311744

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: (619) 740-6000  
Fax: (619) 740-4885

 After Hours Phone: (619) 740-6000


Provider Gender: Female  
NPI: 1710407531

 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

 Website: N/A

IPA: Rady Childrens Health Network


### HOSPITALIST MD/DO

#### **KUPELIAN, CHLOE**

Provider ID: 310786


Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 5555 GROSSMONT CENTER DR  
LA MESA, CA 91942

 Phone: (619) 740-6000  
Fax: (619) 740-4885

 After Hours Phone: (619) 740-6000

Provider Gender: Female  
NPI: 1780013748


 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

 Website: N/A

IPA: Rady Childrens Health Network


### 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, UC SAN DIEGO HEALTH - EAST CAMPUS 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


### 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, USC Arcadia Hospital, UC SAN DIEGO HEALTH - EAST CAMPUS 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: Community Care IPA LLC

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


### 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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT


### MATERNAL AND FETAL MEDICINE

#### MCCULLOUGH, DEIRDRE


Provider ID: 244873

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: 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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):


### MATERNAL AND FETAL MEDICINE

#### MELBER, DORA

Provider ID: 296997

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 8851 CENTER DR STE 201  
 LA MESA, CA 91942

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y




Provider Language(s) Spoken: Hungarian, Spanish




Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

IPA: Rady Childrens Health Network

### 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  
 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, SOUTHWEST HEALTHCARE INLAND VALLEY 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

### MATERNAL AND FETAL MEDICINE

#### **REIMERS, REBECCA**


Provider ID: 294656  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 8851 CENTER DR STE 201  
 LA MESA, CA 91942

 Phone: (858) 966-6710  
 Fax: (858) 966-6711

 After Hours Phone: (858) 966-6710


Provider Gender: Female  
 NPI: 1801207634

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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

### MATERNAL AND FETAL MEDICINE

#### **REIMERS, REBECCA**


Provider ID: 294654  
 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: 1801207634

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

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

IPA: Rady Childrens Health Network

### **MATERNAL AND FETAL MEDICINE**

#### **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

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, SOUTHWEST HEALTHCARE INLAND VALLEY 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

Website: N/A

IPA: Rady Childrens Health Network

### **NEUROLOGY**

#### **MOHAMMAD, AHMAD SHAH**

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

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### **OPHTHALMOLOGY**

#### **BARNARD, LUKE**

Provider ID: 310548

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

5565 GROSSMONT CENTER DR STE 551  
LA MESA, CA 91942

Phone: (800) 898-2020  
Fax: (626) 574-7188

After Hours Phone: (800) 898-2020

Provider Gender: Male

NPI: 1710543111

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp 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, 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.

## D. Directorio de proveedores especialistas

### OPHTHALMOLOGY

#### BARNARD, LUKE

Provider ID: 311673

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Phone: (800) 898-2020  
Fax: (626) 574-7188

After Hours Phone: (800)  
898-2020

Provider Gender: Male

NPI: 1710543111

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp  
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,  
IHP of Southern Cal-PHP

Phone: (626) 206-0633  
Fax: (760) 267-9160

After Hours Phone: (626)  
206-0633

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):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

Phone: (626) 206-0633  
Fax: (760) 267-9160

After Hours Phone: (626)  
206-0633

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: 6\99

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

#### HUDSON, HENRY

Provider ID: 297577

Board Certified Specialty: Yes  
IHP OF SOUTHERN CAL-PHP

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

### OPHTHALMOLOGY

#### HUDSON, HENRY

Provider ID: 306768

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

### OPHTHALMOLOGY

#### HUDSON, HENRY

Provider ID: 297578


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7339 EL CAJON BLVD STE  
J  
LA MESA, CA 91942

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## D. Directorio de proveedores especialistas


 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): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP, UCSD Medical Group

### OPHTHALMOLOGY


#### **HUDSON, HENRY**

Provider ID: 312357

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 7339 EL CAJON BLVD STE J  
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): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP, UCSD Medical Group


### OTOLARYNGOLOGY


#### **MOSHTAGHI, OMID**

Provider ID: 302380

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 5565 GROSSMONT CENTER DR 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


#### **MOSHTAGHI, OMID**

Provider ID: 312373

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 5565 GROSSMONT CENTER DR 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

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## D. Directorio de proveedores especialistas

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

#### **SAID, MENA**






Provider ID: 311787  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942  
 Phone: (619) 464-3353  
Fax: (619) 464-6720  
 After Hours Phone: (619)  
464-3353  
Provider Gender: Male  
NPI: 1053859678  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\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 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

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## D. Directorio de proveedores especialistas

*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  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

*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  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP*

*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*

### **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*

### **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*

### **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,*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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


### 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 GENERAL


#### VASCULAR

#### **TERRAMANI, THOMAS**

Provider ID: 311620

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 8860 CENTER DR STE 450  
LA MESA, CA 91942


 Phone: (619) 460-6200


Fax: (619) 460-6262

 After Hours Phone: (619)  
460-6200

Provider Gender: Male

NPI: 1447344338

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Italian, Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP CHULA VISTA MED

CTR, SHARP MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, Sharp Grossmont

Hospital, SCRIPPS MEMORIAL

HOSPITAL, TRI CITY 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 8:30AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### 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: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL, UC

SAN DIEGO HEALTH - EAST

CAMPUS 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: Imperial Health Holdings  
Medical Group-SD


### LAKE ELSINORE

#### CERTIFIED NURSE PRACTITIONER

##### MONTGOMERY JR, KEITH

Provider ID: 313416  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 31361 RIVERSIDE DR  
LAKE ELSINORE, CA 92530  
 Phone: (844) 308-5003  
Fax: (760) 414-3892  
 After Hours Phone: (844)  
308-5003  
Provider Gender: Male  
NPI: 1790978617  
 Provider 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 10AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM

 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 A PH



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

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## D. Directorio de proveedores especialistas

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

### LAKESIDE


#### CHIROPRACTOR

**FIGUEROA, CHRISTOPHER**

Provider ID: 312181

Board Certified Specialty: No  
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

Provider Gender: Male

NPI: 1487323119

 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


#### 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

### 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


#### 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


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## D. Directorio de proveedores especialistas

American Sign Language (ASL): **HYLTON, DIANA**

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  
IHP OF SOUTHERN CAL-PHP

 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

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  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, 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

#### CARDIAC

#### ELECTROPHYSIOLOGY

**HAN, FREDERICK**


Provider ID: 210100

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 41011 CALIFORNIA OAKS

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## D. Directorio de proveedores especialistas





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): 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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**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: No  
 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

---

### **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-12PM M-F 8AM-5PM SA 8:30AM-12PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

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### **CERTIFIED NURSE** **PRACTITIONER**




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**SNYDER, MICHELLE**  
 Provider ID: 210676  
 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








Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*

### 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, SOUTHWEST HEALTHCARE INLAND VALLEY 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*

### EMERGENCY MEDICINE

**CASAS, TAMARA**

*Provider ID: 311939*  
*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: 1669962270*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, 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*

### EMERGENCY MEDICINE

**LI, JINGHONG**  
*Provider ID: 255941*  
*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

 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, SOUTHWEST

HEALTHCARE INLAND

VALLEY 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: 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

Min/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, SOUTHWEST

HEALTHCARE INLAND

VALLEY 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: UCSD Medical Group

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### TRAN, LINH


Provider ID: 202659


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: 1851682728

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## D. Directorio de proveedores especialistas

|  |   |   |
|--|---|---|
| <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i><br/> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p> | <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i><br/> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p> | <p><i>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</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i><br/> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p> |
|--|---|---|

### INTERVENTIONAL

#### CARDIOLOGY

#### 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*

#### **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*

### 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*  
*Provider Gender: Male*  
*NPI: 1063701068*  
*Provider English Spoken: Y*  
*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

CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY 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: Rady Childrens Health  
Network, UCSD Medical Group

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY 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: Rady Childrens Health  
Network, UCSD Medical Group


### 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

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

### 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,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA


### 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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas


DIEGO, 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: Rady Childrens Health Network

VALLEY HOSPITAL


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: Rady Childrens Health Network


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: 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, SOUTHWEST HEALTHCARE INLAND

### 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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL

### 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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, PALOMAR MEDICAL 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. 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

 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\18

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

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

#### KIM MCMANUS, 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, 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

### 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, PALOMAR MEDICAL  
CENTER, 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 1104237353

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO,  
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: 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

 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, 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


### 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,  
PALOMAR MEDICAL CENTER,

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


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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,  
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, 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, PALOMAR  
MEDICAL CENTER

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: Rady Childrens Health  
Network


### OPHTHALMOLOGY

#### **YAMANE, MAYA**

Provider ID: 311885

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: 1124580139

 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): Network  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


### 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

### OTOLARYNGOLOGY

#### **CARVALHO, DANIELA**

Provider ID: 215332

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

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\None

American Sign Language (ASL): Network

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

### OTOLARYNGOLOGY

#### FRANK, ETHAN

Provider ID: 310279

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: 1720584345

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

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)

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### 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 WHITTIER HOSPITAL, 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: 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 WHITTIER HOSPITAL, 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: Yes  
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

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### OTOLARYNGOLOGY

#### **QIAN, ZHEN**

Provider ID: 311003


Board Certified Specialty: No  
RADY CHILDRENS HEALTH

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## D. Directorio de proveedores especialistas

### 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: 1356796783

 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

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC CARDIOLOGY

#### **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


### PEDIATRIC CARDIOLOGY


#### **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


### PEDIATRIC CARDIOLOGY


#### **DUMMER, KIRSTEN**

Provider ID: 215645

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: 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):


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*

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### **PEDIATRIC CARDIOLOGY**

**LASALLE, ELIZABETH**

*Provider ID: 313253*

*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: 1235634015*

 *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*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **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*

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### **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*

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### **PEDIATRIC CARDIOLOGY**


**SILVA SEPULVEDA, 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 1417222472

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PIONEERS 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


#### **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

#### **ALAYARI, AMETHYST**

Provider ID: 311383

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: 1740778653

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

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


### 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, SOUTHWEST  
HEALTHCARE INLAND

VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18


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](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: 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,  
 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

### 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, SOUTHWEST  
 HEALTHCARE INLAND  
 VALLEY HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\18

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\18

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

---

### 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, 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

### 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, 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

### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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  
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, 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





### PEDIATRIC EMERGENCY MEDICINE

**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\None  
 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, 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

### 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  
 Hospital Affiliation:

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## D. Directorio de proveedores especialistas


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: 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

Min/Max Age: 0\18

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, 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

### 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,

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\18

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: Rady Childrens Health Network*

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### **PEDIATRIC EMERGENCY MEDICINE**

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#### **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, 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*

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### **PEDIATRIC ENDOCRINOLOGY**


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#### **RANADIVE, SAYALI**

*Provider ID: 311395*

*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: 1588846380*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: German, Hindi, Marathi, 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-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **PEDIATRIC ENDOCRINOLOGY**


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#### **SINGH, PUJA**

*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\18*

*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 GASTROENTEROLOGY**

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#### **CHU, CHRISTOPHER**

*Provider ID: 301640*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*


 25170 HANCOCK AVE FL 1

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

## D. Directorio de proveedores especialistas

 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\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network




### PEDIATRIC GASTROENTEROLOGY

**DICKERSON, ANDREW**  
 Provider ID: 310618  
 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: 1063916633  
 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  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC GASTROENTEROLOGY

**JAZAYERI, AMIR**  
 Provider ID: 310953  
 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: 1316385925  
 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  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC GASTROENTEROLOGY

**SHARMA, ANITA**  
 Provider ID: 311775  
 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: 1871989335  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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


### PEDIATRIC NEPHROLOGY

**RASCHKE, ROBIN**

Provider ID: 310301

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (858) 966-8052

Fax: (858) 966-7789

 After Hours Phone: (858)  
966-8052

Provider Gender: Female

NPI: 1609365402

 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

 Website: N/A

IPA: Rady Childrens Health


### 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

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS 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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (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\18  
 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**

#### **VARGAS TRUJILLO, MARCELA**









Provider ID: 215602  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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\None  
 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 OAKLAND  
 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: 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

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## D. Directorio de proveedores especialistas

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: No  
IHP OF SOUTHERN CAL-PHP  
📍 25495 MEDICAL CENTER DR STE 200  
MURRIETA, CA 92562  
☎ Phone: (951) 304-7546  
Fax: (951) 696-5872  
🕒 After Hours Phone: (951) 304-7546  
Provider Gender: Female  
NPI: 1588602247  
🗣 Provider English Spoken: Y  
🗣 Provider Language(s) Spoken: Persian, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\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




|   |  |   |
|---|--|---|
| <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>RODRIGUES, ANNETTE</b><br/>           Provider ID: 302453<br/>           Board Certified Specialty: No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>  25170 HANCOCK AVE FL 1 MURRIETA, CA 92562<br/>  Phone: (951) 600-1640<br/>           Fax: (951) 600-1760<br/>  After Hours Phone: (951) 600-1640<br/>           Provider Gender: Female<br/>           NPI: 1205381845<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL<br/>           Medi-Cal Open Panel: No<br/>           Min/Max Age: 0\18<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: Rady Childrens Health Network</p> | <p>Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  25500 MEDICAL CENTER DR MURRIETA, CA 92562<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800) 926-8273<br/>           Provider Gender: Female<br/>           NPI: 1750745394<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p> | <p>Provider Gender: Male<br/>           NPI: 1407388564<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p>   |
| <p><b>PULMONARY DISEASES</b></p> <p><b>KUMAR, AVNEE</b><br/>           Provider ID: 300014</p>  | <p><b>PULMONARY DISEASES</b></p> <p><b>LEVERONE, NICHOLAS</b><br/>           Provider ID: 313307<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  25500 MEDICAL CENTER DR MURRIETA, CA 92562<br/>  Phone: (800) 926-8273<br/>  After Hours Phone: (800) 926-8273</p>  | <p><b>PULMONARY DISEASES</b></p> <p><b>SURI, RAJAT</b><br/>           Provider ID: 283350<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  25500 MEDICAL CENTER DR MURRIETA, CA 92562<br/>  Phone: (951) 677-1111<br/>           Fax: (951) 677-9757<br/>  After Hours Phone: (951) 677-1111<br/>           Provider Gender: Male<br/>           NPI: 1144615337<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD</p> |



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## D. Directorio de proveedores especialistas





MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, 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




### SURGERY GENERAL

**FAIRBANKS, TIMOTHY**  
 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







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## D. Directorio de proveedores especialistas

**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  
 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\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network





### **SURGERY PEDIATRIC**

#### **THOMPSON, KYLE**

Provider ID: 310986  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: Male*  
*NPI: 1598147050*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: French*  
*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*  
 *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*  
*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**

#### **CARDIOVASCULAR DISEASE**

#### **DAMANI, SAMIR**

*Provider ID: 310638*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 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: 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](https://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

### CERTIFIED NURSE PRACTITIONER

**CUNNINGHAM, ISIS**

Provider ID: 302115

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

1428 HIGHLAND AVE  
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: No

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

**GULLY, MICHELLE**

Provider ID: 299422

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1428 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 356-2726

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1801557947

Provider 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

**KIM, YUNMI**

Provider ID: 312917

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

2101 GRANGER AVE STE 101  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 356-2726

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1467166942

Provider 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

**LIM, IMELDA**

Provider ID: 294308

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 474-3919

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1093130395

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

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

### CERTIFIED NURSE PRACTITIONER

**MCCULLOUGH, LYAN LOVE**

Provider ID: 310623

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 356-2726

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1063759181

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UC SAN

DIEGO HEALTH - EAST

CAMPUS MEDICAL CENTER

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

**MIDORO, ABEGAILLE**

Provider ID: 303830

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

2835 HIGHLAND AVE STE A  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 477-1286

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1952925851

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### DERMATOLOGY

#### LIN, SHINKO

Provider ID: 306319

Board Certified Specialty: No  
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


### DERMATOLOGY

#### LIN, SHINKO

Provider ID: 308216

Board Certified Specialty: No  
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)  
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, VANESSA MARIA

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: (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  
SA 8AM-2:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### **TRAN, KIM**

Provider ID: 311691

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: 1447873534

☑ 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: IHP of Southern Cal-PHP

### FAMILY PRACTICE

#### **TRAN, KIM**

Provider ID: 312035

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: 1447873534

☑ 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: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### **THAYER, KARISA**

Provider ID: 310229

Board Certified Specialty: No  
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

Provider Gender: Female

NPI: 1558765941

☑ 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

### INTERVENTIONAL

#### CARDIOLOGY

#### **CAMACHO, BENJAMIN**

Provider ID: 35045

Board Certified Specialty: No  
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

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, UC  
SAN DIEGO HEALTH - EAST  
CAMPUS MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

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, UC  
SAN DIEGO HEALTH - EAST  
CAMPUS MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\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

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, UC  
SAN DIEGO HEALTH - EAST  
CAMPUS MEDICAL CENTER

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**

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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)  
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: Community Care IPA LLC,

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

☎ 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: 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

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):



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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> 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, Imperial Health Holdings Medical Group-SD</p>  | <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD</p>  | <p>CAMPUS MEDICAL CENTER</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 21\None</p> <p>American Sign Language (ASL): N</p>  |
| <hr/>   |   |  |
| <b>INTERVENTIONAL CARDIOLOGY</b>  |   |  |
| <p><b>ROUGH, STEVEN</b></p> <p>Provider ID: 301320</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 1415 E 8TH ST STE 6<br/>NATIONAL CITY, CA 91950</p> <p> Phone: (619) 434-4288</p> <p>Fax: (619) 434-4315</p> <p> After Hours Phone: (619) 434-4288</p> <p>Provider Gender: Male</p> <p>NPI: 1386821460</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL):</p>              | <p style="text-align: center;"><b>NEPHROLOGY</b></p> <p><b>COMUNALE, RODERICK</b></p> <p>Provider ID: 290784</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 502 EUCLID AVE STE 205<br/>NATIONAL CITY, CA 91950</p> <p> Phone: (858) 551-0276</p> <p>Fax: (858) 454-8796</p> <p> After Hours Phone: (858) 551-0276</p> <p>Provider Gender: Male</p> <p>NPI: 1568462109</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL, KINDRED HOSPITAL SAN DIEGO, SELECT SPECIALTY HOSPITAL SAN DIEGO, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER, UC SAN DIEGO HEALTH - EAST</p> | <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 9AM-5PM</p> <p> Website: N/A</p> <p>IPA: IHP of Southern Cal-PHP</p> |
| <hr/>   |   |  |
| <b>OBSTETRICS / GYNECOLOGY</b>  |   |  |
| <b>DEL ROSARIO, GELEN</b>   |   |  |
| <p>Provider ID: 257478</p> <p>Board Certified Specialty: No</p> <p>BLUE SHIELD PROMISE HEALTH PLAN DIRECT</p> <p> 502 EUCLID AVE STE 300<br/>NATIONAL CITY, CA 91950</p> <p> Phone: (619) 475-1261</p> <p>Fax: (619) 475-1267</p> <p> After Hours Phone: (619) 475-1261</p> <p>Provider Gender: Female</p> <p>NPI: 1255643474</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP CHULA VISTA MED CTR, PARADISE VALLEY HOSPITAL</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL):</p> |   |  |
| <p>N</p> <p> 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

**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**









#### **DEL ROSARIO, 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  
 Website: N/A

IPA: BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT,  
 Community Care IPA LLC,  
 Rady Childrens Health  
 Network

### **OBSTETRICS / GYNECOLOGY**









#### **DEL ROSARIO, 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**

#### **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

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## D. Directorio de proveedores especialistas

### OPHTHALMOLOGY

#### **BARNARD, LUKE**

Provider ID: 311674

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (800) 898-2020

Fax: (626) 574-7188

After Hours Phone: (800)  
898-2020

Provider Gender: Male

NPI: 1710543111

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: 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,

IHP of Southern Cal-PHP

### OPHTHALMOLOGY

#### **BARNARD, LUKE**

Provider ID: 310549

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (800) 898-2020

Fax: (626) 574-7188

After Hours Phone: (800)  
898-2020

Provider Gender: Male

NPI: 1710543111

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: 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,

IHP of Southern Cal-PHP

### OPHTHALMOLOGY

#### **ESLANI, MEDI**

Provider ID: 314106

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: Male

NPI: 1437614310

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: 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


























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## D. Directorio de proveedores especialistas

|  |   |   |
|--|---|---|
| <p><b>OPTOMETRIST</b></p> <p><b>KOO, ANITA</b><br/>           Provider ID: 307113<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  2743 HIGHLAND AVE<br/>           NATIONAL CITY, CA 91950<br/>  Phone: (619) 474-2284<br/>           Fax: (619) 474-3919<br/>  After Hours Phone: (619) 474-2284<br/>           Provider Gender: Female<br/>           NPI: 1669825667<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p> | <p>Provider Gender: Female<br/>           NPI: 1669825667<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p>   | <p> Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p>  |
| <p><b>OPTOMETRIST</b></p> <p><b>KOO, ANITA</b><br/>           Provider ID: 306903<br/>           Board Certified Specialty: No<br/>           COMMUNITY CARE IPA LLC<br/>  1520 E PLAZA BLVD<br/>           NATIONAL CITY, CA 91950<br/>  Phone: (619) 425-7755<br/>           Fax: (619) 425-2138<br/>  After Hours Phone: (619) 425-7755</p>  | <p><b>OPTOMETRIST</b></p> <p><b>KOO, ANITA</b><br/>           Provider ID: 304538<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  1520 E PLAZA BLVD<br/>           NATIONAL CITY, CA 91950<br/>  Phone: (619) 425-7755<br/>           Fax: (619) 425-2138<br/>  After Hours Phone: (619) 425-7755<br/>           Provider Gender: Female<br/>           NPI: 1669825667<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM</p> | <p><b>OPTOMETRIST</b></p> <p><b>THACH, QUEEN</b><br/>           Provider ID: 312235<br/>           Board Certified Specialty: No<br/>           COMMUNITY CARE IPA LLC<br/>  1520 E PLAZA BLVD<br/>           NATIONAL CITY, CA 91950<br/>  Phone: (619) 425-7755<br/>           Fax: (619) 425-2138<br/>  After Hours Phone: (619) 425-7755<br/>           Provider Gender: Female<br/>           NPI: 1053841478<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8:30AM-5PM<br/>  Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p> |
|  |   | <p><b>OPTOMETRIST</b></p> <p><b>THACH, QUEEN</b><br/>           Provider ID: 310537<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  1520 E PLAZA BLVD<br/>           NATIONAL CITY, CA 91950</p>   |


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## D. Directorio de proveedores especialistas


|   |  |   |
|---|--|---|
| <p> Phone: (619) 425-7755<br/>Fax: (619) 425-2138</p> <p> After Hours Phone: (619) 425-7755</p> <p>Provider Gender: Female<br/>NPI: 1053841478</p> <p> Provider English Spoken: Y<br/>Cultural Competency: N<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER<br/> Hours: M-F 8:30AM-5PM<br/> Website: N/A<br/>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> | <p>VALLEY HOSPITAL<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER<br/> Hours: M-F 9AM-5PM<br/> Website: N/A<br/>IPA: Community Care IPA LLC</p>   | <p>Min/Max Age: 0\None<br/>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER<br/> Hours: M-F 8AM-5PM<br/> Website: N/A<br/>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>  |
| <b>PODIATRIST</b>   |  |   |
| <p><b>ATMAR, AKMAL</b><br/>Provider ID: 269784<br/>Board Certified Specialty: No<br/>COMMUNITY CARE IPA LLC</p> <p> 2345 E 8TH ST STE 105<br/>NATIONAL CITY, CA 91950</p> <p> Phone: (929) 287-4511<br/>Fax: (877) 671-6835</p> <p> After Hours Phone: (929) 287-4511</p> <p>Provider Gender: Male<br/>NPI: 1558656637</p> <p> Provider English Spoken: Y<br/> Provider Language(s) Spoken: Farsi, Persian, Urdu<br/>Cultural Competency: N<br/>Hospital Affiliation: PARADISE</p>   | <p><b>PODIATRIST</b></p> <p><b>CAINE, SAMUEL</b><br/>Provider ID: 308637<br/>Board Certified Specialty: No<br/>IHP OF SOUTHERN CAL-PHP</p> <p> 610 EUCLID AVE STE 301<br/>NATIONAL CITY, CA 91950</p> <p> Phone: (619) 292-2493<br/>Fax: (619) 618-0222</p> <p> After Hours Phone: (619) 292-2493</p> <p>Provider Gender: Male<br/>NPI: 1396230298</p> <p> Provider English Spoken: Y<br/>Cultural Competency: N<br/>Hospital Affiliation: Sharp<br/>Grossmont Hospital, SCRIPPS<br/>MERCY HOSPITAL CHULA<br/>VISTA, SCRIPPS MERCY<br/>HOSPITAL, SHARP MEMORIAL<br/>HOSPITAL, SHARP CHULA<br/>VISTA MED CTR, SHARP<br/>CORONADO HOSP AND<br/>HEALTHCARE CTR<br/>Medi-Cal Open Panel: Yes</p> | <p><b>PODIATRIST</b></p> <p><b>CAINE, SAMUEL</b><br/>Provider ID: 308212<br/>Board Certified Specialty: No<br/>COMMUNITY CARE IPA LLC</p> <p> 610 EUCLID AVE STE 301<br/>NATIONAL CITY, CA 91950</p> <p> Phone: (619) 292-2493<br/>Fax: (619) 618-0222</p> <p> After Hours Phone: (619) 292-2493</p> <p>Provider Gender: Male<br/>NPI: 1396230298</p> <p> Provider English Spoken: Y<br/>Cultural Competency: N<br/>Hospital Affiliation: Sharp<br/>Grossmont Hospital, SCRIPPS<br/>MERCY HOSPITAL CHULA<br/>VISTA, SCRIPPS MERCY<br/>HOSPITAL, SHARP MEMORIAL<br/>HOSPITAL, SHARP CHULA<br/>VISTA MED CTR, SHARP<br/>CORONADO HOSP AND<br/>HEALTHCARE CTR<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None</p> |

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## D. Directorio de proveedores especialistas

American Sign Language (ASL):  Hours: M-TH 9AM-4:30PM  
N F 9AM-12PM

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### PODIATRIST

#### DAVIDSON III, JOHN

Provider ID: 312176

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 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

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### PODIATRIST

#### DAVIDSON III, 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-TH 9AM-4:30PM  
F 9AM-12PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### PULMONARY DISEASES

#### LIM, ROSEMARIE

Provider ID: 262224

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 610 EUCLID AVE STE 202  
NATIONAL CITY, CA 91950

 Phone: (619) 472-4900

Fax: (619) 472-4910

 After Hours Phone: (619)  
472-4900

Provider Gender: Female

NPI: 1841303419

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish, Tagalog

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

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-F  
8:30AM-4:30PM  
 Website: N/A  
IPA: Imperial Health Holdings  
Medical Group-SD


### REGISTERED DIETITIAN / NUTRITIONIST

#### **KRISHNAMURTHY, MEENAKSHI**

Provider ID: 311655  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
 Phone: (619) 475-4900  
Fax: (619) 475-8373  
 After Hours Phone: (619)  
475-4900  
Provider Gender: Female  
NPI: 1790304822  
 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

### REGISTERED PHYSICAL THERAPIST

#### **CHENG, BRANDON**

Provider ID: 304531  
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: 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: 299888  
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

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 7AM-7PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **KARANDE, PRACHI**

Provider ID: 287102  
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: 1699357525

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: 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](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: 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: 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


### REGISTERED PHYSICAL THERAPIST

#### 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


### REGISTERED PHYSICAL THERAPIST

#### 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

 Provider 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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): IPA: Community Care IPA LLC,  
N  
IHP of Southern Cal-PHP

 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-12PM

W-TH 7AM-7PM

F 7AM-12PM

 Website: N/A


### 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

#### **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

 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

Provider Gender: Male




NPI: 1063046878

 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-F 7AM-7PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### OCEANSIDE

#### 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):

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

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

#### CERTIFIED NURSE



#### PRACTITIONER

##### **BEETS, KALMIA**

Provider ID: 313265  
 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: 1831935881  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hawaiian  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\24  
 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

##### **BEETS, KALMIA**

Provider ID: 313263  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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) 631-5000

Provider Gender: Female

NPI: 1831935881

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Hawaiian

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\24

American Sign Language (ASL): Network

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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#### **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: No

Min/Max Age: 0\18

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM  
SA 8AM-4:30PM

🌐 Website: N/A

IPA: Rady Childrens Health

---

### CERTIFIED NURSE PRACTITIONER

---

#### **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: 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

☑ Provider 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

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## D. Directorio de proveedores especialistas

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: 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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**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):  
Network  
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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**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: No

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

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### **CERTIFIED NURSE** **PRACTITIONER**


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**HERNANDEZ, JESSICA**

Provider ID: 310480

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: 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**

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**HERNANDEZ, JESSICA**

Provider ID: 304495





Board Certified Specialty: No  
COMMUNITY CARE IPA LLC




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## D. Directorio de proveedores especialistas








 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





Medi-Cal Open 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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) 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


---

#### **HUERTA, STEVEN**


Provider ID: 307935

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: 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: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### 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):

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


---

#### **HUERTA, STEVEN**

Provider ID: 307934

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: 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: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER


---

#### **HUERTA, STEVEN**

Provider ID: 311301

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

**HUERTA, STEVEN**

Provider ID: 311298

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: 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: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

**HUERTA, STEVEN**

Provider ID: 311300

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: 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: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


**KELLEHER, BRIDGET**


Provider ID: 298084

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: 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: 298081

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)

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


## D. Directorio de proveedores especialistas

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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**KELLEHER, BRIDGET**  
 Provider ID: 298082  
 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: 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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**LANG, LESLIE**  
 Provider ID: 308045  
 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: 1457366130  
 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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**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

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### CERTIFIED NURSE PRACTITIONER

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**MONTGOMERY JR, KEITH**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 295287

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: 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: 295285

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: 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

**NIBBELINK AHEARN, SANDRA**

Provider ID: 311969

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056

Phone: (760) 967-9900

Fax: (760) 967-6769

After Hours Phone: (760)  
967-9900

Provider Gender: Female

NPI: 1326513441

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

**NIBBELINK AHEARN, SANDRA**

Provider ID: 310107

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: Female

NPI: 1326513441

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

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## D. Directorio de proveedores especialistas

### 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

### RICHARDS, KRISINDA

Provider ID: 313332

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: 1669914941

Provider 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

### 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

NPI: 1548987985

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

#### **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-5PM  
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

### 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-5PM  
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  
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-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




SA 9AM-4PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP,  
 Rady Childrens Health  
 Network

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### **CERTIFIED NURSE PRACTITIONER**

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**WALKER, 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  
 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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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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**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

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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**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



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### **CHIROPRACTOR**

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**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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: IHP of Southern Cal-PHP

### **CHIROPRACTOR**

#### **JU, NATHANIEL**

Provider ID: 290221  
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: 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) 828-9140


 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\18  
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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM SA 8AM-4:30PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p>  | <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 3923 WARING RD STE A<br/>OCEANSIDE, CA 92056</p> <p> <i>Phone: (760) 724-8782</i></p> <p><i>Fax: (760) 842-7801</i></p> <p> <i>After Hours Phone: (760) 724-8782</i></p> <p><i>Provider Gender: Female</i></p>   | <p><i>UCSD MEDICAL GROUP</i></p> <p> 4002 VISTA WAY<br/>OCEANSIDE, CA 92056</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>   |
| <b><u>FAMILY PRACTICE</u></b>   |   |  |
| <p><b>SEAWELL, CHRISTINE</b></p> <p><i>Provider ID: 312255</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>IHP OF SOUTHERN CAL-PHP</i></p> <p> 605 CROUCH ST BLDG C<br/>OCEANSIDE, CA 92054</p> <p> <i>Phone: (760) 736-6767</i></p> <p><i>Fax: (760) 736-6744</i></p> <p> <i>After Hours Phone: (760) 736-6767</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1982280939</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> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>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</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):</i></p> | <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>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, CORONA REGIONAL MED CTR, CORONA REGIONAL MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, UCI HEALTH-FOUNTAIN VALLEY</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>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><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TH 8AM-4:30PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</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: UCSD Medical Group</i></p>  |
| <b><u>GASTROENTEROLOGY</u></b>  |   |  |
| <p><b>NOVO, MEGAN</b></p> <p><i>Provider ID: 308044</i></p> <p><i>Board Certified Specialty: No</i></p>   | <b><u>GYNECOLOGIC ONCOLOGY</u></b>  |  |
|   | <p><b>ESKANDER, RAMEZ</b></p> <p><i>Provider ID: 282166</i></p> <p><i>Board Certified Specialty: No</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

| <b>MATERNAL AND FETAL<br/>MEDICINE</b>  | <i>Network, UCSD Medical Group</i>   | <b>MEDICINE</b>  |
|---|--|--|
| <p><b>MELBER, DORA</b><br/> <i>Provider ID: 296991</i><br/> <i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/>  3605 VISTA WAY STE 172<br/>           OCEANSIDE, CA 92056<br/>  <i>Phone: (858) 966-6710</i><br/> <i>Fax: (858) 966-6711</i><br/>  <i>After Hours Phone: (858) 966-6710</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1124413026</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Hungarian, Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\18</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health</i></p> | <p><b>MATERNAL AND FETAL<br/>MEDICINE</b></p> <p><b>REIMERS, REBECCA</b><br/> <i>Provider ID: 294651</i><br/> <i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/>  3605 VISTA WAY STE 172<br/>           OCEANSIDE, CA 92056<br/>  <i>Phone: (858) 966-6710</i><br/> <i>Fax: (858) 966-6711</i><br/>  <i>After Hours Phone: (858) 966-6710</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1801207634</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network</i></p> <p><b>MATERNAL AND FETAL<br/>MEDICINE</b></p> | <p><b>RICHARDSON, ALVIE</b><br/> <i>Provider ID: 264686</i><br/> <i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/>  3605 VISTA WAY STE 172<br/>           OCEANSIDE, CA 92056<br/>  <i>Phone: (858) 966-6710</i><br/> <i>Fax: (858) 966-6711</i><br/>  <i>After Hours Phone: (858) 966-6710</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1154305977</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, Sharp Grossmont Hospital, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\18</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network</i></p> <p><b>MATERNAL AND FETAL<br/>MEDICINE</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

### **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,  
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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### **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,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY 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: Rady Childrens Health  
Network

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### **NEPHROLOGY**


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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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,  
IHP of Southern Cal-PHP

### NEPHROLOGY

#### LIU, ANDREW

Provider ID: 308522

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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: 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

### 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\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### PASSIAK, BRITTANY

Provider ID: 311210

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: 1467949693

Provider English Spoken: Y  
Cultural Competency: N

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## D. Directorio de proveedores especialistas


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

 Website: N/A

IPA: Rady Childrens Health  
Network


### **OBSTETRICS / GYNECOLOGY**

#### **LOEFFLER, ALLISON**

Provider ID: 311880

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 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

Medi-Cal Open 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**


#### **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, PALOMAR MEDICAL

CENTER, 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


### **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,

PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

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

### 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, 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

### 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,

PALOMAR MEDICAL CENTER, 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

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, 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, UCSD Medical Group

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## D. Directorio de proveedores especialistas

|  |   |  |
|--|---|--|
| <p style="text-align: center;"><b>OPHTHALMOLOGY</b></p> <p><b>OHALLORAN, HENRY</b><br/>           Provider ID: 205887<br/>           Board Certified Specialty: No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>  3605 VISTA WAY STE 172<br/>           OCEANSIDE, CA 92056<br/>  Phone: (760) 547-1020<br/>           Fax: (760) 547-1021<br/>  After Hours Phone: (760) 547-1020<br/>           Provider Gender: Male<br/>           NPI: 1235287947<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation:<br/>           GROSSMONT HOSPITAL,<br/>           SCRIPPS MERCY HOSPITAL,<br/>           SCRIPPS MERCY HOSPITAL<br/>           CHULA VISTA, PALOMAR<br/>           MEDICAL CENTER<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: Rady Childrens Health Network</p> | <p>Provider ID: 311888<br/>           Board Certified Specialty: No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>  3605 VISTA WAY STE 172<br/>           OCEANSIDE, CA 92056<br/>  Phone: (760) 547-1020<br/>           Fax: (760) 547-1021<br/>  After Hours Phone: (760) 547-1020<br/>           Provider Gender: Female<br/>           NPI: 1124580139<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\18<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: Rady Childrens Health Network</p> | <p> After Hours Phone: (760) 631-5000<br/>           Provider Gender: Female<br/>           NPI: 1336589332<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation:<br/>           COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p> |
| <p style="text-align: center;"><b>OPHTHALMOLOGY</b></p> <p><b>YAMANE, MAYA</b></p>   | <p style="text-align: center;"><b>OPTOMETRIST</b></p> <p><b>GEE, JENNIFER</b><br/>           Provider ID: 290927<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  4700 N RIVER RD<br/>           OCEANSIDE, CA 92057<br/>  Phone: (760) 631-5000<br/>           Fax: (760) 414-3892</p>  | <p style="text-align: center;"><b>OPTOMETRIST</b></p> <p><b>GEE, JENNIFER</b><br/>           Provider ID: 290210<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  517 N HORNE ST<br/>           OCEANSIDE, CA 92054<br/>  Phone: (760) 631-5000<br/>           Fax: (760) 414-3892<br/>  After Hours Phone: (760) 631-5000<br/>           Provider Gender: Female<br/>           NPI: 1336589332<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation:</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

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC

MEDICAL CENTER - D P A P H


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: 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


**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

**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  
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

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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: 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-12PM

 Website: N/A

IPA: Community Care IPA LLC


### **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**

#### **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


### **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

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## 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


### **OTOLARYNGOLOGY**

#### **FRANK, ETHAN**

Provider ID: 310281

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: 1720584345

 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

 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

 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





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## D. Directorio de proveedores especialistas

OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 NPI: 1508250747  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL  
 Medi-Cal Open Panel: 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 CARDIOLOGY

**LASALLE, ELIZABETH**  
 Provider ID: 313255  
 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: 1235634015  
 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  
 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\18  
 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

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None  
 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

#### **CRAWFORD, MICHAEL**

Provider ID: 311160  
 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: 1336727791  
 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\18  
 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  
 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\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM

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## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: Rady Childrens Health Network

IPA: Rady Childrens Health Network


 Hours: M-F 8AM-5PM  
 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  
 SA 1PM-10PM


 Website: N/A

### 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

### 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

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## D. Directorio de proveedores especialistas

|  |  |   |
|--|--|---|
| <p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>SHERER, KIMBERLY</b><br/> <i>Provider ID: 311932</i><br/> <i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 3605 VISTA WAY STE 172<br/> OCEANSIDE, CA 92056<br/>  <i>Phone: (760) 547-1020</i><br/> <i>Fax: (760) 547-1021</i><br/>  <i>After Hours Phone: (760) 547-1020</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1992202964</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\19</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network</i></p> | <p><b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 3605 VISTA WAY STE 172<br/> OCEANSIDE, CA 92056<br/>  <i>Phone: (760) 547-1000</i><br/> <i>Fax: (760) 547-1021</i><br/>  <i>After Hours Phone: (760) 547-1000</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1407299787</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\18</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network</i></p> | <p><b>NETWORK</b></p> <p> 3605 VISTA WAY STE 172<br/> OCEANSIDE, CA 92056<br/>  <i>Phone: (760) 547-1000</i><br/> <i>Fax: (760) 547-1021</i><br/>  <i>After Hours Phone: (760) 547-1000</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1083840920</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\19</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network</i></p> |
| <p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>TODD, SARAH</b><br/> <i>Provider ID: 302801</i><br/> <i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b></p>  | <p><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>VAIDYA, KAMALA</b><br/> <i>Provider ID: 205813</i><br/> <i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b></p>   | <p><b><u>PEDIATRIC ENDOCRINOLOGY</u></b></p> <p><b>RANADIVE, SAYALI</b><br/> <i>Provider ID: 311397</i><br/> <i>Board Certified Specialty: No</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 3605 VISTA WAY STE 172<br/> OCEANSIDE, CA 92056<br/>  <i>Phone: (760) 547-1020</i><br/> <i>Fax: (760) 547-1021</i></p>  |


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## D. Directorio de proveedores especialistas

 After Hours Phone: (760) 547-1020

Provider Gender: Female

NPI: 1588846380

 Provider English Spoken: Y

 Provider Language(s) Spoken: German, Hindi, Marathi, 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-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC GASTROENTEROLOGY

#### **CHU, CHRISTOPHER**

Provider ID: 301642

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: 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\None

American Sign Language (ASL): Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC NEPHROLOGY

#### **RASCHKE, ROBIN**

Provider ID: 310303

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056

 Phone: (858) 966-8052

Fax: (858) 966-7789

 After Hours Phone: (858) 966-8052

Provider Gender: Female

NPI: 1609365402

 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

 Website: N/A

IPA: Rady Childrens Health


### 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):

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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


### 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

 **Accessibility:** CONTACT PROVIDER

 **Hours:** M-F 8AM-5PM

 **Website:** N/A

**IPA:** Rady Childrens Health Network


### 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


### PHYSICIANS ASSISTANT

#### **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

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## D. Directorio de proveedores especialistas


CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\18

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PHYSICIANS ASSISTANT

**SALAZAR, CLAUDIA**

Provider ID: 314056

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3998 VISTA WAY STE 204  
OCEANSIDE, CA 92056


 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1649906108

 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

**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


### 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

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## D. Directorio de proveedores especialistas

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **SURGERY NEUROLOGICAL**

#### **BEN-HAIM, SHARONA**

Provider ID: 311087

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: 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, TRI CITY MEDICAL CTR,  
PALOMAR MEDICAL CENTER,  
COLUSA 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


### **SURGERY NEUROLOGICAL**

#### **HATEFI, DUSTIN**

Provider ID: 311103

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: 1790072106

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD  
MEDICAL CTR, 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: UCSD Medical Group


### **SURGERY NEUROLOGICAL**

#### **MURTHY, NIKHIL**

Provider ID: 311154

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: 1710371273


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, 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: UCSD Medical Group


### **SURGERY NEUROLOGICAL**

#### **PHAM, MARTIN**

Provider ID: 311150

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: 1609130921

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, TRI CITY MEDICAL CTR,

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## D. Directorio de proveedores especialistas

### PALOMAR MEDICAL CENTER

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


### 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\None

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  
N


 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

 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

### SURGERY PEDIATRIC



#### FAIRBANKS, TIMOTHY

Provider ID: 205498

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


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## D. Directorio de proveedores especialistas

OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Female  
 NPI: 1982775144  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max 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

#### **THOMPSON, KYLE**



Provider ID: 310988  
 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: 1598147050  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French  
 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  
 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**

#### 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


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## D. Directorio de proveedores especialistas

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

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### CERTIFIED NURSE PRACTITIONER


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#### **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: 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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### CERTIFIED NURSE PRACTITIONER


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#### **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

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### DERMATOLOGY


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#### **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

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### DERMATOLOGY

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#### **LIN, SHINKO**

Provider ID: 306320






Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 15725 POMERADO RD STE  
 102  
 POWAY, CA 92064




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## D. Directorio de proveedores especialistas



 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

**POUSTI, BOBAK**  
 Provider ID: 311624  
 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: Male





NPI: 1932736451  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, 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 8:30AM-4:30PM  
 F 8:30AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### DERMATOLOGY

**POUSTI, BOBAK**  
 Provider ID: 313151  
 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: Male  
 NPI: 1932736451  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, 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 8:30AM-4:30PM  
 F 8:30AM-4PM  
 Website: N/A  
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### WHITE, KERI

Provider ID: 269491

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: 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) 592-0627

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


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## D. Directorio de proveedores especialistas

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


### 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 INLAND VALLEY 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


### 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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, 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

### NEUROLOGY

#### **HAMILTON, ROSS**


Provider ID: 311790

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 15611 POMERADO RD STE 580  
POWAY, CA 92064


 Phone: (760) 631-3000

Fax: (760) 631-3016

 After Hours Phone: (760) 631-3000

Provider Gender: Male

NPI: 1538587852

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS

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## D. Directorio de proveedores especialistas

MEMORIAL HOSPITAL  
ENCINITAS, 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-4:30PM

 Website: N/A

IPA: Community Care IPA LLC

### **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

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, 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

### **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









### **PODIATRIST**

#### **BRAZIER, SETH**

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## D. Directorio de proveedores especialistas

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  
 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\18  
 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 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

### PODIATRIST

**HAN, KYOUNG**  
 Provider ID: 311056  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP








 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\None  
 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

### PODIATRIST




**READ, TRENTON**  
 Provider ID: 296656  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 15706 POMERADO RD STE 102






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## D. Directorio de proveedores especialistas

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




### RHEUMATOLOGY

**RAO, SOUMYA**  
 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: (760) 300-3647  
 Fax: (858) 207-0034  
 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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 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  
 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, PALOMAR MEDICAL  
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  
 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, PALOMAR MEDICAL  
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  
 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, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: Community Care IPA LLC

### RAMONA

#### CERTIFIED NURSE PRACTITIONER

#### **SALAS GAERLAN, 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

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: 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, 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

### **SAN DIEGO**


#### **ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY**


#### **HONG, KIMBERLY**

Provider ID: 313299

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: 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

 Website: N/A

IPA: UCSD Medical Group

#### **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

#### **ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY**

#### **HONG, KIMBERLY**

Provider ID: 312693

Board Certified Specialty: No

UCSD MEDICAL GROUP

 2131 3RD AVE  
 SAN DIEGO, CA 92101

 Phone: (800) 926-8273

Fax: (888) 539-8781

 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


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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):  Accessibility: CONTACT PROVIDER

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY

**SILVA ENCISO, JORGE**

Provider ID: 312727

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 2131 3RD AVE  
SAN DIEGO, CA 92101


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1639404031

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, PIONEERS

MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL


CENTER, 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

### ALLERGY IMMUNOLOGY


**BALUCH, NARGES**

Provider ID: 310787

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-5961


Fax: (858) 966-6791

 After Hours Phone: (858)  
966-5961

Provider Gender: Female

NPI: 1720822133

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

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

 Website: N/A

IPA: Rady Childrens Health  
Network

### 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**

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## D. Directorio de proveedores especialistas

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

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

**WANG, XINYU**

Provider ID: 313572

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: 1720548001

Provider 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

### ALLERGY IMMUNOLOGY

**WANG, XINYU**

Provider ID: 313573

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: 1720548001

Provider 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

**AL AZZAWI, SARAH**

Provider ID: 312973

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1063041887

Provider 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

**AL AZZAWI, SARAH**

Provider ID: 312975

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

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## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1063041887


 Provider 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**


#### **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

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

### **ANESTHESIOLOGY**


#### **BHATIA, KARISHMA**


Provider ID: 313008

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (858) 554-1212

 Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1932764081

 Provider 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**


#### **BHATIA, KARISHMA**

Provider ID: 313006

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (858) 554-1212

 Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1932764081

 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*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **ANESTHESIOLOGY**


#### **BIGELOW, ELSIE**

*Provider ID: 313508*  
*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: 1215565114*

 *Provider 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**

#### **BIGELOW, ELSIE**

*Provider ID: 313507*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1215565114*


 *Provider 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*


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### **ANESTHESIOLOGY**

#### **CABANISS, SCOTT**

*Provider ID: 311435*  
*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: 1821626714*

 *Provider 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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### **ANESTHESIOLOGY**




#### **CABANISS, SCOTT**

*Provider ID: 311436*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*


 6655 ALVARADO RD




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## D. Directorio de proveedores especialistas

SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1821626714  
 Provider 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

**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  
 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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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**




#### **COBLENTZ, IAN**

Provider ID: 311461  
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: 1649730367

 Provider 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**

#### **COBLENTZ, IAN**





Provider ID: 311460  
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: 1649730367

 Provider 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**

#### **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

 Provider English Spoken: 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**

#### **DARWISH, ALEX**

Provider ID: 313027  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (858) 554-1212  
 Fax: (888) 539-8781  
 After Hours Phone: (858)  
554-1212

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## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 1043839970

Provider 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

#### DARWISH, ALEX

Provider ID: 313025

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Male

NPI: 1043839970

Provider 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

#### 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

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

### 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

#### GARRETT, RILEY

Provider ID: 313742

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: 1740642776

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.



## 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

 Website: N/A

IPA: UCSD Medical Group


### ANESTHESIOLOGY


**GARRETT, RILEY**

Provider ID: 313740

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: 1740642776

 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

### ANESTHESIOLOGY

**GOH, REGINE**

Provider ID: 311501

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: 1205381316

 Provider 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

**GOH, REGINE**

Provider ID: 311500

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: 1205381316

 Provider 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

**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

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## D. Directorio de proveedores especialistas

**PROVIDER**  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### **ANESTHESIOLOGY**

**KAWASAKI, MEGAN**  
Provider ID: 313583  
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: 1073140059

Provider 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**

**KAWASAKI, MEGAN**  
Provider ID: 313585  
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: 1073140059

Provider 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**

**KIM, ELIZABETH**  
Provider ID: 313004  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (858) 554-1212  
Fax: (888) 539-8781  
After Hours Phone: (858) 554-1212

Provider Gender: Female  
NPI: 1831726744

Provider 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**

**KIM, ELIZABETH**  
Provider ID: 313002  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Phone: (858) 554-1212  
Fax: (888) 539-8781  
After Hours Phone: (858) 554-1212

Provider Gender: Female  
NPI: 1831726744

Provider 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**

**KROL, CAITLIN**  
Provider ID: 313046  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Phone: (858) 554-1212  
Fax: (888) 539-8781  
After Hours Phone: (858)

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## D. Directorio de proveedores especialistas

554-1212

Provider Gender: Female

NPI: 1518594910

Provider 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

#### **KROL, CAITLIN**

Provider ID: 313048

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858) 554-1212

Provider Gender: Female

NPI: 1518594910

Provider 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

#### **MALONEY, IAN**

Provider ID: 313016

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858) 554-1212

Provider Gender: Male

NPI: 1508492422

Provider 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

#### **MALONEY, IAN**

Provider ID: 313014

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD

SAN DIEGO, CA 92120

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858) 554-1212

Provider Gender: Male

NPI: 1508492422

Provider 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

#### **MEASER, JACQUELINE**

Provider ID: 312976

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD

SAN DIEGO, CA 92120

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858) 554-1212

Provider Gender: Female

NPI: 1790300671

Provider 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

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## D. Directorio de proveedores especialistas

### MEASER, JACQUELINE

Provider ID: 312978

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1790300671

Provider 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

### MEYER, MEGAN

Provider ID: 239607

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: 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

### MOELLENHOFF, MICHAEL

Provider ID: 311123

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: 1679584791

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

DOMINICAN SANTA CRUZ

HOSP, 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*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **ANESTHESIOLOGY**


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#### **MOELLENHOFF, MICHAEL**

*Provider ID: 311124*

*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: 1679584791*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation:*

*DOMINICAN SANTA CRUZ  
HOSP, 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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### **ANESTHESIOLOGY**


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#### **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*

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### **ANESTHESIOLOGY**


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#### **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*

*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**


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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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

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### ANESTHESIOLOGY


---

#### SNOW, ERICA

Provider ID: 312989

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Female


NPI: 1023637808


 Provider 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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### ANESTHESIOLOGY


---

#### SNOW, ERICA


Provider ID: 312990

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1023637808

 Provider 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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### ANESTHESIOLOGY


---


#### SORIA, CLAIRE

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

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### ANESTHESIOLOGY


---


#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### **ANESTHESIOLOGY**

#### **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

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, CORONA 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: 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**

#### **TU, MONIQUE**


Provider ID: 310428

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

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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: 1497080436

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UC SAN

DIEGO HEALTH - EAST

CAMPUS MEDICAL CENTER,

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

---

### 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

 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

#### 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

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## D. Directorio de proveedores especialistas

### ANESTHESIOLOGY

#### **ZAERPOOR, DARA**

Provider ID: 313030

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Male

NPI: 1497226450

Provider 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

#### **ZAERPOOR, DARA**

Provider ID: 313029

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Male

NPI: 1497226450

Provider 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 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, 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

### 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

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## D. Directorio de proveedores especialistas

### 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

### 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

### AUDIOLOGIST

#### **KIM, SHANNON**

Provider ID: 313050

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1457199705

Provider 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

### CARDIAC

### ELECTROPHYSIOLOGY

#### **BIRGERSDOTTER GREEN, ULRIKA**

Provider ID: 312708

Board Certified Specialty: No  
UCSD MEDICAL GROUP

2131 3RD AVE  
SAN DIEGO, CA 92101

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851349757

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):

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## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

### CARDIAC

#### ELECTROPHYSIOLOGY

**HAN, FREDERICK**

*Provider ID: 312717*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 2131 3RD AVE  
SAN DIEGO, CA 92101

 *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*

 *Website: N/A*

*IPA: UCSD Medical Group*

### CARDIAC


#### ELECTROPHYSIOLOGY

**HAN, FREDERICK**

*Provider ID: 210012*

*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: 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*

### CARDIAC

#### ELECTROPHYSIOLOGY

**HO, GORDON**

*Provider ID: 312729*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 2131 3RD AVE  
SAN DIEGO, CA 92101


 *Phone: (800) 926-8273*


*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*


*NPI: 1346516069*

 *Provider English Spoken: Y*





 *Provider Language(s)  
Spoken: Chinese*



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## D. Directorio de proveedores especialistas






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




### **CARDIAC ELECTROPHYSIOLOGY**

**RAISSI SHABARI, FARSHAD**  
 Provider ID: 312736  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 2131 3RD AVE  
 SAN DIEGO, CA 92101  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1124295027  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, French  
 Cultural Competency: N  
 Hospital Affiliation: PIONEERS  
 MEMORIAL HOSPITAL, EL  
 CENTRO REGIONAL 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  
 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**

**ALSHAWABKEH, LAITH**  
 Provider ID: 312690  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 2131 3RD AVE  
 SAN DIEGO, CA 92101  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1346470408  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 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. 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

 Website: N/A

IPA: UCSD Medical Group


### CARDIOVASCULAR DISEASE

**CARAZO, MATTHEW**

Provider ID: 312734

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 2131 3RD AVE  
SAN DIEGO, CA 92101

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952535114

 Provider English 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


### 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)  
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: 312679

Board Certified Specialty: No  
UCSD MEDICAL GROUP



 2131 3RD AVE  
SAN DIEGO, CA 92101

 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

 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

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## D. Directorio de proveedores especialistas

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**

#### **COTTER, BRUNO**

Provider ID: 312732

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 2131 3RD AVE

SAN DIEGO, CA 92101

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1205886389

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: French, German

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

### **CARDIOVASCULAR DISEASE**

#### **MIZZELL, ANNA**

Provider ID: 312680

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 2131 3RD AVE

SAN DIEGO, CA 92101

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ 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

🌐 Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **MIZZELL, ANNA**

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**

#### **NAREZKINA, ANNA**

Provider ID: 312914




Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 6030 VILLAGE WAY




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 92130  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1891958773  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Russian  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, 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

### **CARDIOVASCULAR DISEASE**


#### **NAREZKINA, ANNA**




Provider ID: 312913  
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: 1891958773  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Russian  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, 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**

#### **NAREZKINA, ANNA**

Provider ID: 312915  
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: 1891958773  
 Provider English Spoken: Y

 Provider Language(s) Spoken: Russian  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, 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

### **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

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## D. Directorio de proveedores especialistas

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
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

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

### CARDIOVASCULAR DISEASE

**RAMSIS, MATTHEUS**


Provider ID: 310450

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 2131 3RD AVE  
SAN DIEGO, CA 92101

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609225135

 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


### CARDIOVASCULAR DISEASE


**SHAPIRO, HILARY**

Provider ID: 313720

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: 1811382815

 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

### CARDIOVASCULAR DISEASE

**SHAPIRO, HILARY**

Provider ID: 312725

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 2131 3RD AVE  
SAN DIEGO, CA 92101

 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

Hospital Affiliation: UCSD  
MEDICAL 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](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: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **SHEN, JIA**

Provider ID: 312731  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 2131 3RD AVE  
 SAN DIEGO, CA 92101  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1295053403

 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  
 Website: N/A  
 IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **SHEN, JIA**

Provider ID: 311526

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: 1295053403

 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

 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, SHARP CHULA

VISTA MED CTR, TRI CITY

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

Sharp Grossmont Hospital, UC

SAN DIEGO HEALTH - EAST

CAMPUS MEDICAL CENTER,

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 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

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## D. Directorio de proveedores especialistas

### **CARDIOVASCULAR DISEASE**

#### **SILVA ENCISO, JORGE**

Provider ID: 313721

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: 1639404031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, PIONEERS  
MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL  
CENTER, 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

### **CARDIOVASCULAR DISEASE**

#### **WILKINSON, MICHAEL**

Provider ID: 312911

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: 1699063701

Provider English Spoken: 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

### **CARDIOVASCULAR DISEASE**

#### **WILKINSON, MICHAEL**

Provider ID: 312910

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: Male

NPI: 1699063701

Provider English Spoken: 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**

#### **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


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## D. Directorio de proveedores especialistas

American Sign Language (ASL): Provider ID: 277966

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **CERTIFIED ACUPUNCTURIST**

#### **APPENZELLER, ERICA**

Provider ID: 310772

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: 1780828384

 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 ACUPUNCTURIST**

#### **ARELLANO, JACQUELINE**

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

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 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

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

### **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

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: 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

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

### 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


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 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

**DISTEFANO, KIMBERLY**

Provider ID: 311062

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: 1851914220

 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: 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 ACUPUNCTURIST

**DISTEFANO, KIMBERLY**

Provider ID: 311063

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: 1851914220

 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

### CERTIFIED ACUPUNCTURIST

**JULIAN, FIDES**

Provider ID: 277700

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: 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: 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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: 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: 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  
 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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### LEE, JIHYUNG

Provider ID: 312189

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: 1073212338

Provider 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**

### LEE, JIHYUNG

Provider ID: 312192

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: Male

NPI: 1073212338

Provider 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**

### LEE, JIHYUNG

Provider ID: 312190

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: Male

NPI: 1073212338

Provider 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**

### SEITZ, GRETCHEN

Provider ID: 246474

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

9995 CARMEL MOUNTAIN  
RD STE B10  
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**

### ABU-DOULEH, NADIA


Provider ID: 311556

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC


10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126

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## D. Directorio de proveedores especialistas

 Phone: (844) 200-2426

Fax: (619) 474-4008

 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1851157937

 Provider 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  
SA 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE PRACTITIONER**


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#### **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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **ALSTEEN, STEPHANIE**

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

Hospital Affiliation: TRI CITY  
MEDICAL CTR, 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**

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#### **AMOS, MARIA**

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

NPI: 1235891953

 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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **ARENAS, CECILY**

Provider ID: 311129

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 2131 3RD AVE  
SAN DIEGO, CA 92101

 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: 1700031507

 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

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### CERTIFIED NURSE PRACTITIONER


#### **BAKER, TANYA**

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

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER

#### **BENARD, ROBERT**

Provider ID: 268229

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: 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, 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

#### **BROWN, VICTORIA**

Provider ID: 307669

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### 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

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

### 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

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

### CERTIFIED NURSE PRACTITIONER


#### **BROWN, VICTORIA**

Provider ID: 311039

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6645 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1750033890

 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

### 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

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: 304273






Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP




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## D. Directorio de proveedores especialistas

 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**




**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**







**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  
 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

### **CERTIFIED NURSE PRACTITIONER**

**CHAVEZ, ALEXANDRIA**  
 Provider ID: 243357

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## D. Directorio de proveedores especialistas

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

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

**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

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

### 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

### 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

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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## D. Directorio de proveedores especialistas

### CERTIFIED NURSE PRACTITIONER

#### **CHUNG, SUEMIN**

Provider ID: 311038

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6645 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598477093

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

### CERTIFIED NURSE PRACTITIONER

#### **COLEMAN, PAGE**

Provider ID: 311049

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6645 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871365312

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,  
UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **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

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  
SA 8AM-2PM

Website: N/A

IPA: IHP of Southern Cal-PHP,  
UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **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, 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. 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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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **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*  
*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**

---

#### **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*

---


### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **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*

---


### **CERTIFIED NURSE** **PRACTITIONER**

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#### **CRAWFORD, MARK**

*Provider ID: 313811*  
*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: 1487368114*

 *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

 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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**CRAWFORD, MARK**

Provider ID: 313812

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: 1487368114


 Provider 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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**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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**DAVIES-UPPAL, ALLISON**

Provider ID: 311441


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: 1053002360


 Provider 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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**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

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## D. Directorio de proveedores especialistas

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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### 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

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, 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,  
UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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#### DECOOL, TAYLOR

Provider ID: 314112

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: 1548019763

 Provider 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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#### 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


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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### CERTIFIED NURSE PRACTITIONER


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#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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


Medi-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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**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

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### **CERTIFIED NURSE PRACTITIONER**

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**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  
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

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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: UCSD Medical Group

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### **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

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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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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 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: 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

---


#### **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):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

**FERMIL MITCHELL, YVONNE**


Provider ID: 311352

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

 Phone: (619) 266-3332

Fax: (619) 564-8236

 After Hours Phone: (619)  
266-3332

Provider Gender: Female


NPI: 1518086388

 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


**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  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSP OF  
LOS ANGELES

Medi-Cal Open Panel: No

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

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### 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


**GOMEZ, LESLIE**

Provider ID: 299467

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 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

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

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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### **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

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

---

### **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

NPI: 1528578713

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: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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**GRAYSON, ANDREA**

Provider ID: 310325

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: 1447577671

Provider 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

IPA: Community Care IPA LLC

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### **CERTIFIED NURSE PRACTITIONER**

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**HA, THU**

Provider ID: 293261

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

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

### 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

### CERTIFIED NURSE PRACTITIONER

**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

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

**HART, BECKY**

Provider ID: 305337

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):  
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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: (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: No  
 Min/Max Age: 0\None

American Sign Language (ASL): N  
 IP: Community Care IPA LLC

 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

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) 434-1644

 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  
 IP: Community Care IPA LLC

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

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU

8:30AM-5:30PM
























W 10AM-7PM

TH-F 8:30AM-5:30PM

 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

| <b>CERTIFIED NURSE<br/>PRACTITIONER</b>   | <b>CERTIFIED NURSE<br/>PRACTITIONER</b>   | <b>CERTIFIED NURSE<br/>PRACTITIONER</b>   |
|---|---|---|
| <p><b>IBARRA, MARTHA</b><br/> <i>Provider ID: 295392</i><br/> <i>Board Certified Specialty: No</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b><br/>  6973 LINDA VISTA RD<br/>           SAN DIEGO, CA 92111<br/>  <i>Phone: (858) 279-0925</i><br/> <i>Fax: (858) 633-4680</i><br/>  <i>After Hours Phone: (858) 279-0925</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1114957289</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 14\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>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</i><br/>  <i>Website: N/A</i><br/> <i>IPA: IHP of Southern Cal-PHP</i></p> | <p><b>IBARRA, MARTHA</b><br/> <i>Provider ID: 295393</i><br/> <i>Board Certified Specialty: No</i><br/> <b>IHP OF SOUTHERN CAL-PHP</b><br/>  7011 LINDA VISTA RD<br/>           SAN DIEGO, CA 92111<br/>  <i>Phone: (858) 810-8700</i><br/> <i>Fax: (858) 633-4680</i><br/>  <i>After Hours Phone: (858) 810-8700</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1114957289</i><br/>  <i>Provider English Spoken: Y</i><br/>  <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 14\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>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</i><br/>  <i>Website: N/A</i><br/> <i>IPA: IHP of Southern Cal-PHP</i></p> | <p><b>JONES, CHRISTA</b><br/> <i>Provider ID: 275563</i><br/> <i>Board Certified Specialty: No</i><br/> <b>UCSD MEDICAL GROUP</b><br/>  200 W ARBOR DR<br/>           SAN DIEGO, CA 92103<br/>  <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/>  <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1396371431</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p> |
|   |   | <p><b>CERTIFIED NURSE<br/>PRACTITIONER</b></p> <p><b>KEMP, KATHRINE</b><br/> <i>Provider ID: 301276</i><br/> <i>Board Certified Specialty: No</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.



## D. Directorio de proveedores especialistas

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

**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

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**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

### CERTIFIED NURSE PRACTITIONER

**KIM, YUNMI**

Provider ID: 312916

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: 1467166942

Provider 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

**LAFORTEZA, JOZELLE**

Provider ID: 202666

Board Certified Specialty: No



UCSD MEDICAL GROUP

9333 GENESEE AVE STE  
200



SAN DIEGO, CA 92121

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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


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**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

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### 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):  
 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: 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) 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):  
 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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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









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

### 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  
 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, GRETEL MARIE**  
 Provider ID: 303202  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (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**



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#### **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**



---

#### **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  
 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: 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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **MIDORO, ABEGAILLE**

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## D. Directorio de proveedores especialistas

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

### CERTIFIED NURSE PRACTITIONER

#### 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

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

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

#### 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

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## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184386864

 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

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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

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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### **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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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## D. Directorio de proveedores especialistas

### 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

### CERTIFIED NURSE PRACTITIONER

#### **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

### CERTIFIED NURSE PRACTITIONER

#### **OCONNELL, 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: 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

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## D. Directorio de proveedores especialistas

### 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)  
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: 311031

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6645 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1588334973

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

### 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

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

### 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

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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 NURSE** **PRACTITIONER**


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#### **PAPPALARDO, ASHLEY**

*Provider ID: 311107*  
*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: 1386302099*

 *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*

---

### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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*

---

### **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*  
*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*

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### **CERTIFIED NURSE** **PRACTITIONER**


---

#### **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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

**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


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

### CERTIFIED NURSE PRACTITIONER

**RALEIGH, DEBORAH**

Provider ID: 312728

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 2131 3RD AVE

SAN DIEGO, CA 92101


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689006876

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

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### **CERTIFIED NURSE PRACTITIONER**

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**RILEY, JEREN**

Provider ID: 313876

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: 1932742376

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 287763

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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**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**

---

**ROSS, CRYSTAL**

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):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**

---

**ROSS, CRYSTAL**

Provider ID: 311051

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6645 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.

## D. Directorio de proveedores especialistas

SAN DIEGO, CA 92120  
☎ 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): 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

**ROSSI, CATHERINE**  
Provider ID: 291445  
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: 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

### CERTIFIED NURSE PRACTITIONER

**ROZO, JOSE**  
Provider ID: 300037  
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: 1528787132

🗣 Provider 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

**SABIN, NANCY**  
Provider ID: 293287

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1285732586

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **SABIN, NANCY**

Provider ID: 293288

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: 1285732586

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

### CERTIFIED NURSE PRACTITIONER

#### **SALINAS, NIECEL**

Provider ID: 312993

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: 1205579141

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

### 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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: 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

#### **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

Website: N/A

IPA: IHP of Southern Cal-PHP

### 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

#### **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

### CERTIFIED NURSE PRACTITIONER

#### **SATTERWHITE, MAURINE**

Provider ID: 293259

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

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

### 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

### 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

American Sign Language (ASL):

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*


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### **CERTIFIED NURSE** **PRACTITIONER**

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**SIETSMA, ALEXANDRA**  
*Provider ID: 311055*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 6645 ALVARADO RD  
SAN DIEGO, CA 92120  
 *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*

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

**SWANSON, BRIANNA**

*Provider ID: 313920*

*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: 1538848148*

 *Provider 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-4PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

**SWANSON, BRIANNA**

*Provider ID: 313921*

*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: 1538848148*

 *Provider 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-4PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

---

### **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*

*Hospital Affiliation: 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*

---

### **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*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR, 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**


---

**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*

---

### **CERTIFIED NURSE PRACTITIONER**


---

**THOMPSON, COURTNEY**

*Provider ID: 311544*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103

 *Phone: (619) 543-3995*

*Fax: (619) 543-3964*

 *After Hours Phone: (619) 543-3995*

*Provider Gender: Female*

*NPI: 1629487285*

 *Provider English 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**


---

**TONG, KIM**

*Provider ID: 313526*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 408 DICKINSON ST  
 SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1861069874*

 *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

Medi-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

---

**TONG, KIM**

Provider ID: 313528

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: 1861069874


 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

---

### CERTIFIED NURSE PRACTITIONER


---


**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


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


---

**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

Hospital Affiliation: UCSD  
MEDICAL CTR, 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

---

### CERTIFIED NURSE PRACTITIONER

---


**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

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](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): Provider ID: 205651

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


**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

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

---

### **CERTIFIED NURSE** **PRACTITIONER**


---


**VIBAL-POASTER, MARIA**  
**KHRISTINA**

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**


---

**WALDRUP, LA RHONDA**

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: 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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### **CERTIFIED NURSE** **PRACTITIONER**


---

**WEIMER, BRYANA**

Provider ID: 313931

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: 1942037510

 Provider English Spoken: Y  
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](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*  
 *Hours: M-F 8AM-5PM SA 8AM-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

---




**CERTIFIED NURSE**  
**PRACTITIONER**

---

**WEIMER, BRYANA**

*Provider ID: 313932*  
*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: 1942037510*  
 *Provider 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-4PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


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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*  
*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: IHP of Southern Cal-PHP, UCSD Medical Group*



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**CERTIFIED NURSE**  
**PRACTITIONER**



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**WHITEHURST, UNIQUE**

*Provider ID: 311075*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*  
 6645 ALVARADO RD  
 SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1124800214*  
 *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, UCSD Medical Group*

---

**CERTIFIED NURSE**  
**PRACTITIONER**

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**WIETZKE, MATTHEW**

*Provider ID: 311060*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*  
 6645 ALVARADO RD  
 SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1518613678*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: 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): Provider ID: 299916

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


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**WONG, MAYBELLE**

Provider ID: 311074

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6645 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1437921459

 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

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### **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


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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### **CERTIFIED NURSE PRACTITIONER**


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**WOO, ANDY**

Provider ID: 311024

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6645 ALVARADO RD  
SAN DIEGO, CA 92120

 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


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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### **CERTIFIED REGISTERED NURSE ANESTHETIST**


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**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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

### **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, ORANGE  
COAST MEM 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

### **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

IPA: Imperial Health Holdings  
Medical Group-SD

### **CERTIFIED REGISTERED**

#### **NURSE ANESTHETIST**

**BARSONI, ALEXANDRA**

Provider ID: 312688

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: 1356100051

 Provider 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**

**BARSONI, ALEXANDRA**

Provider ID: 312687

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: 1356100051

 Provider 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

 Website: N/A  
 IPA: UCSD Medical Group

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**CERTIFIED REGISTERED  
 NURSE ANESTHETIST**

---

**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

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

---


**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

---


**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

Hospital Affiliation: UCSD

MEDICAL 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 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### CERTIFIED REGISTERED NURSE ANESTHETIST

#### **DOLLAND, STEVEN**

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


### CERTIFIED REGISTERED

### NURSE ANESTHETIST

#### **FARRIS, AMANDA**

Provider ID: 311600  
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: 1538900154

 Provider 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

#### **FARRIS, AMANDA**

Provider ID: 311601  
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: 1538900154

 Provider 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

#### **FERRITER, STACY**

Provider ID: 265295  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 REGISTERED NURSE ANESTHETIST**

---

#### **GARCIA, CALVIN**

*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) 926-8273*  
*Provider Gender: Male*  
*NPI: 1427419944*  
 *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*

---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**


---

#### **GONZALEZ, LISA**

*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, 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 REGISTERED NURSE ANESTHETIST**

---

#### **LANTRIP, KEATON**

*Provider ID: 311517*  
*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: 1043059686*

 *Provider 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**

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#### **LANTRIP, KEATON**

*Provider ID: 311518*  
*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: 1043059686*

 *Provider 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

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**CERTIFIED REGISTERED  
NURSE ANESTHETIST**


---

**RAMIREZ, NICOLE**

Provider ID: 291404

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: 1487213500

 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

---

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

---

**RHYNER, GINA**


Provider ID: 313688

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: 1508163437

 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

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**CERTIFIED REGISTERED  
NURSE ANESTHETIST**


---

**SACKS, BRENT**

Provider ID: 278003

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: 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

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**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

---

**SCOTT, TIFFANY**

Provider ID: 312870

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: 1376885186

 Provider 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 REGISTERED NURSE ANESTHETIST**

#### **SCOTT, TIFFANY**

Provider ID: 312869

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: 1376885186

Provider 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**

#### **TOCCO, JESSICA**

Provider ID: 312884

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: 1366836397

Provider 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**

#### **TOCCO, JESSICA**

Provider ID: 312885

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: 1366836397

Provider 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**

#### **VINCENT, BERLIN**

Provider ID: 291454

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: 1144987801

Provider 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**

#### **WAKEFIELD, CHANTAL**

Provider ID: 313052

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103




Phone: (858) 554-1212

Fax: (888) 539-8781

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

554-1212  
 Provider Gender: Female  
 NPI: 1548006141  
 Provider 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**

**WAKEFIELD, CHANTAL**  
 Provider ID: 313053  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (858) 554-1212  
 Fax: (888) 539-8781  
 After Hours Phone: (858)  
 554-1212  
 Provider Gender: Female  
 NPI: 1548006141  
 Provider 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 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,  
 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 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,  
 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 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)

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








## D. Directorio de proveedores especialistas




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

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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

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**CERTIFIED REGISTERED**  
**NURSE MIDWIFE**

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**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  
 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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**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  
 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  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

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**CERTIFIED REGISTERED**  
**NURSE MIDWIFE**

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**GREAR MANN, MELISSA**  
 Provider ID: 210052  
 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

### 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

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

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### **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

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 REGISTERED**

#### **NURSE MIDWIFE**

### 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

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 REGISTERED**

#### **NURSE MIDWIFE**

### 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

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 REGISTERED**

#### **NURSE MIDWIFE**

### HIRSCH, 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. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

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

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**NATHAN, CARLY**

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

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**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

### **CHIROPRACTOR**

**BUI, MAI**

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

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

### **CHIROPRACTOR**

**BUI, MAI**

Provider ID: 125052

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

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## D. Directorio de proveedores especialistas

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

Website: N/A

IPA: IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD

### CHIROPRACTOR

#### BUI, MAI

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

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 8AM-5PM  
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### CHIROPRACTOR

#### CHAMPAGNE, ALLISON

Provider ID: 310817

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: 1861957482

Provider 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

### CHIROPRACTOR

#### GILBERTO, 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

### CHIROPRACTOR

#### GILBERTO, JOSEPH

Provider ID: 291547

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

### 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

### 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

### 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

### PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### DERMATOLOGY

#### BRIONES, NAOMI

Provider ID: 313462

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: 1477013878

Provider 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

#### CALAME, ANTOANELLA

Provider ID: 290301


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (858) 750-2983

Fax: (858) 900-2779

 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

#### CHEN, ALESSANDRA


Provider ID: 311819

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: 1902367378

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: MERCY

SAN JUAN MEDICAL CENTER,

MERCY HOSPITAL OF

FOLSOM

Medi-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

#### 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

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

### 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








Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*





### 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

#### **KIM, GRACE**


*Provider ID: 313549*  
*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: 1487114047*  
 *Provider 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

#### **KOLAR, MATTHEW**


*Provider ID: 312036*  
*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: 1164050167*

 *Provider 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

#### **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*  
*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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-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

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

### DERMATOLOGY


#### MALONEY, NOLAN

Provider ID: 311459

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: Male

NPI: 1124655618

 Provider 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

### DERMATOLOGY

**SHI, VERONICA**

Provider ID: 286335

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: 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

**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

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER


 Website: N/A

IPA: UCSD Medical Group

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1881222388

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### DERMATOLOGY

**WONG, HENRY**

Provider ID: 313609

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: 1437237567

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

### DERMATOLOGY

**SUTHERLAND, ANNA**


Provider ID: 311463

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

### 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

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 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: 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, 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


### 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, 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

### 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, 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

### EMERGENCY MEDICINE

#### BELLINGHAUSEN, 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. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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: 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

#### 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

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

#### CASAS, TAMARA

Provider ID: 313568

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: 1669962270

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: SHARP  
 CHULA VISTA MED CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, 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  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network, UCSD Medical Group

### **EMERGENCY MEDICINE**

#### **CASAS, TAMARA**



Provider ID: 311938  
 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: Female  
 NPI: 1669962270  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP

CHULA VISTA MED CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,  
 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

### **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  
 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

### **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  
 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









### **EMERGENCY MEDICINE**

#### **CHEN, ALICE**

Provider ID: 287430  
 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. 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: 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**



#### **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  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **EMERGENCY MEDICINE**



#### **CHIN, BRIAN**

Provider ID: 313570  
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: 1770140782  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **COOK, LEANNE**

Provider ID: 313633  
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: 1053948687

 Provider 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**

#### **COYNE, 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: 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

**DHILLON, NAVNEET**

Provider ID: 313517

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: 1871071167

Provider 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

**DILBAROVA, RIMA**

Provider ID: 313636

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: 1922635457

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

### EMERGENCY MEDICINE

**EAGLE, SONJA**

Provider ID: 311503

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: 1699394114

Provider 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

**GUITTARD, JESSE**








Provider ID: 239879

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: (619) 543-6400  
 After Hours Phone: (619) 543-6400  
 Provider Gender: Male  
 NPI: 1770979890  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group



### 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, 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

### 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

**HRYNIEWICKI, ADAM**  
 Provider ID: 313523  
 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: 1184244014  
 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






### EMERGENCY MEDICINE

**JACKSON, MEGAN**  
 Provider ID: 313540  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 6655 ALVARADO RD

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## D. Directorio de proveedores especialistas




SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1154958437  
 Provider 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

**KRYSHTAFOVYCH, SOLOMIYA**  
 Provider ID: 313020  
 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: 1801425244  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY 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








### EMERGENCY MEDICINE

**KRYSHTAFOVYCH, SOLOMIYA**  
 Provider ID: 313019  
 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: 1801425244  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY 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

### 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  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### EMERGENCY MEDICINE

**LAFREE, ANDREW**  
 Provider ID: 313673  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

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## D. Directorio de proveedores especialistas

Provider Gender: Male  
 NPI: 1639437809  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL  
 CENTER, 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

### EMERGENCY MEDICINE

#### LAFREE, ANDREW

Provider ID: 313675

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: 1639437809

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL  
 CENTER, 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

### EMERGENCY MEDICINE

#### LIOTTA, BENJAMIN

Provider ID: 313017

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: 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

#### LIOTTA, BENJAMIN

Provider ID: 313311

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: 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

Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### LIOTTA, BENJAMIN








Provider ID: 285630

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: 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**

**LIPPI, MATTHEW**  
 Provider ID: 311492  
 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: 1932736485  
 Provider 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**

**MASON, MATTHEW**  
 Provider ID: 313687  
 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: 1487116281

 Provider 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**

**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, 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

### **EMERGENCY MEDICINE**

**MERTE, BRYAN**  
 Provider ID: 313611

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## 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: 1124657804

Provider 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

#### 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)  
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

#### 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

#### 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

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



## D. Directorio de proveedores especialistas

### 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\18

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\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network

### EMERGENCY MEDICINE

### ROURKE, KYLE

Provider ID: 313483

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: 1851928386

Provider 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

### 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

Hospital Affiliation: UCSD  
MEDICAL 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 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

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### 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

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### EMERGENCY MEDICINE

**SAMHA, LEEN**  
 Provider ID: 313010  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (858) 554-1212  
 Fax: (888) 539-8781  
 After Hours Phone: (858)  
 554-1212

Provider Gender: Female  
 NPI: 1992334825  
 Provider 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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### EMERGENCY MEDICINE

**SANDIFORD, PATRICK**  
 Provider ID: 312859  
 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: 1700151917

 Provider 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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### EMERGENCY MEDICINE

**SEGAL, LAUREN**  
 Provider ID: 313710  
 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: 1013278431

 Provider 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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### EMERGENCY MEDICINE

**SELF, MICHAEL**  
 Provider ID: 313747  
 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

### UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1053702746

 Provider English 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

### EMERGENCY MEDICINE

#### SHISHLOV, KIRILL


Provider ID: 313656

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: 1114248077

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Russian

Spoken: Russian  
Cultural Competency: N

Hospital Affiliation: EL  
CENTRO REGIONAL MEDICAL

CENTER, 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

### EMERGENCY MEDICINE

#### SHISHLOV, KIRILL



Provider ID: 313658

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: 1114248077

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Russian


Cultural Competency: N

Hospital Affiliation: EL  
CENTRO REGIONAL MEDICAL  
CENTER, 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

### 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

#### SMITH, CASEY


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 ID: 313727

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4077 5TH AVE

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871099333

 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

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### EMERGENCY MEDICINE


#### SMITH, CASEY

Provider ID: 313730

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: 1871099333

 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

---

### EMERGENCY MEDICINE


#### SMITH, CASEY

Provider ID: 313729

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: 1871099333

 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

---

### EMERGENCY MEDICINE


#### SUPAT, BENJAMIN

Provider ID: 313297

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: 1376772905


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### 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

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## D. Directorio de proveedores especialistas

|  |  |   |
|--|--|---|
| <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, Sharp Grossmont Hospital, UCSD MEDICAL CTR</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: SU 8AM-8PM<br/>M-F 8AM-5PM<br/>SA 8AM-8PM</i></p> <p> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p>   | <p><i>SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, UCSD LA JOLLA JOHN SALLY THORNTON</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p>  | <p><i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p>   |
| <hr/>  |  |   |
| <b>EMERGENCY MEDICINE</b>  |  |   |
| <b>TOMASZEWSKI, CHRISTIAN</b>  |  |   |
| <p><i>Provider ID: 313736</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i></p> <p> 6655 ALVARADO RD<br/> SAN DIEGO, CA 92120</p> <p> <i>Phone: (800) 926-8273</i><br/> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i><br/> <i>NPI: 1982629408</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD MEDICAL CTR, EL CENTRO REGIONAL MEDICAL CENTER,</i></p> | <p> 4077 5TH AVE<br/> SAN DIEGO, CA 92103</p> <p> <i>Phone: (800) 926-8273</i><br/> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i><br/> <i>NPI: 1982629408</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD MEDICAL CTR, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, UCSD LA JOLLA JOHN SALLY THORNTON</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> | <p><b>EMERGENCY MEDICINE</b></p> <p><b>TOMASZEWSKI, CHRISTIAN</b></p> <p><i>Provider ID: 313737</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i></p> <p> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123</p> <p> <i>Phone: (800) 926-8273</i><br/> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i><br/> <i>NPI: 1982629408</i></p> <p> <i>Provider English Spoken: Y</i><br/> <i>Provider Language(s) Spoken: Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD MEDICAL CTR, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, UCSD LA JOLLA JOHN SALLY THORNTON</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p> |

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **EMERGENCY MEDICINE**

#### **TORRES, ERICK**

*Provider ID: 313618*

*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: 1548846983*

 *Provider 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**

#### **WAYMENT, ANDREW**

*Provider ID: 313529*

*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: 1013593839*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: BEAR*

*VALLEY COMM HOSP,  
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*

 *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):*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **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*

*Hospital Affiliation: UCSD  
MEDICAL CTR*

*Medi-Cal Open Panel: Yes*


*Min/Max Age: 0\None*

*American Sign Language (ASL):*

 *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**  
 Website: N/A  
 IPA: UCSD Medical Group


### EMERGENCY MEDICINE

#### **YU, ELAINE**

Provider ID: 313702  
 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: 1528564150

 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

#### **DECAMPS, SCARLETT**

Provider ID: 311511  
 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: 1477014611

 Provider 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

 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: UCSD Medical Group</p>   | <p>IPA: UCSD Medical Group</p>  | <p> 330 LEWIS ST<br/>SAN DIEGO, CA 92103</p> <p> Phone: (800) 926-8273</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female<br/>NPI: 1720474141</p>   |
| <hr/> <p><b><u>ENDOCRINOLOGY</u></b><br/><b><u>METABOLISM DIABETES</u></b></p> <hr/>   |   |  |
| <p><b>JUANG, PATRICIA</b></p> <p>Provider ID: 255605</p> <p>Board Certified Specialty: No<br/>UCSD MEDICAL GROUP</p> <p> 4168 FRONT ST<br/>SAN DIEGO, CA 92103</p> <p> Phone: (800) 926-8273</p> <p>Fax: (858) 657-7298</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female<br/>NPI: 1265695795</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s)<br/>Spoken: Mandarin</p> <p>Cultural Competency: N<br/>Hospital Affiliation: UCSD<br/>MEDICAL CTR, UCSD LA<br/>JOLLA JOHN SALLY<br/>THORNTON</p> <p>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):</p> | <p> 4168 FRONT ST<br/>SAN DIEGO, CA 92103</p> <p> Phone: (800) 926-8273</p> <p>Fax: (619) 543-6500</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female<br/>NPI: 1932324175</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N<br/>Hospital Affiliation: UCSD<br/>MEDICAL CTR</p> <p>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0\None<br/>American Sign Language (ASL):</p> | <p> Provider English Spoken: Y</p> <p> Provider Language(s)<br/>Spoken: Spanish</p> <p>Cultural Competency: N<br/>Hospital Affiliation: UCSD<br/>MEDICAL CTR</p> <p>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 18\None<br/>American Sign Language (ASL):</p>  |
| <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p>  | <p>N</p>  | <p>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>   |
| <hr/> <p><b><u>ENDOCRINOLOGY</u></b><br/><b><u>METABOLISM DIABETES</u></b></p> <hr/>   |   |  |
| <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p>  | <p><b><u>ENDOCRINOLOGY</u></b><br/><b><u>METABOLISM DIABETES</u></b></p>  | <p><b><u>ENDOCRINOLOGY</u></b><br/><b><u>METABOLISM DIABETES</u></b></p> <p><b>NAGELBERG, JODI</b></p> <p>Provider ID: 287781</p> <p>Board Certified Specialty: No<br/>UCSD MEDICAL GROUP</p> <p> 4168 FRONT ST<br/>SAN DIEGO, CA 92103</p> <p> Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female<br/>NPI: 1720474141</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*  
 *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*

### 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*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*



*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*  
*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*  
*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

#### **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**

*Provider ID: 286323*  
*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

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

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

### 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: (858) 578-4417

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1629480272

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: 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: (858) 578-4417

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1629480272

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

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

#### CARRAGEE, CATHERINE

Provider ID: 313616

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: 1306425681

 Provider English Spoken: Y  
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*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **FAMILY PRACTICE**

**CHEN, ALICE**


*Provider ID: 207163*

*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: 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: 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**

**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

### **FAMILY PRACTICE**




#### **HONG, DANA**





Provider ID: 311455  
 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: 1982276341  
 Provider 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**


#### **JOHN, TANNER**

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

### **FAMILY PRACTICE**

#### **JOLICOEUR, MEGAN**

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)  
 926-8273

Provider Gender: Female  
 NPI: 1114366192

 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

### **FAMILY PRACTICE**

#### **JOLICOEUR, MEGAN**

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  
 Hospital Affiliation: 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*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **FAMILY PRACTICE**


#### **JOLICOEUR, MEGAN**

*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*

*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*

---

### **FAMILY PRACTICE**

#### **JOLICOEUR, MEGAN**


*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*

 *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*

---

### **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*

*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*

---

### **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*


*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*

---

### **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.

## D. Directorio de proveedores especialistas

### MARTINEZ, BRIANNA

Provider ID: 311506

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: 1770161150

Provider 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: 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

### 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

Website: N/A

IPA: IHP of Southern Cal-PHP

#### FAMILY PRACTICE

### RISSEY, JOSEPH

Provider ID: 293216

Board Certified Specialty: Yes  
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

 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**

#### **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**

#### **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**

#### **RYAN, RHIANNON**

Provider ID: 311477

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: 1184205668

 Provider 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**

#### **SCOTT, LAGINA**

Provider ID: 302648


Board Certified Specialty: No  
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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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): Board Certified Specialty: No  
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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#### SHMERLING, ALISON

Provider ID: 312246

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: 1609295526


 Provider 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

---

### FAMILY PRACTICE


---

#### SHMERLING, ALISON

Provider ID: 312249

 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: 1609295526


 Provider 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

---

### FAMILY PRACTICE

---


#### SHMERLING, ALISON

Provider ID: 312248


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: 1609295526


 Provider 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

---

### FAMILY PRACTICE

---


#### SHMERLING, ALISON

Provider ID: 312247

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: 1609295526

 Provider 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 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.



## D. Directorio de proveedores especialistas

 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, PHU LUONG**

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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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: 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

#### **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


#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: Rady Childrens Health Network

### GASTROENTEROLOGY

#### **BRANCH, LAUREL**

Provider ID: 313513

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: 1912437617


 Provider 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


#### **BRANCH, LAUREL**

Provider ID: 313516

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: 1912437617

 Provider 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


#### **CARETHERS, JOHN**

Provider ID: 311109


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: 1518048990

 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


#### **CHAVEZ, LUIS**

Provider ID: 311340

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: Male

NPI: 1295224905

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL

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<br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: IHP of Southern Cal-PHP</i></p>  | <p><i>UCSD MEDICAL GROUP</i><br/>  4510 EXECUTIVE DR STE 7<br/>           SAN DIEGO, CA 92121<br/>  <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/>  <i>After Hours Phone: (800) 926-8273</i></p>  | <p><i>Cultural Competency: N</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL):</i><br/>           N</p>  |
| <hr/>  |   |   |
| <b><u>GASTROENTEROLOGY</u></b>   |   |   |
| <p><b>DAVE, SHRAVAN</b><br/> <i>Provider ID: 304204</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i><br/>  6655 ALVARADO RD<br/>           SAN DIEGO, CA 92120<br/>  <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/>  <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1588081814</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD</i></p> | <p><i>MEDICAL CTR</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 18\None</i><br/> <i>American Sign Language (ASL):</i><br/>           N<br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p>  | <p><i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p>  |
| <hr/>  |   |   |
| <b><u>GASTROENTEROLOGY</u></b>   |   |   |
| <p><b>DAVE, SHRAVAN</b><br/> <i>Provider ID: 270450</i><br/> <i>Board Certified Specialty: No</i></p>  | <p><b>HASAN, AWS</b><br/> <i>Provider ID: 299951</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i><br/>  200 W ARBOR DR<br/>           SAN DIEGO, CA 92103<br/>  <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/>  <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1780047597</i><br/>  <i>Provider English Spoken: Y</i></p> | <p><b>HILDRETH, AMBER</b><br/> <i>Provider ID: 280464</i><br/> <i>Board Certified Specialty: No</i><br/> <i>RADY CHILDRENS HEALTH NETWORK</i><br/>  3030 CHILDRENS WAY FL<br/>           2<br/>           SAN DIEGO, CA 92123<br/>  <i>Phone: (858) 966-4003</i><br/> <i>Fax: (858) 560-6798</i><br/>  <i>After Hours Phone: (858) 966-4003</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1548521511</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL):</i><br/>           N<br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</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.

## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: Rady Childrens Health  
 Network, UCSD Medical Group


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### **GASTROENTEROLOGY**

#### **KRAUSE, AMANDA**

Provider ID: 313631  
 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: 1528561305

 Provider 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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### **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


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### **GASTROENTEROLOGY**

#### **KUO, SELENA**

Provider ID: 313479  
 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: 1174029821

 Provider 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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### **GASTROENTEROLOGY**

#### **KUO, SELENA**

Provider ID: 313476  
 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: 1174029821

 Provider 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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### **GASTROENTEROLOGY**




#### **NOUREDDIN, NABIL**

Provider ID: 313615  
 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: 1972037026

 Provider 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

#### NOUREDDIN, NABIL

Provider ID: 313612

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: 1972037026

 Provider 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


#### 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):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### GASTROENTEROLOGY


#### POLK, DAVID


Provider ID: 275449

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123


 Phone: (760) 294-9260

 Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1427140839


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSP OF  
LOS ANGELES

Medi-Cal Open Panel: Yes

Min/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

### **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**

**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**

**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

### **GASTROENTEROLOGY**

**YOUSSEF, FADY**

Provider ID: 300024

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: 1265887723

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

 Website: N/A  
IPA: UCSD Medical Group


### GASTROENTEROLOGY

#### **YOUSSEF, FADY**

Provider ID: 304186  
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: 1265887723  
 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




### GENETICS CLINICAL

#### **REIMERS, REBECCA**

Provider ID: 294650  
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: 1801207634  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, 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: Rady Childrens Health

### GENETICS CLINICAL


#### **REIMERS, REBECCA**

Provider ID: 302348  
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: 1801207634  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL  
Medi-Cal Open Panel: No  
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

### GENETICS MEDICAL

#### **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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, 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): 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) 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 PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

|   |  |   |
|---|--|---|
| <p align="center"><b>HEARING AID DEALER /<br/>SUPPLIER</b></p>  | <p>Fax: (858) 565-7324<br/>  After Hours Phone: (858) 278-9911<br/>           Provider Gender: Female<br/>           NPI: 1902853344<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8:30AM-5PM<br/>  Website: N/A<br/>           IPA: Community Care IPA LLC</p>   | <p>PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p>  |
| <p><b>DAVIS, KELLE</b><br/>           Provider ID: 268652<br/>           Board Certified Specialty: No<br/>           COMMUNITY CARE IPA LLC<br/>  6367 ALVARADO CT STE 101<br/>           SAN DIEGO, CA 92120<br/>  Phone: (619) 583-7002<br/>           Fax: (619) 583-9404<br/>  After Hours Phone: (619) 583-7002<br/>           Provider Gender: Female<br/>           NPI: 1902853344<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8:30AM-5PM<br/>  Website: N/A<br/>           IPA: Community Care IPA LLC</p> | <p align="center"><b>HEMATOLOGY / ONCOLOGY</b></p> <p><b>AL-BANAA, KADHIM</b><br/>           Provider ID: 313024<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  9333 GENESEE AVE<br/>           SAN DIEGO, CA 92121<br/>  Phone: (858) 554-1212<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (858) 554-1212<br/>           Provider Gender: Male<br/>           NPI: 1548790041<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p align="center"><b>HEMATOLOGY / ONCOLOGY</b></p> <p><b>AL-BANAA, KADHIM</b><br/>           Provider ID: 313023<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  200 W ARBOR DR<br/>           SAN DIEGO, CA 92103<br/>  Phone: (858) 554-1212<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (858) 554-1212<br/>           Provider Gender: Male<br/>           NPI: 1548790041<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p> |
| <p align="center"><b>HEARING AID DEALER /<br/>SUPPLIER</b></p>  | <p><b>DAVIS, KELLE</b><br/>           Provider ID: 268653<br/>           Board Certified Specialty: No<br/>           COMMUNITY CARE IPA LLC<br/>  9340 CLAIREMONT MESA BLVD STE D<br/>           SAN DIEGO, CA 92123<br/>  Phone: (858) 278-9911</p>  | <p align="center"><b>HEMATOLOGY / ONCOLOGY</b></p> <p><b>CHEN, YU-WEI</b><br/>           Provider ID: 303059<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  200 W ARBOR DR<br/>           SAN DIEGO, CA 92103<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781</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: (800) 926-8273

Provider Gender: Male

NPI: 1245694801

☑ 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

### HEMATOLOGY / ONCOLOGY

#### **FINDAKLY, DAWOOD**

Provider ID: 313440

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

📍 16918 DOVE CANYON RD STE 103

SAN DIEGO, CA 92127

☎ Phone: (858) 649-8935

Fax: (858) 649-5099

☎ After Hours Phone: (858) 649-8935

Provider Gender: Male

NPI: 1639676620

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

HEALTH, PALOMAR MEDICAL

CENTER, 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

### 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 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, 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

### HEMATOLOGY / ONCOLOGY

#### **PAUL, MEGAN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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\None

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

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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*

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### 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*

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### 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*

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### HOSPICE AND PALLIATIVE MEDICINE


#### **RUBENZIK, TAMARA**

*Provider ID: 276671*

*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

#### **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*








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## D. Directorio de proveedores especialistas




|   |   |  |
|---|---|--|
| <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i></p>  | <p><i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p>   | <p><i>Network</i></p>  |
| <b><u>HOSPITALIST MD/DO</u></b>   |   |  |
| <p><b>CHILDERS, DIANA</b><br/> <i>Provider ID: 275068</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i><br/>  200 W ARBOR DR<br/> SAN DIEGO, CA 92103<br/>  <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/>  <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1033128376</i></p> | <p><b>DUBE, AMANDA</b><br/> <i>Provider ID: 310293</i><br/> <i>Board Certified Specialty: No</i><br/> <i>RADY CHILDRENS HEALTH NETWORK</i><br/>  3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123<br/>  <i>Phone: (858) 966-5841</i><br/> <i>Fax: (858) 966-6728</i><br/>  <i>After Hours Phone: (858) 966-5841</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1710407531</i></p> | <p><b>FIRESTEIN, CATHERINE</b><br/> <i>Provider ID: 275387</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i><br/>  200 W ARBOR DR<br/> SAN DIEGO, CA 92103<br/>  <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/>  <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1427348382</i></p>   |
| <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i><br/> <i>Medi-Cal Open Panel: Yes</i></p>  | <p><i>Min/Max Age: 0\18</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health</i></p>  | <p> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 8AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p> |
| <b><u>HOSPITALIST MD/DO</u></b>   |   |  |
| <p><b>HAMMOND, CHARLES</b><br/> <i>Provider ID: 278588</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i></p>   |   |  |





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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: 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



### HOSPITALIST MD/DO

**KUPELIAN, CHLOE**  
 Provider ID: 310785  
 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: 1780013748  
 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  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network





### HOSPITALIST MD/DO

**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  
 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

### INFECTIOUS DISEASE

**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, 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

### INFECTIOUS DISEASE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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

### INFECTIOUS DISEASE

### DEISS, ROBERT

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

### INFECTIOUS DISEASE

### 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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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### **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**

#### **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\None*

*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**

#### **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) 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*


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### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

Medi-Cal Open Panel: Yes

Min/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**

**RAMIREZ SANCHEZ, 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, 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,  
UCSD Medical Group


### **INFECTIOUS DISEASE**


**TOVAR PADUA, 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\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **INFECTIOUS DISEASE**


**TOVAR PADUA, 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\None

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>INFECTIOUS DISEASE</b></p> <p><b>WILKIN, TIMOTHY</b><br/>           Provider ID: 311164<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  4168 FRONT ST FL 3<br/>           SAN DIEGO, CA 92103<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800) 926-8273<br/>           Provider Gender: Male<br/>           NPI: 1740334978<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD<br/>           MEDICAL CTR<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p> | <p>Provider Gender: Male<br/>           NPI: 1144562703<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Russian<br/>           Cultural Competency: N<br/>           Hospital Affiliation: PIH<br/>           HEALTH GOOD SAMARITAN<br/>           HOSPITAL, SUTTER MEDICAL<br/>           CENTER SACRAMENTO, UCSD<br/>           LA JOLLA JOHN SALLY<br/>           THORNTON, UCSD MEDICAL<br/>           CTR<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 18\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 9AM-5PM<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p> | <p>Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M 8:30AM-5:30PM<br/>           TU 8:30AM-8:30PM<br/>           W-F 8:30AM-5:30PM<br/>           SA 9AM-4PM<br/>  Website: N/A<br/>           IPA: IHP of Southern Cal-PHP</p>  |
| <p><b>INTERNAL MEDICINE</b></p> <p><b>ARUTYUNOV, BORIS</b><br/>           Provider ID: 201910<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  200 W ARBOR DR<br/>           SAN DIEGO, CA 92103<br/>  Phone: (619) 471-9186<br/>  After Hours Phone: (619) 471-9186</p>   | <p><b>INTERNAL MEDICINE</b></p> <p><b>BALL, SHELDON</b><br/>           Provider ID: 294137<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  6973 LINDA VISTA RD<br/>           SAN DIEGO, CA 92111<br/>  Phone: (858) 279-0925<br/>           Fax: (858) 633-4680<br/>  After Hours Phone: (858) 279-0925<br/>           Provider Gender: Male<br/>           NPI: 1689646275<br/>  Provider English Spoken: Y</p>  | <p><b>INTERNAL MEDICINE</b></p> <p><b>BALL, SHELDON</b><br/>           Provider ID: 294136<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  7011 LINDA VISTA RD<br/>           SAN DIEGO, CA 92111<br/>  Phone: (858) 810-8700<br/>           Fax: (858) 633-4680<br/>  After Hours Phone: (858) 810-8700<br/>           Provider Gender: Male<br/>           NPI: 1689646275<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M 8:30AM-5:30PM<br/>           TU 8:30AM-8:30PM</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.



## D. Directorio de proveedores especialistas

W-F 8:30AM-5:30PM  
SA 9AM-4PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### INTERNAL MEDICINE

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#### BARRIOLA RUBARTH, RODRIGO


Provider ID: 311570  
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: 1336729979

 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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### INTERNAL MEDICINE

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#### 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

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### INTERNAL MEDICINE

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#### 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

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### INTERNAL MEDICINE

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#### 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

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## D. Directorio de proveedores especialistas

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

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### INTERNAL MEDICINE

#### FOX, SUTTON


Provider ID: 313474

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: 1326624008

 Provider 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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### 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) 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

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### 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):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### INTERNAL MEDICINE

#### GUPTA, VINEET

Provider ID: 313695


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: 1942431069

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi

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: 18\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 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


Hospital Affiliation: UCSD  
MEDICAL CTR


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

**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

**IBARRA, ALLISON**

Provider ID: 312685

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: 1881221273

 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


**JABBOUR, MOUSSA**


Provider ID: 256659

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: 1255741633

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

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: 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


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

**KUMAR, ANJALI**

Provider ID: 312862

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: 1295362507


 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

**KUMAR, ANJALI**

Provider ID: 312863

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: 1295362507

 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


**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

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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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### **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**

#### **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*


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### **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*


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### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, SOUTHWEST  
 HEALTHCARE INLAND  
 VALLEY 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: 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  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group



### INTERNAL MEDICINE

**MARINO, NIKOLAS**

Provider ID: 313525  
 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: 1316523988

 Provider 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

**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

**NGUYEN, MICHELLE**

Provider ID: 311483  
 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: 1407367618

 Provider English Spoken: Y

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## D. Directorio de proveedores especialistas

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


### INTERNAL MEDICINE




**NGUYEN, MICHELLE**  
 Provider ID: 311484  
 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: 1407367618  
 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

### 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

**NOVIKOV, YEVGENY**  
 Provider ID: 313732  
 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: 1144682428  
 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

**PASCUA, RYAN**  
 Provider ID: 312026  
 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: 1972064269  
 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*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### **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*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **INTERNAL MEDICINE**

#### **SIRIPHAND, CHRISTOPHER**

*Provider ID: 311445*  
*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: 1891258596*

 *Provider English Spoken: Y*  
*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*

 *Website: N/A*  
*IPA: UCSD Medical Group*


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### **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*


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### **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*  
*Hospital Affiliation: UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\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: UCSD Medical Group*

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### INTERNAL MEDICINE

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#### 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*


*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*

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### INTERNAL MEDICINE


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#### 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*

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### INTERNAL MEDICINE


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#### 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*

*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*

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### INTERNAL MEDICINE

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#### TRAN, HAO

*Provider ID: 313745*

*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: 1891997078*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Chinese,  
Vietnamese*

*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: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 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


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

**WASTILA, LISA**

Provider ID: 310175

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: 1043375231

 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 8:30AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### 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

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## D. Directorio de proveedores especialistas

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

#### WONG, JUSTIN

Provider ID: 313599  
 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: 1740869387  
 Provider 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

#### 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

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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: 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

#### **AFSHAR, KAMYAR**

Provider ID: 311561

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (619) 471-9186

Fax: (619) 543-8255

After Hours Phone: (619)  
471-9186

Provider Gender: Male

NPI: 1407050669

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

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

#### **AKUTHOTA, PRAVEEN**

Provider ID: 311490

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (619) 471-9186

Fax: (619) 543-8255

After Hours Phone: (619)  
471-9186

Provider Gender: Male

NPI: 1396704698

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

#### **AKUTHOTA, PRAVEEN**

Provider ID: 311491

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 2  
SAN DIEGO, CA 92121

Phone: (855) 355-5864

Fax: (858) 657-6171

After Hours Phone: (855)  
355-5864

Provider Gender: Male

NPI: 1396704698

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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**INTERNAL MEDICINE**  
**CRITICAL CARE MEDICINE**








**BARNES, LAURA**

Provider ID: 312185  
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: 1558749242  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, 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  
 Website: N/A  
IPA: UCSD Medical Group

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**INTERNAL MEDICINE**  
**CRITICAL CARE MEDICINE**

**BARNES, LAURA**

Provider ID: 312184  
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: 1558749242  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, 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 9AM-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)  
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):  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

---

**INTERNAL MEDICINE**  
**CRITICAL CARE MEDICINE**  
**BEGOVIC, ADNAN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

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: 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)  
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

**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: 284705

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103



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## D. Directorio de proveedores especialistas

 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 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





#### **CROUCH, DANIEL**

Provider ID: 313726  
 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: 1710182423

 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  
 Website: N/A  
 IPA: UCSD Medical Group

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **DEWOLF, SEAN**

Provider ID: 311453  
 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: 1518312230  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: KINDRED HOSPITAL SAN DIEGO, 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](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): Provider ID: 311489

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE


#### HEPOKOSKI, MARK


Provider ID: 311546

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (855) 355-5864

 After Hours Phone: (855)  
355-5864

Provider Gender: Male

NPI: 1649408790

 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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### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE


#### IBRAHIM, ISLAM


Provider ID: 311489

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: 1962586917

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, LONG BEACH

MEMORIAL MED CTR,

TEMECULA VALLEY HOSPITAL

INC, SOUTHWEST

HEALTHCARE INLAND

VALLEY 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: UCSD Medical Group

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### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### JOHN, MIRA


Provider ID: 311590

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: 1013448588


 Provider 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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### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### JOHN, MIRA


Provider ID: 311591

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: 1013448588

 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

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### INTERNAL MEDICINE CRITICAL CARE MEDICINE


#### **KAMDAR, BIREN**

Provider ID: 311452

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (855) 355-5864

 After Hours Phone: (855)  
355-5864

Provider Gender: Male

NPI: 1528115417

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SANTA  
MONICA UCLA MED CTR,  
RONALD REAGAN 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

---

### INTERNAL MEDICINE


### CRITICAL CARE MEDICINE

#### **LIN, CHRISTINE**

Provider ID: 311557

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: 1699979591

 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

---


### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE


#### **LIN, CHRISTINE**

Provider ID: 311558

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: 1699979591

 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

---

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **LIN, CHRISTINE**

Provider ID: 311559

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: 1699979591

 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.

## 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

 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

### ORR, JEREMY

Provider ID: 311524

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 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: 1992940969

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SANTA  
MONICA UCLA MED CTR,  
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

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

#### **ORR, JEREMY**

Provider ID: 311525

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: 1992940969

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SANTA  
MONICA UCLA MED CTR,

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

### INTERNAL MEDICINE

#### CRITICAL CARE MEDICINE

#### **PAGE, BRADY**

Provider ID: 313677

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: 1528557550

🗉 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

### INTERNAL MEDICINE

### CRITICAL CARE MEDICINE

#### **TRAN, LINH**

Provider ID: 271939

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,

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

### INTERNAL MEDICINE

#### GERIATRIC MEDICINE

#### **AGNIHOTRI, PARAG**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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, 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

### INTERVENTIONAL CARDIOLOGY

#### **ADLER, ERIC**

Provider ID: 313659

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: 1477699601

Provider English Spoken: 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

### INTERVENTIONAL CARDIOLOGY

#### **ADLER, ERIC**

Provider ID: 313660

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: 1477699601

Provider English Spoken: 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

### INTERVENTIONAL CARDIOLOGY

#### **AL KHIAMI, BELAL**

Provider ID: 312692

Board Certified Specialty: No  
UCSD MEDICAL GROUP

2131 3RD AVE  
SAN DIEGO, CA 92101

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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


### INTERVENTIONAL CARDIOLOGY


#### **AL KHIAMI, BELAL**

Provider ID: 313672

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: 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

 Website: N/A

IPA: UCSD Medical Group


### INTERVENTIONAL CARDIOLOGY


#### **ANG, LAWRENCE**

Provider ID: 313696

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: 1851529879

 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

### INTERVENTIONAL CARDIOLOGY

#### **BUI, QUAN**

Provider ID: 310076

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 2131 3RD AVE  
SAN DIEGO, CA 92101

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1831553718


 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

### INTERVENTIONAL CARDIOLOGY


#### **BUI, QUAN**

Provider ID: 313662

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

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## D. Directorio de proveedores especialistas

NPI: 1831553718

 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

### 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, 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

### INTERVENTIONAL CARDIOLOGY

**CRUZ RODRIGUEZ, JOSE**

Provider ID: 312737

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 2131 3RD AVE  
SAN DIEGO, CA 92101


 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, 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


### INTERVENTIONAL CARDIOLOGY


**CRUZ RODRIGUEZ, JOSE**

Provider ID: 313324

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: 1457770240

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL, EL


CENTRO REGIONAL MEDICAL  
CENTER, 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

### INTERVENTIONAL CARDIOLOGY

**KRUMMEN, DAVID**

Provider ID: 313714

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1235152885

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: UCSD Medical Group

### INTERVENTIONAL CARDIOLOGY

#### **LACHARITE-ROBERGE, ANNE-SOPHIE**

Provider ID: 312995

Board Certified Specialty: No  
UCSD MEDICAL GROUP

2131 3RD AVE  
SAN DIEGO, CA 92101  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1285089805

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

### INTERVENTIONAL CARDIOLOGY

#### **LACHARITE-ROBERGE, ANNE-SOPHIE**

Provider ID: 312994

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: 1285089805

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

### INTERVENTIONAL CARDIOLOGY

#### **MA, JANET**

Provider ID: 311577

Board Certified Specialty: No  
UCSD MEDICAL GROUP

2131 3RD AVE  
SAN DIEGO, CA 92101  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1922454396

Provider English 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

### INTERVENTIONAL CARDIOLOGY

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## D. Directorio de proveedores especialistas

### MA, GARY

Provider ID: 313301

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: 1437503208

Provider English Spoken: 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

### INTERVENTIONAL CARDIOLOGY

### MAHMUD, EHTISHAM

Provider ID: 313738

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: 1730112335

Provider English Spoken: Y

Provider Language(s)  
Spoken: Urdu

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

### 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

### 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

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## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 9AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY



#### **REEVES, RYAN**


Provider ID: 313686  
 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: 1548440902  
 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

### 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, SHARP CHULA

VISTA MED CTR, TRI CITY MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY

HOSPITAL CHULA VISTA, Sharp Grossmont Hospital, UC

SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER,



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 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

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## D. Directorio de proveedores especialistas

### 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

### INTERVENTIONAL CARDIOLOGY

### TORRES BARBA, DAVID

Provider ID: 312707

Board Certified Specialty: No  
UCSD MEDICAL GROUP

2131 3RD AVE  
SAN DIEGO, CA 92101

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1447612676

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: EL  
CENTRO REGIONAL MEDICAL  
CENTER, UCSD MEDICAL CTR,  
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

### INTERVENTIONAL CARDIOLOGY

### UREY, MARCUS

Provider ID: 313733

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: 1972820058

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

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

 Website: N/A

IPA: UCSD Medical Group


### INTERVENTIONAL CARDIOLOGY


**WETTERSTEN, NICHOLAS**

Provider ID: 313294

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: 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

 Website: N/A

IPA: UCSD Medical Group


### 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

 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

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


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, SHARP MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
 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

### 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, 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

### MATERNAL AND FETAL MEDICINE






#### **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  
 Hospital Affiliation: PALOMAR MEDICAL CENTER, 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

### MATERNAL AND FETAL MEDICINE

#### **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  
 Hospital Affiliation: PALOMAR MEDICAL CENTER, 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. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### MATERNAL AND FETAL MEDICINE

#### EMERUWA, UKACHI

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

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, 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

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, 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

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, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY 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: Rady Childrens Health  
Network

### MATERNAL AND FETAL MEDICINE

#### LAURENT, LOUISE

Provider ID: 208640

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4168 FRONT ST  
SAN DIEGO, CA 92103

### MATERNAL AND FETAL MEDICINE

#### MCCULLOUGH, DEIRDRE

Provider ID: 210034

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

### MATERNAL AND FETAL MEDICINE

#### MCCULLOUGH, DEIRDRE

Provider ID: 277260

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
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.

## D. Directorio de proveedores especialistas

 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, SOUTHWEST HEALTHCARE INLAND VALLEY 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: Rady Childrens Health Network


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### MATERNAL AND FETAL MEDICINE

#### MELBER, DORA

Provider ID: 296990  
 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: 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, SOUTHWEST HEALTHCARE INLAND VALLEY 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: Rady Childrens Health Network, UCSD Medical Group

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### 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  
 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, SOUTHWEST HEALTHCARE INLAND VALLEY 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: Rady Childrens Health Network, UCSD Medical Group

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### MATERNAL AND FETAL MEDICINE


#### MELBER, DORA

Provider ID: 296998  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

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## D. Directorio de proveedores especialistas

### NETWORK

 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 NPI: 1124413026  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hungarian,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY 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: Rady Childrens Health  
 Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### MELBER, DORA

Provider ID: 296989  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

### NETWORK

 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 NPI: 1124413026  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hungarian,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY 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: Rady Childrens Health  
 Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

#### NHAN-CHANG, CHIA-LING

Provider ID: 312712  
 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: 1265686794  
 Provider 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

#### NHAN-CHANG, CHIA-LING

Provider ID: 312713  
 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: 1265686794  
 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): *RADY CHILDRENS HEALTH NETWORK*

 Accessibility: *CONTACT PROVIDER*

 Website: *N/A*

IPA: *UCSD Medical Group*

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### MATERNAL AND FETAL MEDICINE


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#### **NHAN-CHANG, CHIA-LING**

Provider ID: *312711*

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: *1265686794*

 Provider English Spoken: *Y*  
Cultural Competency: *N*

Medi-Cal Open Panel: *Yes*

Min/Max Age: *0\None*

American Sign Language (ASL): *IPA: Rady Childrens Health Network*

 Accessibility: *CONTACT PROVIDER*

 Website: *N/A*

IPA: *UCSD Medical Group*

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### MATERNAL AND FETAL MEDICINE


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#### **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, 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: *Rady Childrens Health Network*

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### MATERNAL AND FETAL MEDICINE

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#### **REIMERS, REBECCA**


Provider ID: *294647*

Board Certified Specialty: *Yes*  
*RADY CHILDRENS HEALTH NETWORK*

Medi-Cal Open Panel: *Yes*


Min/Max Age: *0\None*


American Sign Language (ASL): *N*

 Accessibility: *CONTACT PROVIDER*

 Hours: *M-F 8AM-5PM*

 Website: *N/A*

 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, 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: *Rady Childrens Health Network*

IPA: *Rady Childrens Health Network*

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### MATERNAL AND FETAL MEDICINE


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#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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) 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, SOUTHWEST HEALTHCARE INLAND

VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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, SOUTHWEST HEALTHCARE INLAND

VALLEY 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: 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,


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


### MATERNAL AND FETAL MEDICINE

#### **RICHARDSON, ALVIE**

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)


### MATERNAL AND FETAL MEDICINE

#### **SCHWENDEMANN, WADE**

Provider ID: 277304

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

### MATERNAL AND FETAL MEDICINE

#### **SCHWENDEMANN, WADE**


Provider ID: 277307

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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 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,  
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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### 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\None

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,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY 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: 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

### MATERNAL AND FETAL MEDICINE

#### **WESTERMANN, MELISSA**

Provider ID: 287084

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,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY 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: 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,  
SOUTHWEST HEALTHCARE

#### INLAND VALLEY 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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, 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: 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, 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: 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\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

### NEONATAL / PERINATAL MEDICINE

**DEL ROSARIO, 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, 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: 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

### 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

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

#### **HIETALATI, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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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**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) 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\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](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: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE

#### 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, 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

### NEONATAL / PERINATAL MEDICINE

#### MATOBA, NANA


Provider ID: 310508  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 3665 KEARNY VILLA RD  
 STE 400  
 SAN DIEGO, CA 92123

 Phone: (858) 966-8801  
 Fax: (858) 966-8528

 After Hours Phone: (858)  
 966-8801

Provider Gender: Female  
 NPI: 1801952197

 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Japanese

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

### 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, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

#### **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, 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

### 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, 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

### NEONATAL / PERINATAL MEDICINE

#### **MCCULLEY, DAVID**

Provider ID: 277177

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: 1235304155

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 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### NEONATAL / PERINATAL MEDICINE

#### **NIEMI, ANNA-KAISA**

Provider ID: 262157

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: 1497941397

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: 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*

*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*

*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY 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: Rady Childrens Health Network*

### NEONATAL / PERINATAL MEDICINE

**NIEMI, ANNA-KAISA**  
*Provider ID: 262158*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
 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*

### 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*

### 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)*




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY 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: 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, PALOMAR MEDICAL CENTER, 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*

### NEONATAL / PERINATAL MEDICINE



**PHAM, BETTY**  
*Provider ID: 310310*  
*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: 1790217750*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, 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*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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\None

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: 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,  
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

### 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  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY 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

Medi-Cal Open Panel: Yes  
Min/Max 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

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## D. Directorio de proveedores especialistas

**MEDICINE**

**SPEZIALE, MARK**  
 Provider ID: 206126  
 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: 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

### **NEONATAL / PERINATAL MEDICINE**

**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\18  
 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: 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, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, 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

### 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.com](http://www.balboacare.com)

### 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 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### NEPHROLOGY

#### **RIFKIN, DENA**

Provider ID: 311457

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-6248

After Hours Phone: (619)  
543-6248

Provider Gender: Female

NPI: 1578519203

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

### NEPHROLOGY

#### **SHAH, MITA**

Provider ID: 262230

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
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



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## D. Directorio de proveedores especialistas









| NEPHROLOGY   | SAN DIEGO, CA 92103   | NEPHROLOGY  |
|--|---|---|
| <p><b>SINGH, PRABHLEEN</b><br/>           Provider ID: 311033<br/>           Board Certified Specialty: No<br/> <b>UCSD MEDICAL GROUP</b><br/>  4510 EXECUTIVE DR<br/>           SAN DIEGO, CA 92121<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800) 926-8273<br/>           Provider Gender: Female<br/>           NPI: 1235207234<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Hindi, Punjabi<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p> | <p> Phone: (619) 299-2350<br/>           Fax: (619) 297-8379<br/>  After Hours Phone: (619) 299-2350<br/>           Provider Gender: Female<br/>           NPI: 1467683540<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Chinese, Mandarin<br/>           Cultural Competency: N<br/>           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, KINDRED HOSPITAL SAN DIEGO, KINDRED HOSPITAL SAN DIEGO, SELECT SPECIALTY HOSPITAL SAN DIEGO<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER</p> | <p><b>ZHONG, YAN</b><br/>           Provider ID: 296053<br/>           Board Certified Specialty: No<br/> <b>COMMUNITY CARE IPA LLC</b><br/>  4060 4TH AVE STE 220<br/>           SAN DIEGO, CA 92103<br/>  Phone: (619) 299-2350<br/>           Fax: (619) 297-8379<br/>  After Hours Phone: (619) 299-2350<br/>           Provider Gender: Female<br/>           NPI: 1467683540<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Chinese, Mandarin<br/>           Cultural Competency: N<br/>           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, KINDRED HOSPITAL SAN DIEGO, KINDRED HOSPITAL SAN DIEGO, SELECT SPECIALTY HOSPITAL SAN DIEGO<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT</p> |
| NEPHROLOGY   | <p> Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</p>   |   |

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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

### 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\None  
 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: 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\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### 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\18  
 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: 304160  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120

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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: 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

### 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

### NEUROLOGY


#### FREDERICK, ALIYA

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

 After Hours Phone: (858) 966-5999

Provider Gender: Female

NPI: 1548657992

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max 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


#### GHOLOPOUR, TAHA

Provider ID: 311496

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: 1801159611

 Provider English Spoken: Y

 Provider Language(s) Spoken: French, Persian

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

### NEUROLOGY

#### GHOLOPOUR, TAHA

Provider ID: 311495

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: Male

NPI: 1801159611

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Persian

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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### **NEUROLOGY**


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#### **GOLD, JEFFREY**

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  
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

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### **NEUROLOGY**

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#### **GOLD, JEFFREY**

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

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

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### **NEUROLOGY**

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#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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


### 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


### NEUROLOGY

#### HEADLEY, ALISON

Provider ID: 311599

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: 1386007383

 Provider English 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

### NEUROLOGY

#### HEADLEY, ALISON

Provider ID: 311598


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1386007383  
 Provider English 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

### NEUROLOGY







#### ILICETO, ALESSANDRO

Provider ID: 313506  
 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: 1831685577  
 Provider 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

#### IRAGUIMADOZ, VICENTE

Provider ID: 311468  
 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: Male  
 NPI: 1053326710  
 Provider English 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


### NEUROLOGY

#### IRAGUIMADOZ, VICENTE

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, 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

#### JACQUES, KAYLA

Provider ID: 311186  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 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: 1538622014

 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

### NEUROLOGY

#### JACQUES, KAYLA

Provider ID: 311184

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: 1538622014

 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

### NEUROLOGY

#### JACQUES, KAYLA

Provider ID: 311185

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: 1538622014

 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

### NEUROLOGY


#### KANSAL, LEENA


Provider ID: 311521

Board Certified Specialty: No

UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-3500

 After Hours Phone: (619) 543-3500

Provider Gender: Female

NPI: 1871759084

 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

### NEUROLOGY


#### KANSAL, LEENA

Provider ID: 311523

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: 1871759084

 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: 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


#### KHAMISHON, BORIS

Provider ID: 269923  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6699 ALVARADO RD STE  
 2301  
 SAN DIEGO, CA 92120  
 Phone: (619) 582-2595  
 Fax: (619) 229-8006  
 After Hours Phone: (619)  
 582-2595  
 Provider Gender: Male  
 NPI: 1104922038

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Russian  
 Cultural Competency: N  
 Hospital Affiliation: UC SAN  
 DIEGO HEALTH - EAST  
 CAMPUS 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


### NEUROLOGY

#### KIM MCMANUS, OLIVIA

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  
 Cultural Competency: N

Hospital Affiliation:


UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR, CHILDRENS  
 HOSPITAL OF ORANGE  
 COUNTY, 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


#### LAVERTY, CHAMINDRA

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  
 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: Rady Childrens Health  
 Network

### NEUROLOGY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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

### LEE, DAVID

Provider ID: 311572

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: 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

### 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)  
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


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## D. Directorio de proveedores especialistas

American Sign Language (ASL): **PASSIAK, BRITTANY**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **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


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### **NEUROLOGY**

Provider ID: 311209

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: 1467949693

 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):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### **NEUROLOGY**

**PASSIAK, BRITTANY**


Provider ID: 311208

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: 1467949693


 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):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **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

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## D. Directorio de proveedores especialistas




 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

#### 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




#### RIGGINS, NINA

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, 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

#### 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, 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

#### SCHORR, EMILY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

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

### 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

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

### 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

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

### NEUROLOGY

#### SHIH, JERRY

Provider ID: 311473

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: Male

NPI: 1790774156

🗣 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

🌐 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### SHIH, JERRY

Provider ID: 311472

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ 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: 1790774156

☑ 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

🌐 Website: N/A

IPA: UCSD Medical Group

### NEUROLOGY

#### SHIH, JERRY

Provider ID: 311470

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (619) 543-3500

Fax: (619) 543-6806

☎ After Hours Phone: (619) 543-3500

Provider Gender: Male

NPI: 1790774156

☑ 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

### 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

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\18

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### NEUROLOGY

#### TECOMA, EVELYN

Provider ID: 311533

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (619) 543-3500

☎ After Hours Phone: (619) 543-3500

Provider Gender: Female

NPI: 1174556518

☑ 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

### NEUROLOGY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### TECOMA, EVELYN

Provider ID: 311535

Board Certified Specialty: Yes

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: 1174556518

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

### NEUROLOGY

### UNG, HOAMENG

Provider ID: 311433

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: 1619438363

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

### NEUROLOGY

### WU, VICTORIA

Provider ID: 313037

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: 1649833039

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, 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

### 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, 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

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

## D. Directorio de proveedores especialistas

### NEUROLOGY

#### ZALE, CHELSEA

Provider ID: 313034

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1548615495

Provider 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

#### ZALE, CHELSEA

Provider ID: 313033

Board Certified Specialty: No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1548615495

Provider 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

#### ZALE, CHELSEA

Provider ID: 313035

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (858) 554-1212

Fax: (888) 539-8781

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1548615495

Provider 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

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

 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

 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\18

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


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: Providence  
St Mary Medical Center, 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

### **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

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, 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

### **OBSTETRICS / GYNECOLOGY**

#### **ASHAK, DANI**

Provider ID: 311189

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: 1790149425

 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

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

#### **ASHAK, DANI**

Provider ID: 311190

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: 1790149425


 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

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **ASHAK, DANI**

Provider ID: 311191

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: 1790149425

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: 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): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: 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: Male

NPI: 1790149425

 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

 Website: N/A

IPA: UCSD Medical Group

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**

#### **ASHAK, DANI**


Provider ID: 311192

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: 1790149425

 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

 Website: N/A

IPA: UCSD Medical Group

### **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


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

### **OBSTETRICS / GYNECOLOGY**

#### **ASHAK, DANI**

Provider ID: 311193

Board Certified Specialty: No

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 9AM-4PM  
 Website: N/A  
IPA: Rady Childrens Health Network

### **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, 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**

#### **DELCORE, 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, 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**

#### **DELCORE, 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, 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**

#### **DELCORE, LAURA**

Provider ID: 291327


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: 1790128759

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

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](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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### **OBSTETRICS / GYNECOLOGY**

#### **DELCORE, 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, 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*

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### **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, 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**

#### **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*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, 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**

#### **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, UCSD  
MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16\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


### **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, 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**

#### **FERRANDO, CECILE**

Provider ID: 311105

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: 1255592325


 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

 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**

#### **GREINER, KAREN**

Provider ID: 313593


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: 1427686930

 Provider 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

### **OBSTETRICS / GYNECOLOGY**

#### **GREINER, KAREN**

Provider ID: 313595


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

 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: 1427686930


 Provider 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

### **OBSTETRICS / GYNECOLOGY**


#### **GREINER, KAREN**

Provider ID: 313597  
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: 1427686930

 Provider 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

### **OBSTETRICS / GYNECOLOGY**

#### **GREINER, KAREN**

Provider ID: 313596  
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: 1427686930

 Provider 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

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **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

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**

**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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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  
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  
 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, PALOMAR MEDICAL  
CENTER

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, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### **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, 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: 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

### **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**

#### **MANI, PARVIN**

Provider ID: 242345

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

📍 5555 RESERVOIR DR STE 208

SAN DIEGO, CA 92120

☎ Phone: (619) 583-7555

Fax: (619) 583-0555

📞 After Hours Phone: (619) 583-7555

Provider Gender: Female

NPI: 1518925015

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Faroese, Farsi

Cultural Competency: N

Hospital Affiliation:

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## D. Directorio de proveedores especialistas

GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, UCSD LA JOLLA  
JOHN SALLY THORNTON, UC  
SAN DIEGO HEALTH - EAST  
CAMPUS MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 10\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Imperial Health Holdings  
Medical Group-SD

### **OBSTETRICS / GYNECOLOGY**

**MCKINNEY, SARA**

Provider ID: 311114

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: 1558708297

 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):  
UCSD MEDICAL GROUP  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

**MCKINNEY, SARA**

Provider ID: 311115

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: 1558708297

 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

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**MCKINNEY, SARA**

Provider ID: 311116

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: 1558708297

 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

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

**MCKINNEY, SARA**

Provider ID: 311112

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: 1558708297

 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: 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**

**MCKINNEY, SARA**

*Provider ID: 311113*

*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: 1558708297*

 *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*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **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*

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: UCSD  
MEDICAL CTR

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**

**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


Hospital Affiliation: 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**

**NUTAITIS, ALEXANDRA**

Provider ID: 313548

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: 1548897770

 Provider 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

### **OBSTETRICS / GYNECOLOGY**


**NUTAITIS, ALEXANDRA**

Provider ID: 313546


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: 1548897770

 Provider 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

### **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

 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

 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**

#### **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

Hospital Affiliation: 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**

#### **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

Hospital Affiliation: 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**

#### **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

Hospital Affiliation: 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**

#### **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

Hospital Affiliation: 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**

#### **RIVAS, RENEE**

Provider ID: 284298

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: 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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




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

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group




### **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  
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 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: 206549  
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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **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

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

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### **OCCUPATIONAL THERAPIST**

#### **JEFFERIES, KATHLEEN**

Provider ID: 311346

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: 1144410648

 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

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### **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

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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### **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):

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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: UCSD Medical Group</p>   | <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL):</p>   | <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p>   |
| <b>OPHTHALMOLOGY</b>  |   |   |
| <p><b>BANSAL, PREETI</b></p> <p>Provider ID: 205620</p> <p>Board Certified Specialty: Yes</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p> 7910 FROST ST STE 200<br/>SAN DIEGO, CA 92123</p> <p> Phone: (858) 309-7702</p> <p>Fax: (858) 966-7403</p> <p> After Hours Phone: (858) 309-7702</p> <p>Provider Gender: Female</p> <p>NPI: 1871664631</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Hindi</p> <p>Cultural Competency: N</p> <p>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, PALOMAR MEDICAL CENTER, PALOMAR MEDICAL CENTER</p> | <p>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><b>OPHTHALMOLOGY</b></p> <p><b>BAXTER, SALLY</b></p> <p>Provider ID: 272788</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 4060 4TH AVE STE 610<br/>SAN DIEGO, CA 92103</p> <p> Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> |
| <b>OPHTHALMOLOGY</b>  |   |   |
|   | <p><b>BAXTER, SALLY</b></p> <p>Provider ID: 272789</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 200 W ARBOR DR STE 101<br/>SAN DIEGO, CA 92103</p> <p> Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p> <p>NPI: 1912325184</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL):</p> | <p>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>   |
| <b>OPHTHALMOLOGY</b>  |   |   |
|   | <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p>   | <p><b>OPHTHALMOLOGY</b></p> <p><b>BHATIA, SHAGUN</b></p> <p>Provider ID: 240636</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH</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

### 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,  
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: 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  
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

### OPHTHALMOLOGY







#### CHENG, SARAH

Provider ID: 313681  
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: Female  
NPI: 1568995397  
 Provider 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

### OPHTHALMOLOGY

#### CHENG, SARAH

Provider ID: 313685  
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: 1568995397  
 Provider 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

### OPHTHALMOLOGY

#### GIRKIN, CHRISTOPHER

Provider ID: 313499  
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

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891730073

Provider 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

### OPHTHALMOLOGY

#### GIRKIN, CHRISTOPHER

Provider ID: 313496

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: 1891730073

Provider 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

### 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: 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, 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

### OPHTHALMOLOGY

#### HENNEIN, LAUREN

Provider ID: 297009

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

### 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, 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

### **OPHTHALMOLOGY**

#### HOYT, BRIGGS

Provider ID: 313716

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: 1982232542

Provider 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

### **OPHTHALMOLOGY**

#### HOYT, BRIGGS

Provider ID: 313719

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: 1982232542

Provider 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

### **OPHTHALMOLOGY**

#### HSUEH, JESSICA

Provider ID: 313694

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: 1952927584

Provider 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

### **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

After Hours Phone: (619)  
283-1303

Provider Gender: Male

NPI: 1871577056

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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> <input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="clock"/> <i>Hours: M-F 8AM-5PM SA 8AM-5PM</i><br/> <input type="globe"/> <i>Website: N/A</i><br/> <i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i> </p>                     | <p> <i>Spoken: Spanish, Tagalog, Vietnamese</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 18\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="clock"/> <i>Hours: M-F 8AM-5PM SA 8AM-5PM</i><br/> <input type="globe"/> <i>Website: N/A</i><br/> <i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i> </p> | <p> <i>MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, GROSSMONT HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 14\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i><br/> <input type="clock"/> <i>Hours: M-F 8AM-5PM</i><br/> <input type="globe"/> <i>Website: N/A</i><br/> <i>IPA: IHP of Southern Cal-PHP</i> </p> |
| <b>OPHTHALMOLOGY</b>   |   |  |
| <p><b>HUYNH, PAUL</b><br/> <i>Provider ID: 295645</i><br/> <i>Board Certified Specialty: No</i><br/> <i>IHP OF SOUTHERN CAL-PHP</i><br/> <input type="globe"/> 4844 UNIVERSITY AVE STE A<br/>           SAN DIEGO, CA 92103<br/> <input type="phone"/> <i>Phone: (619) 283-1303</i><br/> <i>Fax: (619) 283-1666</i><br/> <input type="clock"/> <i>After Hours Phone: (619) 283-1303</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1871577056</i><br/> <input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s)</i></p>  |   |  |
| <b>OPHTHALMOLOGY</b>   |   |  |
| <p><b>KHATIB, NORA</b><br/> <i>Provider ID: 305375</i><br/> <i>Board Certified Specialty: No</i><br/> <i>IHP OF SOUTHERN CAL-PHP</i><br/> <input type="globe"/> 4060 4TH AVE STE 640<br/>           SAN DIEGO, CA 92103<br/> <input type="phone"/> <i>Phone: (619) 642-2240</i><br/> <i>Fax: (619) 642-2245</i><br/> <input type="clock"/> <i>After Hours Phone: (619) 642-2240</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1538487756</i><br/> <input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <input type="checkbox"/> <i>Provider Language(s) Spoken: Arabic, Spanish</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: SHARP</i></p> |   |  |
| <b>OPHTHALMOLOGY</b>   |   |  |
| <p><b>KLINE, LANNING</b><br/> <i>Provider ID: 239915</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i><br/> <input type="globe"/> 4060 4TH AVE STE 610<br/>           SAN DIEGO, CA 92103<br/> <input type="phone"/> <i>Phone: (800) 926-8273</i><br/> <input type="clock"/> <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1841227477</i><br/> <input type="checkbox"/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\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):

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\None

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

 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,


PALOMAR MEDICAL CENTER,  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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, 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, UCSD Medical Group

### OPHTHALMOLOGY

#### NAYER, ZACHARIA

Provider ID: 311099

Board Certified Specialty: No

UCSD MEDICAL GROUP

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1174152961

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

### OPHTHALMOLOGY

#### NAYER, ZACHARIA

Provider ID: 311098

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: 1174152961

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

### 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, PALOMAR MEDICAL 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. 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*

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### **OPHTHALMOLOGY**

#### **PETERSON, JONATHAN**

*Provider ID: 313539*

*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: 1124641071*

 *Provider 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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### **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, 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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### **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*

*IPA: IHP of Southern Cal-PHP*

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### **OPHTHALMOLOGY**

#### **VAIL, DANIEL**

*Provider ID: 313582*

*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: 1285262568*

 *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

 Website: N/A

IPA: UCSD Medical Group

### OPHTHALMOLOGY

#### **VAIL, DANIEL**

Provider ID: 313579

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285262568

 Provider 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

### 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

### OPHTHALMOLOGY

#### **YAMANE, MAYA**


Provider ID: 311884

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: 1124580139

 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

 Website: N/A

IPA: Rady Childrens Health  
Network

### OPHTHALMOLOGY

#### **YAMANE, MAYA**


Provider ID: 311886

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: 1124580139

 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  
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

 Website: N/A

IPA: Rady Childrens Health  
Network

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### OPTOMETRIST

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#### 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


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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#### 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

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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#### 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


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


---

#### 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](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: IHP of Southern Cal-PHP

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### OPTOMETRIST


---

#### 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

Hospital Affiliation: UCSD  
MEDICAL 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](http://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: UCSD Medical Group

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### **OPTOMETRIST**

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**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  
 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: 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  
 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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### **ORAL MAXILLOFACIAL SURGEON**

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**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

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### **ORAL MAXILLOFACIAL SURGEON**




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**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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, 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*


### **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**



#### **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*  
*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**

#### **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*

*Provider Gender: Male*  
*NPI: 1881652972*

 *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**


#### **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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: Male

NPI: 1881652972

 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

#### **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\None

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

 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\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### OTOLARYNGOLOGY

#### **CATES, DANIEL**


Provider ID: 311486

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9333 GENESEE AVE  
SAN DIEGO, CA 92121

 Phone: (858) 657-8590

Fax: (888) 539-8781

 After Hours Phone: (858) 657-8590

Provider Gender: Male

NPI: 1821352907

 Provider English Spoken: Y  
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

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

## D. Directorio de proveedores especialistas

### 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: 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

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

#### **DECONDE, ADAM**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

#### **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

#### **FRANK, ETHAN**

Provider ID: 310278

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: Male

NPI: 1720584345

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

Website: N/A

IPA: Rady Childrens Health  
Network

### OTOLARYNGOLOGY

#### **FRIESEN, TZYYNONG**

Provider ID: 272604

Board Certified Specialty: 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

### 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: 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

#### GILANI, SAPIDEH

Provider ID: 299561

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: 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: 299560

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: 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: 299559

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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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  
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

#### **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  
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

#### **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  
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

#### **HARRIS, JEFFREY**

Provider ID: 299576  
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: 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: 299575  
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

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

#### **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

#### **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

#### **HUSSEMAN, JACOB**

Provider ID: 301052

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

200 W 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: 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

WHITTIER HOSPITAL, UCSD LA



JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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 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 WHITTIER HOSPITAL, 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: 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 WHITTIER HOSPITAL, 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**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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>OTOLARYNGOLOGY</b>   |  |   |
|---|--|---|
| <p><b>MAGIT, ANTHONY</b><br/> <i>Provider ID: 272767</i><br/> <i>Board Certified Specialty: Yes</i><br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/>  3030 CHILDRENS WAY FL 1<br/>           SAN DIEGO, CA 92123<br/>  <i>Phone: (855) 309-7701</i><br/> <i>Fax: (858) 966-4062</i><br/>  <i>After Hours Phone: (855) 309-7701</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1891858379</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\19</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Hours: M-F 9AM-5PM</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p> | <p><b>UCSD MEDICAL GROUP</b><br/>  200 W ARBOR DR<br/>           SAN DIEGO, CA 92103<br/>  <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/>  <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1891858379</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p> | <p><i>926-8273</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1891858379</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/>  <i>Accessibility: CONTACT PROVIDER</i><br/>  <i>Website: N/A</i><br/> <i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p>   |
| <b>OTOLARYNGOLOGY</b>   |  |   |
| <p><b>MAGIT, ANTHONY</b><br/> <i>Provider ID: 299482</i><br/> <i>Board Certified Specialty: No</i></p>  | <p><b>UCSD MEDICAL GROUP</b><br/>  8899 UNIVERSITY CENTER<br/>           LN<br/>           SAN DIEGO, CA 92122<br/>  <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/>  <i>After Hours Phone: (800)</i></p>   | <p><b>OTOLARYNGOLOGY</b></p> <p><b>MAGIT, ANTHONY</b><br/> <i>Provider ID: 299480</i><br/> <i>Board Certified Specialty: No</i><br/> <b>UCSD MEDICAL GROUP</b><br/>  16950 VIA TAZON<br/>           SAN DIEGO, CA 92127<br/>  <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/>  <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1891858379</i><br/>  <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <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, UCSD MEDICAL CTR,  
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: Rady Childrens Health  
Network, UCSD Medical Group


### OTOLARYNGOLOGY

**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

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

**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

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

**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

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


**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, 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

#### **QIAN, ZHEN**


Provider ID: 311002

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: Male

NPI: 1356796783

 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

 Website: N/A

IPA: Rady Childrens Health Network

### 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: 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

Medi-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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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: 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

NPI: 1346270816

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN 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

### 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, 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, UCSD  
MEDICAL CTR

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

### **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: 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: 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  
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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*

### **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):*

*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*

*IPA: UCSD Medical Group*

### **PATHOLOGY ANATOMIC**

#### **FADARE, OLUWOLE**


*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i><br/> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p>  | <p><i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i><br/> <i>Website: N/A</i><br/> <i>IPA: UCSD Medical Group</i></p>  | <p><i>IPA: UCSD Medical Group</i></p>  |
| <b><u>PATHOLOGY ANATOMIC</u></b>   |  |  |
| <p><b>PARAST, MANA</b><br/> <i>Provider ID: 275888</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i><br/>  200 W ARBOR DR<br/> SAN DIEGO, CA 92103<br/> <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/> <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1629163100</i><br/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i><br/> <i>Medi-Cal Open Panel: Yes</i></p> | <p><b>WONG, RICHARD</b><br/> <i>Provider ID: 243202</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i><br/>  10300 CAMPUS POINT DR<br/> SAN DIEGO, CA 92121<br/> <i>Phone: (800) 926-8273</i><br/> <i>Fax: (888) 539-8781</i><br/> <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Male</i><br/> <i>NPI: 1275084295</i><br/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Hours: M-F 8AM-5PM</i><br/> <i>Website: N/A</i></p> | <p><b><u>PATHOLOGY ANATOMIC CLINICAL</u></b><br/> <b>AISAGBONHI, OMONIGHO</b><br/> <i>Provider ID: 313291</i><br/> <i>Board Certified Specialty: No</i><br/> <i>UCSD MEDICAL GROUP</i><br/>  200 W ARBOR DR<br/> SAN DIEGO, CA 92103<br/> <i>Phone: (800) 926-8273</i><br/> <i>After Hours Phone: (800) 926-8273</i><br/> <i>Provider Gender: Female</i><br/> <i>NPI: 1043571045</i><br/> <i>Provider English Spoken: Y</i><br/> <i>Cultural Competency: N</i><br/> <i>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</i><br/> <i>Medi-Cal Open Panel: Yes</i><br/> <i>Min/Max Age: 0\None</i><br/> <i>American Sign Language (ASL): N</i><br/> <i>Accessibility: CONTACT PROVIDER</i><br/> <i>Website: N/A</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

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):

 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):

 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  
SAN DIEGO, CA 92121

 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: 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

#### **MCKNIGHT, TRISTAN**

Provider ID: 311761

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: Male

NPI: 1063940567

☑ 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

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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


### 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

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **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

### PATHOLOGY ANATOMIC CLINICAL

#### **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

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

### PATHOLOGY ANATOMIC CLINICAL

#### **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

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

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## 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

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### **PATHOLOGY ANATOMIC CLINICAL**


---

**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

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **PATHOLOGY ANATOMIC**

#### **CLINICAL**


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**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

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### **PATHOLOGY CLINICAL**


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**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

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### **PATHOLOGY CLINICAL**


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**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

### 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: UC SAN DIEGO HEALTH - EAST CAMPUS 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: 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  
 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

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### PEDIATRIC ALLERGY / IMMUNOLOGY


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#### **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) 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-12PM

 **Website:** N/A

**IPA:** Rady Childrens Health Network

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### PEDIATRIC ALLERGY / IMMUNOLOGY


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#### **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

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### PEDIATRIC ALLERGY / IMMUNOLOGY

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#### **LEIBEL, SYDNEY**


**Provider ID:** 314178

**Board Certified Specialty:** No  
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 2

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

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### PEDIATRIC ALLERGY / IMMUNOLOGY

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#### **LEIBEL, SYDNEY**


**Provider ID:** 205725


**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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 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\None

American Sign Language (ASL):

N

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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


Medi-Cal Open Panel: Yes

Min/Max 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

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

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: (858) 966-7903

☎ After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 1669480083

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: POMONA VALLEY HOSP MED CTR, SANTA MONICA UCLA MED CTR, SAN ANTONIO COMM HOSP, LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, LOMA LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 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): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### 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 Network

### PEDIATRIC CARDIOLOGY

#### **LASALLE, ELIZABETH**

Provider ID: 313252

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: 1235634015

🗉 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*

### **PEDIATRIC CARDIOLOGY**


#### **LEHNERT SCHUCHARDT, 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\None*

*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*  
*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*


### **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*


### **PEDIATRIC CARDIOLOGY**

#### **SILVA SEPULVEDA, 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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (858) 966-5855

Provider Gender: Male

NPI: 1417222472

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, PIONEERS 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

#### **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\None

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

#### **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, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

#### **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\18

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  
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, 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

### 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, 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18  
 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

**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\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**ALAYARI, AMETHYST**  
 Provider ID: 311382  
 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: Female  
 NPI: 1740778653  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
 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

### 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 DIEGO, LONG BEACH MEMORIAL MED CTR, EARL AND LORRAINE MILLER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 HSP

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

### 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

American Sign Language (ASL):  
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\18

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**  
 Website: N/A  
 IPA: Rady Childrens Health Network

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**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: 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\None  
 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**

**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\None  
 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 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: 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\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE






**CRAWFORD, MICHAEL**  
 Provider ID: 311158  
 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: 1336727791  
 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\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE




**CRAWFORD, MICHAEL**  
 Provider ID: 311159  
 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: 1336727791  
 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\18  
 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

**DEL RE, ANGELO**  
 Provider ID: 206081  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

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### PEDIATRIC EMERGENCY MEDICINE


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#### **DEVERA, GEMMIE**

Provider ID: 288572

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: 1366622078

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL

Medi-Cal Open Panel: No  
Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY MEDICINE


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#### **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,  
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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### PEDIATRIC EMERGENCY MEDICINE


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#### **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

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## D. Directorio de proveedores especialistas

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

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### PEDIATRIC EMERGENCY MEDICINE


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**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

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: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE


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**FISHER, JAY**

Provider ID: 295690

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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*  
**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

### 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\None

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

American Sign Language (ASL): 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL

Medi-Cal Open Panel: No  
Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### 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 Network


### PEDIATRIC EMERGENCY MEDICINE


#### KHAN, SHAHFAR

Provider ID: 294094

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: 1013361815

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi, Urdu

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, 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

### 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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM

SA 1PM-10PM

 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: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE

#### **KRAK, MICHAEL**

Provider ID: 310975

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: 1063094225

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\18

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
PROVIDER

 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, UCSD MEDICAL  
CTR

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, UCSD Medical Group


### PEDIATRIC EMERGENCY MEDICINE

#### **MCEVOY, ANNE**

Provider ID: 310789

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: Female

NPI: 1861888471

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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) 283-1614

After Hours Phone: (619) 280-2905

Provider Gender: Female

NPI: 1134681265

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

#### 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, SOUTHWEST

HEALTHCARE INLAND

VALLEY 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

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, SOUTHWEST

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## D. Directorio de proveedores especialistas

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


### 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): Network  
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


### 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\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

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## D. Directorio de proveedores especialistas

### 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

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,

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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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  
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: 311083


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: 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: 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: 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

Min/Max 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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**RANASURIYA, DUNISHA**






Provider ID: 216970

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: 1740468057  
 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-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network



### PEDIATRIC EMERGENCY MEDICINE

**ROBERTS, CALE**  
 Provider ID: 310782  
 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: 1316430499






 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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

### 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  
 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








**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: SU 1PM-10PM  
 M-F 4PM-10PM  
 SA 1PM-10PM  
 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\None  
 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, 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

### 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**  
 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)

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## D. Directorio de proveedores especialistas

966-8800  
 Provider Gender: Female  
 NPI: 1336503234  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 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: 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\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network

### 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\18  
 American Sign Language (ASL):  
 N




Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 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  
 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: 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, 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*

### 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\18*  
*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, 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*


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## D. Directorio de proveedores especialistas

|  |  |  |
|--|--|--|
| <p align="center"><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>TRAUT, JOEL</b><br/>           Provider ID: 205475<br/>           Board Certified Specialty: No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>  3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123<br/>  Phone: (858) 576-1700<br/>  After Hours Phone: (858) 576-1700<br/>           Provider Gender: Male<br/>           NPI: 1982792065<br/>  Provider English Spoken: Y<br/>  Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\19<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: Rady Childrens Health Network</p> | <p>Board Certified Specialty: No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>  3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123<br/>  Phone: (858) 966-8036<br/>  After Hours Phone: (858) 966-8036<br/>           Provider Gender: Female<br/>           NPI: 1619049236<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: Rady Childrens Health Network</p> | <p>Fax: (619) 283-1614<br/>  After Hours Phone: (619) 280-2905<br/>           Provider Gender: Female<br/>           NPI: 1083840920<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\19<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: SU 1PM-10PM<br/>           M-F 4PM-10PM<br/>           SA 1PM-10PM<br/>  Website: N/A<br/>           IPA: Rady Childrens Health Network</p> |
| <p align="center"><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>ULRICH, STACEY</b><br/>           Provider ID: 205847</p>   | <p align="center"><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>VAIDYA, KAMALA</b><br/>           Provider ID: 205811<br/>           Board Certified Specialty: No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>  4305 UNIVERSITY AVE STE 150<br/>           SAN DIEGO, CA 92105<br/>  Phone: (619) 280-2905</p>  | <p align="center"><b><u>PEDIATRIC EMERGENCY MEDICINE</u></b></p> <p><b>VAIDYA, KAMALA</b><br/>           Provider ID: 205809<br/>           Board Certified Specialty: No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>  3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123<br/>  Phone: (858) 966-8800<br/>  After Hours Phone: (858) 966-8800<br/>           Provider Gender: Female<br/>           NPI: 1083840920</p>  |

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## 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*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*



### PEDIATRIC EMERGENCY MEDICINE

#### **VAN WOY, 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




#### **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\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *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*

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## D. Directorio de proveedores especialistas

### PEDIATRIC EMERGENCY MEDICINE

#### **VEGA, CAROLINA**

Provider ID: 310690

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: Female

NPI: 1427442086

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
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

### PEDIATRIC EMERGENCY MEDICINE

#### **WANG, YVETTE**

Provider ID: 263416

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: 1710321278

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, 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

### 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\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC EMERGENCY MEDICINE

#### **WONG, VANESSA**

Provider ID: 310976

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8030

Fax: (858) 966-8389

After Hours Phone: (858)  
966-8030




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: 1154680650




 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CHILDRENS HOSPITAL OF  
ORANGE COUNTY,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Healthbridge Childrens  
Hospital Orange, CORONA  
REGIONAL MED CTR, Foothill  
Regional 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: Rady Childrens Health  
Network





### PEDIATRIC EMERGENCY MEDICINE

#### **YAPHOCKUN, KAREN KIM**

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\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### PEDIATRIC ENDOCRINOLOGY



#### **ARAFAH, DEEMA**


Provider ID: 310289  
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: 1235423856



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
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\18  
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

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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


### **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**

#### **RANADIVE, SAYALI**

Provider ID: 311394

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: 1588846380

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Hindi,  
Marathi, 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-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\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **PEDIATRIC ENDOCRINOLOGY**

#### **VARGAS TRUJILLO, MARCELA**

Provider ID: 205605

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

### 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

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\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC GASTROENTEROLOGY

#### DICKERSON, ANDREW

Provider ID: 310617

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: 1063916633

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC GASTROENTEROLOGY

#### DICKERSON, ANDREW

Provider ID: 310619

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: 1063916633

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\18

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

#### **JAZAYERI, AMIR**


Provider ID: 310952

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: 1316385925

 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







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

### PEDIATRIC GASTROENTEROLOGY


#### **KATIBIAN, DAVID**

Provider ID: 310954  
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: 1073019279  
 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  
 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  
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

### PEDIATRIC GASTROENTEROLOGY

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\None  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health Network







### PEDIATRIC GASTROENTEROLOGY

#### **SHARMA, ANITA**

Provider ID: 311774  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL





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

## D. Directorio de proveedores especialistas





2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
Provider Gender: Female  
NPI: 1871989335  
 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  
 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\None  
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

**CHOO, SUN**  
Provider ID: 206115  
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: 1700047628  
 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](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

 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

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


### 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
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\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### LI, KINCHEON

Provider ID: 311644

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: 1154095990

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

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### LIU, ANGELA

Provider ID: 310982

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: 1598150450

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. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Min/Max Age: 0\18

American Sign Language (ASL):  N

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\18

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

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

### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### YU, HELENA

Provider ID: 301583

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

### **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\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, 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

IPA: Rady Childrens Health Network


### **PEDIATRIC NEPHROLOGY**

#### **CRANE, CLARKSON**

Provider ID: 312985

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: Male

NPI: 1689036436

 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\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### **PEDIATRIC NEPHROLOGY**

#### **CRANE, CLARKSON**

Provider ID: 312987

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: 1689036436

 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\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### **PEDIATRIC NEPHROLOGY**

#### **CRANE, CLARKSON**


Provider ID: 311377

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8574

Fax: (858) 966-7789

 After Hours Phone: (858)  
966-8574

Provider Gender: Male

NPI: 1689036436

 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\18

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 NEPHROLOGY**

#### **EPPERSON, KATRINA**

Provider ID: 312257

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) 966-8574

Fax: (858) 966-7789

 After Hours Phone: (858)  
966-8574

Provider Gender: Female

NPI: 1427435825

 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-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **PEDIATRIC NEPHROLOGY**


#### **EPPERSON, KATRINA**

Provider ID: 312256

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 4405 VANDEVER AVE STE  
5

SAN DIEGO, CA 92120


 Phone: (619) 516-6181

Fax: (619) 516-6145

 After Hours Phone: (619)  
516-6181

Provider Gender: Female

NPI: 1427435825

 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-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### **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**


#### **PERENS, ELLIOT**

Provider ID: 302765

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: Male

NPI: 1922328947

 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, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, UCSF MEDICAL  
CENTER, 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: Rady Childrens Health  
Network


### **PEDIATRIC NEPHROLOGY**

#### **RASCHKE, ROBIN**

Provider ID: 310300

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8574

Fax: (858) 966-7789

 After Hours Phone: (858)  
966-8574

Provider Gender: Female

NPI: 1609365402

 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

 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, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

3030 CHILDRENS WAY FL 2 NORTH

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858) 966-5846

Provider Gender: Male

NPI: 1588781173

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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: 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**

#### **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): 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

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: Rady Childrens Health

Network, UCSD Medical Group

### PEDIATRIC PULMONOLOGY


**FIREIZEN, YARON**

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, LONG BEACH

MEMORIAL MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): Network

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC PULMONOLOGY

**LANDEO GUTIERREZ, 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

### PEDIATRIC PULMONOLOGY


**LANDEO GUTIERREZ, 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

**LENHART-PENDERGRASS,  
PATRICIA**

Provider ID: 294641

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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  
CHILDRENS 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, 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**

#### **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\None




American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network




### **PEDIATRIC RHEUMATOLOGY**

#### **LEVY, AVIYA**

Provider ID: 310780  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8082  
Fax: (858) 966-6791  
 After Hours Phone: (858)  
966-8082  
Provider Gender: Female  
NPI: 1144726936

 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  
 Website: N/A  
IPA: Rady Childrens Health  
Network

### **PEDIATRICS**


#### **ALAGIRI, MADHU**

Provider ID: 206387  
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](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-7484  
Fax: (858) 966-4064

 After Hours Phone: (858)  
966-7484

Provider Gender: Male

NPI: 1619083961

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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


#### 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\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 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\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PEDIATRICS

#### 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

#### CAMERON, MELISSA

Provider ID: 205965

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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  
 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\18

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
 Network

### **PEDIATRICS**

#### **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

### **PEDIATRICS**

#### **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

Hospital Affiliation: RADY  
 CHILDRENS 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\18


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*

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### **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*

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### **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*

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### **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\18*

*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**


**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) Spoken: Gujarati, 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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

DIEGO, PALOMAR 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: Rady Childrens Health Network


### PEDIATRICS

**EARLEY, SAMANTHA**

Provider ID: 311738

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: 1144647520

 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

 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

F 8:30AM-5:30PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP, 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

### 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, UCSD MEDICAL CTR

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: 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

#### JIMENEZ BACARDI, 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, 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

### 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

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5819

Provider Gender: Female

NPI: 1194046581

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\18

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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#### 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

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### PEDIATRICS


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#### 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

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### PEDIATRICS


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#### 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

 Website: N/A

IPA: Rady Childrens Health  
Network

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### PEDIATRICS

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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](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### 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\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

#### PEDIATRICS

### MANNINO AVILA, 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

#### PEDIATRICS

### 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

#### PEDIATRICS

### MILLS, TATYANA

Provider ID: 310307

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1962964999

Provider English Spoken: Y  
Provider Language(s)

Spoken: Russian

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\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRICS

**MILLS, TATYANA**

Provider ID: 310308

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: 1962964999

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Russian

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

 Website: N/A

IPA: Rady Childrens Health Network


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

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### PEDIATRICS

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#### **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

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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#### **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 Network

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### PEDIATRICS


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#### **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\18

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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#### **POOLE, DAVID**

Provider ID: 311153


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: 1033613765

 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\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 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

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\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRICS

**STOVER, LAURIE**




Provider ID: 206196

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


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## D. Directorio de proveedores especialistas

 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):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### 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 / REHABILITATION

#### **BIFFL, SUSAN**

Provider ID: 287453

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: 1366589640

 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-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PHYSICAL MEDICINE / REHABILITATION


#### **DALAL, PRITHA**

Provider ID: 287523


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: 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\18

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*

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### PHYSICAL MEDICINE / REHABILITATION


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#### **RICHARDSON, HENRY**

*Provider ID: 295276*

*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: 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*

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### PHYSICAL MEDICINE / REHABILITATION


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#### **RYAN, KYLE**

*Provider ID: 287520*

*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: 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*

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### PHYSICAL MEDICINE / REHABILITATION


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#### **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*

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### PHYSICAL MEDICINE / REHABILITATION


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#### **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*





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## 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

### 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  
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):  
BERGEN, SOPHEA  
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

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: PALOMAR  
MEDICAL CENTER, SCRIPPS  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
UC SAN DIEGO HEALTH -  
EAST CAMPUS 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: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

**BOYD, LISA**  
Provider ID: 217649

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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, 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

#### BRUECKNER, TAMMIE

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

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## D. Directorio de proveedores especialistas

|  |   |  |
|--|---|--|
| <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>DU, SARAH</b><br/>           Provider ID: 311792<br/>           Board Certified Specialty: No<br/>           COMMUNITY CARE IPA LLC<br/>  5405 OBERLIN DR FL 2<br/>           SAN DIEGO, CA 92121<br/>  Phone: (858) 909-0770<br/>           Fax: (858) 909-0880<br/>  After Hours Phone: (858) 909-0770<br/>           Provider Gender: Female<br/>           NPI: 1295502763<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p> | <p>909-0770<br/>           Provider Gender: Female<br/>           NPI: 1295502763<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Hours: M-F 8AM-5PM<br/>  Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p>   | <p> Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p>  |
| <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>DU, SARAH</b><br/>           Provider ID: 310603<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  5405 OBERLIN DR FL 2<br/>           SAN DIEGO, CA 92121<br/>  Phone: (858) 909-0770<br/>           Fax: (858) 909-0880<br/>  After Hours Phone: (858)</p>   | <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>GEBAUER, HEATHER</b><br/>           Provider ID: 311549<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  200 W ARBOR DR<br/>           SAN DIEGO, CA 92103<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800) 926-8273<br/>           Provider Gender: Female<br/>           NPI: 1467987586<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> | <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>GEBAUER, HEATHER</b><br/>           Provider ID: 311550<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP<br/>  6655 ALVARADO RD<br/>           SAN DIEGO, CA 92120<br/>  Phone: (800) 926-8273<br/>           Fax: (888) 539-8781<br/>  After Hours Phone: (800) 926-8273<br/>           Provider Gender: Female<br/>           NPI: 1467987586<br/>  Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N<br/>  Accessibility: CONTACT PROVIDER<br/>  Website: N/A<br/>           IPA: UCSD Medical Group</p> |
| <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>GUTH, CARA</b><br/>           Provider ID: 299111<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP<br/>  9333 GENESEE AVE STE</p>   |   |  |

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## D. Directorio de proveedores especialistas

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

### **PHYSICIANS ASSISTANT**

**HASEGAWA, CHRIS**  
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

### **PHYSICIANS ASSISTANT**

**HASEGAWA, CHRIS**  
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  
🕒 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: 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  
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**

**HSIEH, STEPHANIE**  
Provider ID: 312497  
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

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: 1720868045

Provider 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

#### HUNTER, JACOB

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

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

### PHYSICIANS ASSISTANT

#### 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

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

### 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

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

### 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)


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## D. Directorio de proveedores especialistas

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

### PHYSICIANS ASSISTANT


#### LEE, JENNIFER

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

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

### PHYSICIANS ASSISTANT

#### LINDEMANN, CHRISTINA


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

NPI: 1194373514


 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

### PHYSICIANS ASSISTANT

#### MARTIN, HALEY

Provider ID: 305026

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: 1093440836

 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

### **PHYSICIANS ASSISTANT**

#### **MCADAMS, JOSEPH**

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

 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: 258040

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: 1386032308

 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

### **PHYSICIANS ASSISTANT**


#### **MOREO, HUNTER**

Provider ID: 310726

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: Female

NPI: 1043062334

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, 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: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **PHYSICIANS ASSISTANT**

#### **MOREO, HUNTER**

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## D. Directorio de proveedores especialistas

Provider ID: 310136

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: 1043062334

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, 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: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### 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):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PHYSICIANS ASSISTANT

#### NASSAR, JEANNE

Provider ID: 312724

Board Certified Specialty: No  
UCSD MEDICAL GROUP

2131 3RD AVE  
SAN DIEGO, CA 92101

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1760704761

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: 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

Hospital Affiliation: 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*  
 *Website: N/A*  
*IPA: UCSD Medical Group*


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### 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*

*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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### 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*


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### 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*



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### 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*

*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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### PHYSICIANS ASSISTANT

#### PERREAULT, MARK







*Provider ID: 283585*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 4520 EXECUTIVE 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](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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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  
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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### PHYSICIANS ASSISTANT

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**PHUNG, AIVI**  
Provider ID: 293247  
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: 1639528110  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
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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### PHYSICIANS ASSISTANT

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**PHUNG, AIVI**  
Provider ID: 293246  
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: 1639528110

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
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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### PHYSICIANS ASSISTANT




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**POGGI, SARA**  
Provider ID: 310631  
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: Female  
NPI: 1265119911  
 Provider 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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### PHYSICIANS ASSISTANT

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**POGGI, SARA**  
Provider ID: 310614  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 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: 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: 1265119911

 Provider 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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### PHYSICIANS ASSISTANT

#### PRIEST, VIVIAN

Provider ID: 272430

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: 1225581754

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\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


#### PRIEST, VIVIAN


Provider ID: 313298

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: 1225581754

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT

#### PYLE, ALEXANDRA


Provider ID: 297718

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121


 Phone: (858) 455-6460

Fax: (858) 455-7197

 After Hours Phone: (858)  
455-6460

Provider Gender: Female

NPI: 1225416472

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 20\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PHYSICIANS ASSISTANT


#### QUIJANO, GLENN

Provider ID: 307067

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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-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\18

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


### **PHYSICIANS ASSISTANT**

#### **SCHROEDER, JENNIFER**

Provider ID: 256639

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (858) 453-1469

 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: 1780851253


 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

### PHYSICIANS ASSISTANT


#### **SCHROEDER, JENNIFER**

Provider ID: 256640

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: 1780851253


 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

### PHYSICIANS ASSISTANT

#### **SCHULZ, STEFAN**

Provider ID: 243419

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: 1316102163


 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

### PHYSICIANS ASSISTANT


#### **SERHAN, STEPHANIE**

Provider ID: 312856

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: 1487438750


 Provider 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

#### **SERHAN, STEPHANIE**

Provider ID: 312857

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: 1487438750

 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](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): **SMITH, TREVOR**

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT


**SHAPIRO, RACHEL**

Provider ID: 311469

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE  
220

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720488836

 Provider English 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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### PHYSICIANS ASSISTANT

Provider ID: 313669

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: 1821573718

 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

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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

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

---

### PHYSICIANS ASSISTANT

**TAN, CARMELA**

Provider ID: 311088

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: 1811069271

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

#### TAN, CARMELA

Provider ID: 311091

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6645 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811069271

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

### PHYSICIANS ASSISTANT

#### TAN, CARMELA

Provider ID: 311089

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: 1811069271

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

### PHYSICIANS ASSISTANT

#### THOMAS, THEA

Provider ID: 312694

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: 1457718843

Provider 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

#### THOMAS, THEA

Provider ID: 312695

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: 1457718843

Provider 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: 299599

Board Certified Specialty: No  
UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

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: 1083823322

☑ 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

### 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

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

### 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

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

### 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) 900-2779

☎ 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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


### 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): IPA: UCSD Medical Group  
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


### 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


### PHYSICIANS ASSISTANT

#### WRIGHT, DEREK

Provider ID: 310777

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)

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

## D. Directorio de proveedores especialistas

571-3630  
 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,  
 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: 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,  
 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: 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,  
 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,  
 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

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**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

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**PSYCHOLOGIST**


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**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

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**PSYCHOLOGIST**


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**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

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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: 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: 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

Provider English Spoken: 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: 306550

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: 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-12PM

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## D. Directorio de proveedores especialistas

W 8AM-4:30PM  
TH 8AM-12PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### **PSYCHOLOGIST**

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#### **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



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### **PSYCHOLOGIST**

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#### **CARINO 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**

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#### **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


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### **PSYCHOLOGIST**

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#### **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

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**


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#### **FIRESTONE, MICHELLE**

Provider ID: 290954  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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## D. Directorio de proveedores especialistas

 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

### 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

### 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

### PSYCHOLOGIST


#### GIAMONA, KRISTEN

Provider ID: 294171

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: 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








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## D. Directorio de proveedores especialistas

**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  
 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

### 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  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

**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):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PSYCHOLOGIST

**LEBENSOHN CHIALVO,**

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

## D. Directorio de proveedores especialistas

### 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

### PSYCHOLOGIST

### 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

### MEIER, EMILY

Provider ID: 311351

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: 1255530572

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

### PSYCHOLOGIST

### 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

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

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

## D. Directorio de proveedores especialistas

### 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: 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

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: 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

### ORFF, HENRY

Provider ID: 273009

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## D. Directorio de proveedores especialistas

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

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

### 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

#### 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

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

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## D. Directorio de proveedores especialistas

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


#### SHELLINGER, 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

IPA: UCSD Medical Group

### PSYCHOLOGIST


#### SHELLINGER, 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

#### SHELLINGER, KRISTON

Provider ID: 213752

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST





SAN DIEGO, CA 92103



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## D. Directorio de proveedores especialistas



 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

**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








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

### PSYCHOLOGIST




**TO, TUAN**  
 Provider ID: 290285  
 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: 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

### 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

### PSYCHOLOGIST


**TO, TUAN**  
 Provider ID: 290283  
 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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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### PSYCHOLOGIST

#### **TWAMLEY, ELIZABETH**

Provider ID: 290717

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: 1700089141

 Provider 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 8:30AM-5PM

TH 8:30AM-9PM

F 8:30AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PUBLIC HEALTH

#### PREVENTATIVE MEDICINE

#### **SOZANSKI, JESSE**


Provider ID: 200925

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: Male

NPI: 1437446622

 Provider English Spoken: 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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### 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


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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### PULMONARY DISEASES

#### **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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*  
*Medi-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**





#### **CYPRO, ALEXANDER**

*Provider ID: 313679*  
*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: 1881126936*  
 *Provider 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**

#### **HOGAN, NICHOLAS**




*Provider ID: 313713*  
*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: 1861925273*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*  
*MEMORIAL HOSPITAL,*  
*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*  
 *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**

#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

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-PPP

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-PPP

### PULMONARY DISEASES

#### LE, HUAN

Provider ID: 300636  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PPP  
 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

### 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

### PULMONARY DISEASES

#### LI, JINGHONG

Provider ID: 311032  
 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: 1619014479  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SOUTHWEST HEALTHCARE INLAND VALLEY 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

Medi-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

#### **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, 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

### PULMONARY DISEASES

#### **PEARCE, ALEX**

Provider ID: 300055

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: 1265896856

 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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: 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

 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


#### **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

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








Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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-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 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*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*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: Rady Childrens Health Network*


### **RADIATION ONCOLOGY**

#### **VAKILIAN, SIAVOSH**

*Provider ID: 314064*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 *5395 RUFFIN RD STE 103 SAN DIEGO, CA 92123*  
 *Phone: (858) 505-4100*  
*Fax: (858) 429-7939*  
 *After Hours Phone: (858) 505-4100*  
*Provider Gender: Male*  
*NPI: 1427456151*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, 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*

### **RADIATION ONCOLOGY**







#### **VAKILIAN, SIAVOSH**

*Provider ID: 314062*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*  
 *3366 5TH 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.






## D. Directorio de proveedores especialistas

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, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, 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

### **RADIOLOGY DIAGNOSTIC**





#### **ADAMS, STEPHEN**



Provider ID: 311196  
 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: 1376689778  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UC DAVIS MEDICAL CTR, Highland Hospital, Alameda Hospital, SAN LEANDRO 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

### **RADIOLOGY DIAGNOSTIC**







#### **ADAMS, STEPHEN**

Provider ID: 311197  
 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: 1376689778  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UC DAVIS MEDICAL CTR, Highland Hospital, Alameda Hospital,

SAN LEANDRO 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

### **RADIOLOGY DIAGNOSTIC**

#### **ALFIDI, MARY**

Provider ID: 310666  
 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: 1992814396  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, KERN 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>AWWAD, REEM</b><br/>           Provider ID: 311084<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR<br/>           SAN DIEGO, CA 92103<br/>           Phone: (800) 926-8273<br/>           Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273<br/>           Provider Gender: Female<br/>           NPI: 1811158967</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UC DAVIS<br/>           MEDICAL CTR, UCSD MEDICAL<br/>           CTR</p> <p>Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N</p> <p>Accessibility: CONTACT<br/>           PROVIDER<br/>           Website: N/A<br/>           IPA: UCSD Medical Group</p> | <p>After Hours Phone: (800) 926-8273<br/>           Provider Gender: Female<br/>           NPI: 1811158967</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UC DAVIS<br/>           MEDICAL CTR, UCSD MEDICAL<br/>           CTR</p> <p>Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N</p> <p>Accessibility: CONTACT<br/>           PROVIDER<br/>           Website: N/A<br/>           IPA: UCSD Medical Group</p> <p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>BERMAN, ZACHARY</b><br/>           Provider ID: 269318<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR<br/>           SAN DIEGO, CA 92103<br/>           Phone: (800) 926-8273<br/>           Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273<br/>           Provider Gender: Male<br/>           NPI: 1033521190</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD LA<br/>           JOLLA JOHN SALLY<br/>           THORNTON, UCSD MEDICAL<br/>           CTR</p> <p>Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N</p> <p>Accessibility: CONTACT<br/>           PROVIDER<br/>           Website: N/A<br/>           IPA: UCSD Medical Group</p> | <p>Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N</p> <p>Accessibility: CONTACT<br/>           PROVIDER<br/>           Hours: M-F 8AM-5PM<br/>           Website: N/A<br/>           IPA: UCSD Medical Group</p> <p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>BERMAN, ZACHARY</b><br/>           Provider ID: 304163<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP</p> <p>6655 ALVARADO RD<br/>           SAN DIEGO, CA 92120<br/>           Phone: (800) 926-8273<br/>           Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273<br/>           Provider Gender: Male<br/>           NPI: 1033521190</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD LA<br/>           JOLLA JOHN SALLY<br/>           THORNTON, UCSD MEDICAL<br/>           CTR</p> <p>Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N</p> <p>Accessibility: CONTACT<br/>           PROVIDER<br/>           Website: N/A<br/>           IPA: UCSD Medical Group</p> |
| <p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>AWWAD, REEM</b><br/>           Provider ID: 311085<br/>           Board Certified Specialty: No<br/>           UCSD MEDICAL GROUP</p> <p>6655 ALVARADO RD<br/>           SAN DIEGO, CA 92120<br/>           Phone: (800) 926-8273<br/>           Fax: (888) 539-8781</p>  | <p>After Hours Phone: (800) 926-8273<br/>           Provider Gender: Male<br/>           NPI: 1033521190</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD LA<br/>           JOLLA JOHN SALLY<br/>           THORNTON, UCSD MEDICAL<br/>           CTR</p>   | <p>Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL):<br/>           N</p> <p>Accessibility: CONTACT<br/>           PROVIDER<br/>           Website: N/A<br/>           IPA: UCSD Medical Group</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

### **RADIOLOGY DIAGNOSTIC**

#### **BISSET, LOGAN**

Provider ID: 311143

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: 1356760276

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, UCSD MEDICAL  
CTR, KERN 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**

#### **BISSET, LOGAN**

Provider ID: 311144

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: 1356760276

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, UCSD MEDICAL  
CTR, KERN 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**

#### **BLACKWELL, CHRISTOPHER**

Provider ID: 313488

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: 1740740125

Provider 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**

#### **BLACKWELL, CHRISTOPHER**

Provider ID: 313484

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: 1740740125

Provider 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**

#### **BLACKWELL, CHRISTOPHER**

Provider ID: 313485

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

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: 1740740125

☑ Provider 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

#### **BONE, SAMUEL**

Provider ID: 311165

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: 1841216306

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: GEORGE L  
MEE MEMORIAL HOSP, UC  
DAVIS MEDICAL CTR, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 283675

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### **BONE, SAMUEL**

Provider ID: 311166

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: 1841216306

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: GEORGE L  
MEE MEMORIAL HOSP, UC  
DAVIS MEDICAL CTR, 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

#### **BRANCH, CODY**

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

#### **BRANCH, CODY**

Provider ID: 304199

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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**







**BROWN, TERESA**  
 Provider ID: 311079  
 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: 1669492237  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SAN  
 LEANDRO HOSPITAL,  
 Highland Hospital, Alameda

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



### **RADIOLOGY DIAGNOSTIC**

**BROWN, TERESA**  
 Provider ID: 311080  
 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: 1669492237  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SAN  
 LEANDRO HOSPITAL,  
 Highland Hospital, Alameda  
 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

### **RADIOLOGY DIAGNOSTIC**

**CARLSON, BLAKE**  
 Provider ID: 311134  
 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: 1548249956  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Eisenhower  
 Medical Center, 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**

**CARLSON, BLAKE**  
 Provider ID: 311135  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 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: Male

NPI: 1548249956

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Eisenhower  
Medical Center, 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**

#### **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,  
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**

#### **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,  
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**

#### **CARSWELL, AIMEE**

Provider ID: 303055

Board Certified Specialty: No  
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,  
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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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: 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: 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**

#### **CHEWNING, RUSH**

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**




#### **CHRISTENSEN, DIANA**

Provider ID: 313647


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: 1578079786

 Provider 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**


#### **CHRISTENSEN, DIANA**

Provider ID: 313643  
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: 1578079786

 Provider 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**


#### **CHRISTENSEN, DIANA**

Provider ID: 313644  
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: 1578079786

 Provider 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**

#### **CIRIELLO, JONATHAN**


Provider ID: 313504  
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: 1720540743

 Provider 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**


#### **CIRIELLO, JONATHAN**

Provider ID: 313500  
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: 1720540743


 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**  
 Website: N/A  
IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **CIRIELLO, JONATHAN**

Provider ID: 313501  
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: 1720540743

 Provider 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**


#### **CRAMER, SCOTT**

Provider ID: 313578  
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: 1598225740

 Provider 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**

#### **CRAMER, SCOTT**

Provider ID: 313574  
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: 1598225740

 Provider 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**

#### **CRAMER, SCOTT**


Provider ID: 313575  
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: 1598225740

 Provider 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

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## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1639553613

 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

### **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


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

### **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

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

### **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

Provider Gender: Female

NPI: 1497721724

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

Providence Mission 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


### **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

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## D. Directorio de proveedores especialistas

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Providence Mission 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*

*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*





*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**

**GERST, SCOTT**  
*Provider ID: 311147*  
*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: 1184602872*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, KERN MEDICAL CENTER*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

### **RADIOLOGY DIAGNOSTIC**


### **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,*

**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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**  
 Website: N/A  
IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **GERST, SCOTT**

Provider ID: 311148  
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: 1184602872

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, KERN 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**

#### **GORDON, EMILE**

Provider ID: 311593  
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: 1184121899

 Provider 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**

#### **GORDON, EMILE**

Provider ID: 311594  
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: 1184121899

 Provider 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**

#### **GORDON, EMILE**

Provider ID: 311595  
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: 1184121899

 Provider 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**

#### **GRISSOM, MURRAY**

Provider ID: 271567  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 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: 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) 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

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## D. Directorio de proveedores especialistas

### PROVIDER


 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### HANSCH, ERNST

Provider ID: 311120  
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: Male  
NPI: 1366428351

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
COMMUNITY HOSPITAL OF  
THE MONTEREY PENINSULA,  
MOUNTAINS COMMUNITY  
HOSP, EISENHOWER  
MEDICAL CTR, UCSD MEDICAL

CTR, KERN 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

#### HANSCH, ERNST

Provider ID: 311121  
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: 1366428351

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
COMMUNITY HOSPITAL OF  
THE MONTEREY PENINSULA,  
MOUNTAINS COMMUNITY  
HOSP, EISENHOWER  
MEDICAL CTR, UCSD MEDICAL  
CTR, KERN 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

#### HELMY, MARWAH

Provider ID: 311095  
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: 1841276730

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: DOCTORS  
MEDICAL CENTER, Providence  
St Jude Medical Center,

Parkview Community Hospital  
Medical Center, ST

BERNARDINE MED CTR,  
COMMUNITY HOSP OF SAN  
BERNARDINO, KINDRED  
HOSPITAL ONTARIO,

DAMERON HOSPITAL ASSOC,  
DAMERON HOSPITAL ASSOC,  
ST JOSEPHS MEDICAL


CENTER, REGIONAL MEDICAL  
CTR OF SAN JOSE, MARK  
TWIN 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

#### HELMY, MARWAH


Provider ID: 311096

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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: 1841276730

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: DOCTORS  
MEDICAL CENTER, Providence  
St Jude Medical Center,  
Parkview Community Hospital  
Medical Center, ST

BERNARDINE MED CTR,  
COMMUNITY HOSP OF SAN  
BERNARDINO, KINDRED  
HOSPITAL ONTARIO,


DAMERON HOSPITAL ASSOC,  
DAMERON HOSPITAL ASSOC,  
ST JOSEPHS MEDICAL  
CENTER, REGIONAL MEDICAL  
CTR OF SAN JOSE, MARK  
TWIN 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


**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

**HURT, BRIAN**

Provider ID: 313600

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: 1306370465


 Provider 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

**HURT, BRIAN**

Provider ID: 313601

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: 1306370465


 Provider 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

### **RADIOLOGY DIAGNOSTIC**

#### **HURT, BRIAN**

Provider ID: 313604

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: 1306370465

Provider 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**

#### **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, 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**

#### **JAFFRAY, PAUL**

Provider ID: 299958

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: 1275700999

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los

Angeles General Medical

Center, 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**

#### **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, 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**

#### **KAKISH, DAVID**


Provider ID: 313591

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1588123863


 Provider 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**

#### **KAKISH, DAVID**

Provider ID: 313587  
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: 1588123863


 Provider 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**

#### **KAKISH, DAVID**

Provider ID: 313588  
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: 1588123863

 Provider 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  
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

### **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  
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): UCSD MEDICAL GROUP

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


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

---

### **RADIOLOGY DIAGNOSTIC**


#### **KONDILI, DHIMITER**

Provider ID: 283143

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: 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**

#### **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

---


### **RADIOLOGY DIAGNOSTIC**

#### **LIM, GARRETT**

Provider ID: 313545

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: 1396233565

 Provider 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


 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **LIM, GARRETT**

Provider ID: 313541  
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: 1396233565

 Provider 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**

#### **LIM, GARRETT**

Provider ID: 313542  
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: 1396233565

 Provider 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**

#### **MARKS, ROBERT**

Provider ID: 300064  
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: 1952389934

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ST MARY  
MEDICAL CENTER, 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**

#### **MARKS, ROBERT**

Provider ID: 300065  
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: 1952389934


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: ST MARY  
MEDICAL CENTER, 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**

#### **PANZARINI, BRUNO**

Provider ID: 313779  
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

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1649776915

 Provider 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**

#### **PANZARINI, BRUNO**

Provider ID: 313775

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: 1649776915

 Provider 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**

#### **PANZARINI, BRUNO**

Provider ID: 313776

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: 1649776915

 Provider 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**


#### **POHLEN, MICHAEL**

Provider ID: 313561

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: 1285130906

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LUCILE  
SALTER PACKARD

CHILDRENS HOSP, Stanford  
Health Care, 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**

#### **POHLEN, MICHAEL**

Provider ID: 313557

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: 1285130906



 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: LUCILE  
SALTER PACKARD  
CHILDRENS HOSP, Stanford  
Health Care, 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**





#### **POHLEN, MICHAEL**



Provider ID: 313558  
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: 1285130906  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: LUCILE  
SALTER PACKARD  
CHILDRENS HOSP, Stanford  
Health Care, 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**





#### **RICKMAN, CHRISTOPHER**

Provider ID: 311168  
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: 1497759898  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Providence  
St Joseph Hospital, SUTTER  
COAST HOSPITAL, SUTTER  
LAKESIDE HOSP, SUTTER  
MATERNITY AND SURGERY  
CENTER OF SANTA CRUZ,  
MEMORIAL HOSPITAL MED  
CTR, EISENHOWER MEDICAL  
CTR, Alameda Hospital,  
Alameda Hospital, Highland  
Hospital, SAN LEANDRO  
HOSPITAL, SAN LEANDRO  
HOSPITAL  
Medi-Cal Open Panel: Yes

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **RICKMAN, CHRISTOPHER**

Provider ID: 311169  
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: 1497759898  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Providence  
St Joseph Hospital, SUTTER  
COAST HOSPITAL, SUTTER  
LAKESIDE HOSP, SUTTER  
MATERNITY AND SURGERY  
CENTER OF SANTA CRUZ,  
MEMORIAL HOSPITAL MED  
CTR, EISENHOWER MEDICAL  
CTR, Alameda Hospital,  
Alameda Hospital, Highland  
Hospital, SAN LEANDRO  
HOSPITAL, SAN LEANDRO  
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): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **RADIOLOGY DIAGNOSTIC**

#### **RITCHIE, DAVID**

Provider ID: 300031

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: 1407201916

 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

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### **RADIOLOGY DIAGNOSTIC**

#### **ROBINSON, ADAM**

Provider ID: 313701

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: 1730685611

 Provider 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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### **RADIOLOGY DIAGNOSTIC**

#### **ROBINSON, ADAM**

Provider ID: 313697

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: 1730685611

 Provider 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**

#### **ROBINSON, ADAM**

Provider ID: 313698

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: 1730685611

 Provider 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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### **RADIOLOGY DIAGNOSTIC**

#### **ROTMAN, YONATAN**

Provider ID: 313556




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: 1326542341

 Provider 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**

#### **ROTMAN, YONATAN**

Provider ID: 313552


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: 1326542341

 Provider 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**

#### **ROTMAN, YONATAN**

Provider ID: 313553

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: 1326542341

 Provider 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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### **RADIOLOGY DIAGNOSTIC**


#### **ROZELL, JOSEPH**

Provider ID: 311178

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: 1629368519

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR,  
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**

#### **ROZELL, JOSEPH**

Provider ID: 311179

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: 1629368519

 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,  
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**

**SADAT, SAYED**


Provider ID: 299968

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: 1679000806

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, MAD RIVER

COMM HOSPITAL,

MOUNTAINS 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

### **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

Hospital Affiliation: UCSD  
MEDICAL CTR, MAD RIVER

COMM HOSPITAL,

MOUNTAINS 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

### **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

Hospital Affiliation: UCSD  
MEDICAL CTR, MAD RIVER

COMM HOSPITAL,

MOUNTAINS 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

### **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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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: 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**

#### **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

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


### **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

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

### **RADIOLOGY DIAGNOSTIC**

#### **SHWAIKI, OMAR**

Provider ID: 313563  
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: 1487117826

 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

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **SHWAIKI, OMAR**

Provider ID: 313566

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: 1487117826

 Provider 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**

#### **SHWAIKI, OMAR**

Provider ID: 313562

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: 1487117826

 Provider 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](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*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **RADIOLOGY DIAGNOSTIC**

#### **SPARKS, CHELSEA**

*Provider ID: 313627*

*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: 1366901662*


 *Provider 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**


#### **SPARKS, CHELSEA**

*Provider ID: 313623*

*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: 1366901662*

 *Provider 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**


#### **SPARKS, CHELSEA**

*Provider ID: 313624*

*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: 1366901662*

 *Provider 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**

#### **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, 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**

#### **SPENGLER, NATHAN**







*Provider ID: 303049*

*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: (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, 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**

#### 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  
 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

### **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  
 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




### **RADIOLOGY DIAGNOSTIC**

#### STRAKA, CHRISTOPHER

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**

#### SUN, ALEX


Provider ID: 311562

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (619) 543-2218  
 After Hours Phone: (619)  
543-2218

Provider Gender: Male

NPI: 1538502331


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SCRIPPS GREEN  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,  
GROSSMONT HOSPITAL,  
GROSSMONT HOSPITAL  
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

UCSD MEDICAL GROUP

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (619) 471-9240

 After Hours Phone: (619)  
471-9240

Provider Gender: Male

NPI: 1538502331

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SCRIPPS GREEN  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
GROSSMONT HOSPITAL,  
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: 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: 1538502331

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SCRIPPS GREEN  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
GROSSMONT HOSPITAL,  
GROSSMONT 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**

#### **SWEET, JASON**

Provider ID: 305028

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD

### **RADIOLOGY DIAGNOSTIC**

#### **RADIOLOGY DIAGNOSTIC**

#### **SUN, ALEX**

Provider ID: 311564

Board Certified Specialty: No






#### **SUN, ALEX**

Provider ID: 311565





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. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas








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  
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

### **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**  
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**

**TADDONIO, MICHAEL**  
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: 304179  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 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

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

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### **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

Medi-Cal Open Panel: Yes

Min/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

Medi-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: 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

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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: 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

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

---

### **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

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

---

### **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,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, 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

---

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 1427456151

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, 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


### **RADIOLOGY DIAGNOSTIC**


#### **WANG, LAWRENCE**

Provider ID: 313708

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: 1013440965

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, 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**


#### **WANG, LAWRENCE**

Provider ID: 313705

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: 1013440965

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, 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**


#### **WANG, LAWRENCE**

Provider ID: 313706

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: 1013440965

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, 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**

#### **YIN, JANE**

Provider ID: 313642

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: Female  
 NPI: 1477014405

 Provider 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


#### YIN, JANE

Provider ID: 313638  
 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: 1477014405

 Provider 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

#### YIN, JANE


Provider ID: 313639  
 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: 1477014405

 Provider 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

#### YOO, RAPHAEL

Provider ID: 310111  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK



 3010 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123

 Phone: (858) 966-8863

Fax: (858) 966-7903

 After Hours Phone: (858) 966-8863

Provider Gender: Male  
 NPI: 1154559037


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Korean

Cultural Competency: N  
 Hospital Affiliation: NATIVIDAD MEDICAL CENTER, 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

 Website: N/A



IPA: Rady Childrens Health Network

### RADIOLOGY DIAGNOSTIC

#### YOO, RAPHAEL

Provider ID: 310112  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 1154559037

Provider English Spoken: Y

Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: NATIVIDAD  
MEDICAL CENTER, 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

Website: N/A

IPA: Rady Childrens Health  
Network

### 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): Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

### REGISTERED DIETITIAN /

#### NUTRITIONIST

#### **CALLAWAY, MALLORY**

Provider ID: 287926

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: 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)

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

## D. Directorio de proveedores especialistas

471-0438

Provider Gender: Female

NPI: 1538312657

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

---

### REGISTERED DIETITIAN / NUTRITIONIST

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#### **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

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538312657

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): **SIEVERING, DENISE**

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

---

### REGISTERED DIETITIAN / NUTRITIONIST

---

#### **SHMARIAHU, SHELLY**

Provider ID: 310802

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: 1881457521

Provider 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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### REGISTERED DIETITIAN / NUTRITIONIST

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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

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#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: Male

NPI: 1982120861


 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

#### **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

NPI: 1982120861

 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

#### **BALL, STEPHEN**

Provider ID: 311013

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: 1437644044

 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

---


### 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

#### **BARTZ, BRYAN**

Provider ID: 273381

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

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

**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

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

**BOEHMER, ALEXANDRA**

Provider ID: 311058

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: 1528789856

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

### 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

**BUNOSKY, ABIGAIL**

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## D. Directorio de proveedores especialistas

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

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  
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

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

## D. Directorio de proveedores especialistas

### 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

#### **JOHNSON, KENNADY**

Provider ID: 305041

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: 1730834417

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

### 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

#### **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):


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*

 *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*

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1063882579*

 *Provider English Spoken: Y Cultural Competency: N*

*Hospital Affiliation: UCSD 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: 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **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**

---

#### **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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*  
*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: 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*


### SLEEP MEDICINE



#### **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*

### SLEEP MEDICINE


#### **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*

### SPEECH PATHOLOGIST


#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: (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**


#### **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

---

### **SPEECH PATHOLOGIST**


#### **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**


#### **DURNAN, CASSANDRA**

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

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

---

### **SPEECH PATHOLOGIST**


#### **DURNAN, CASSANDRA**

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### SPEECH PATHOLOGIST

#### **DURNAN, CASSANDRA**

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


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

### SPEECH PATHOLOGIST

#### **SCHIEDERMAYER, BENJAMIN**

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

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

### SPEECH PATHOLOGIST


#### **UNGER, LINDSEY**

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*

*Medi-Cal Open Panel: Yes*  
*Min/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*

*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*


### **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*


*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 COLON SURGERY**

#### **LIU, SHANGLEI**

*Provider ID: 273363*

*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: 1043558653*

 *Provider English 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 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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: 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**




**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**

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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) 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

#### **MASCH, JESSICA**

Provider ID: 311552

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: 1902300445

 Provider 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 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

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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: 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,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### **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  
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

### **SURGERY GENERAL**

#### **BERUMEN, JENNIFER**

Provider ID: 260052

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8001 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)  
966-5811

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: 1558566372

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Yes

Min/Max 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**


**BRODERICK, RYAN**

Provider ID: 247073

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: 1619252418

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**


**BRODERICK, RYAN**

Provider ID: 286342

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: 1619252418

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY GENERAL**


**BRODERICK, RYAN**

Provider ID: 201617

Board Certified Specialty: Yes  
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: 1619252418

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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, 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

### 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, 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

### 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, UC SAN DIEGO

HEALTH - EAST CAMPUS

MEDICAL CENTER, 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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) 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, UC SAN DIEGO

HEALTH - EAST CAMPUS

MEDICAL CENTER, 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**

#### **GARCIA CABRERA, ANA**

Provider ID: 311499

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: 1205330354

☑ Provider 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 GENERAL**

#### **HOLLANDSWORTH, HANNAH**

Provider ID: 310729

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: 1972954303

☑ Provider English 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](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): IPA: UCSD Medical Group

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **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

### **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

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\None

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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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: 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: 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) 454-0097

 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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) 454-0097

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

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: No

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

#### **REEVES, JAMES**

Provider ID: 311505

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: 1174059257

Provider 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 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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


### 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

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

### 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

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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


### 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

### 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



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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: 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, TRI CITY MEDICAL CTR,  
 PALOMAR MEDICAL CENTER,  
 COLUSA 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

### **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, UCSD  
 MEDICAL CTR, 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

### 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


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 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


Medi-Cal Open Panel: Yes

Min/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, TRI CITY MEDICAL CTR,  
PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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## D. Directorio de proveedores especialistas

American Sign Language (ASL): Provider ID: 244132

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **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

Hospital Affiliation: 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

### **SURGERY NEUROLOGICAL**


#### **U, HOI**

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  
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**

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

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## D. Directorio de proveedores especialistas

 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: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL, UC

SAN DIEGO HEALTH - EAST

CAMPUS 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: Imperial Health Holdings

Medical Group-SD

### **SURGERY ORTHOPEDIC**

**BOCKHORN, LAUREN**


Provider ID: 313622

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: 1902369366

 Provider 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**

**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 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

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

### **SURGERY ORTHOPEDIC**

**BUKATA, SUSAN**

Provider ID: 277948

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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: 1932140639

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 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):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **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

### **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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **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\None*

*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\None*

*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**

#### **CORTES, ALEJANDRO**

*Provider ID: 313520*

*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: 1972066785*


 *Provider 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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### **SURGERY ORTHOPEDIC**

#### **DIJANIC, CHRISTOPHER**

*Provider ID: 313482*

*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: 1295396281*


 *Provider 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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### **SURGERY ORTHOPEDIC**

#### **EDMONDS, ERIC**

*Provider ID: 205495*

*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

### 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

### 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

### SURGERY ORTHOPEDIC

#### GEORGE, JOSE

Provider ID: 313607

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: 1528528668

Provider 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

#### 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

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

### **SURGERY ORTHOPEDIC**

#### **HURVITZ, ANDREW**

Provider ID: 311579  
 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: 1083842371

 Provider 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**

#### **HURVITZ, ANDREW**

Provider ID: 311580  
 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: 1083842371

 Provider 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**

#### **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\18

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

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## 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

### **SURGERY ORTHOPEDIC**

#### **PASSIAS, BRADEN**

Provider ID: 313512

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: 1144783028

 Provider 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**

#### **SEDGHI, SOUDABEH**


Provider ID: 313492

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: 1619438199

 Provider 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**

#### **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

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## D. Directorio de proveedores especialistas




### PROVIDER

 Website: N/A  
IPA: UCSD Medical Group


### **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 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  
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**

#### **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\18  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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, 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

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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


### **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 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: Yes  
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: 256194

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

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## D. Directorio de proveedores especialistas

☎ 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\18

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\18

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

### SURGERY PEDIATRIC

#### **THOMPSON, KYLE**

Provider ID: 310985

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

📍 3030 CHILDRENS WAY STE 1

SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

☎ After Hours Phone: (858) 966-7711

Provider Gender: Male

NPI: 1598147050

🗨 Provider English Spoken: Y

🗨 Provider Language(s) Spoken: French

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

🌐 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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


Medi-Cal Open Panel: Yes

Min/Max 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: 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

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

### **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

### **SURGERY PLASTIC**

**LEWIS, PRIYA**

Provider ID: 302132

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: 1720465024

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

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY PLASTIC**

**MASSENBURG, BENJAMIN**

Provider ID: 311448

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: 1497280028

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

Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

### **SURGERY PLASTIC**

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## D. Directorio de proveedores especialistas

### **MASSENBURG, BENJAMIN**

Provider ID: 311375

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999  
Fax: (858) 966-8394

 After Hours Phone: (858)  
966-5999

Provider Gender: Male


NPI: 1497280028

 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

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

#### **SURGERY PLASTIC**


### **MASSENBURG, BENJAMIN**

Provider ID: 311376

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: 1497280028

 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

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


#### **SURGERY PLASTIC**

### **MASSENBURG, BENJAMIN**

Provider ID: 311447

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5999

Fax: (858) 966-8394

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1497280028

 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-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group

#### **SURGERY PLASTIC**

### **MASSENBURG, BENJAMIN**

Provider ID: 311449

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: 1497280028



























 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health Network, UCSD Medical Group</i></p>  | <p><b>GANTA, SRUJAN</b></p> <p><i>Provider ID: 275611</i></p> <p><i>Board Certified Specialty: No</i></p> <p><b>UCSD MEDICAL GROUP</b></p> <p> 3020 CHILDRENS WAY<br/>SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 966-8030</i></p> <p> <i>After Hours Phone: (858) 966-8030</i></p>         | <p><i>966-8030</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1265071005</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</i></p>  |
| <b><u>SURGERY THORACIC</u></b>   |  |   |
| <p><b>FOX, KENNETH</b></p> <p><i>Provider ID: 257841</i></p> <p><i>Board Certified Specialty: No</i></p> <p><b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 3020 CHILDRENS WAY<br/>SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 966-8030</i></p> <p> <i>After Hours Phone: (858) 966-8030</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1235153552</i></p> | <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1265071005</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</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>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\19</i></p> <p><i>American Sign Language (ASL):</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 Network, UCSD Medical Group</i></p>   |
| <b><u>SURGERY THORACIC</u></b>   |  |   |
| <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: RADY CHILDRENS 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><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 Network, UCSD Medical Group</i></p>   | <p><b>LEWIS, MICHAEL</b></p> <p><i>Provider ID: 296906</i></p> <p><i>Board Certified Specialty: Yes</i></p> <p><b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 3020 CHILDRENS WAY<br/>SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 966-8030</i></p> <p><i>Fax: (858) 966-8032</i></p> <p> <i>After Hours Phone: (858) 966-8030</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1780847533</i></p> |
| <b><u>SURGERY THORACIC</u></b>   |  |   |
| <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 Network</i></p>   | <p><b>GANTA, SRUJAN</b></p> <p><i>Provider ID: 256383</i></p> <p><i>Board Certified Specialty: No</i></p> <p><b>RADY CHILDRENS HEALTH NETWORK</b></p> <p> 3020 CHILDRENS WAY<br/>SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 966-8030</i></p> <p> <i>After Hours Phone: (858)</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</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


**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

### 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

IPA: Rady Childrens Health Network


### 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, UCSD MEDICAL CTR

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: 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

### TRANSPLANT SURGERY

**SCHNICKEL, GABRIEL**

Provider ID: 262192









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.



## D. Directorio de proveedores especialistas

### NETWORK

 8001 FROST ST  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8354  
 Fax: (858) 966-5815  
 After Hours Phone: (858)  
 966-8354  
 Provider Gender: Male  
 NPI: 1619111440  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: 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

### UROLOGY

#### ALBO, MICHAEL







Provider ID: 313734  
 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: 1912938499  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: German, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: 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  
 Website: N/A  
 IPA: UCSD Medical Group

### UROLOGY





#### ALBO, MICHAEL

Provider ID: 311548  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE STE  
 220  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1912938499  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: German, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: 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  
 Website: N/A  
 IPA: UCSD Medical Group

### UROLOGY

#### BAGRODIA, ADITYA

Provider ID: 313884  
 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: 1730310665  
 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): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

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### UROLOGY


#### BECHIS, SETH

Provider ID: 313746

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: 1376863746

 Provider English 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

---

### 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

#### KADER, ANDREW

Provider ID: 311541

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: 1184731127

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

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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### UROLOGY

#### MONGA, MANOJ

Provider ID: 274480

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: 1174609127

 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

### UROLOGY

#### MONGA, MANOJ

Provider ID: 311516

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE  
220

SAN DIEGO, CA 92121

 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

 Website: N/A

IPA: UCSD Medical Group

### UROLOGY


#### MONGA, MANOJ

Provider ID: 313310

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: 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

 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

#### MOORE, SARAH

Provider ID: 311610

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: 1538620760

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

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## D. Directorio de proveedores especialistas

MEMORIAL 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: IHP of Southern Cal-PHP


### 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

**SANTIAGO-LASTRA, YAHIR**  
Provider ID: 313690

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: 1699936609

 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: UCSD Medical Group

### UROLOGY

**SANTIAGO-LASTRA, YAHIR**  
Provider ID: 311487

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE

220  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1699936609

 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: 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

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## D. Directorio de proveedores especialistas

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

### 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  
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

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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

#### WOO, JASON

Provider ID: 313664

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: 1437380086

Provider English Spoken: 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

### SAN MARCOS

#### 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

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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




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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **FLORES, BERTHA**


Provider ID: 313780  
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: 1942032602

 Provider 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**


---

#### **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)  
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**

---


#### **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

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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*



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**CERTIFIED NURSE**  
**PRACTITIONER**


---

**KOHOUT, KATHRYN**




*Provider ID: 291105*  
*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: 1316544331*

 *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*

---

**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*



---

**CERTIFIED NURSE**  
**PRACTITIONER**

---


**MUNOZ, EMMANUEL**

*Provider ID: 312286*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*



 *After Hours Phone: (760) 736-6767*

*Provider Gender: Male*  
*NPI: 1710366489*

 *Provider 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**

---


**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): N*

 *Accessibility: CONTACT PROVIDER*

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

 *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

### 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):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

#### **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

### CERTIFIED REGISTERED NURSE MIDWIFE

#### **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,

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

### CHIROPRACTOR

#### **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

#### **BROWN, REGINA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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

### HEMATOLOGY / ONCOLOGY

#### **FINDAKLY, DAWOOD**

Provider ID: 313441

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Phone: (760) 452-3340

Fax: (760) 452-3344

After Hours Phone: (760)  
452-3340

Provider Gender: Male

NPI: 1639676620

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

HEALTH, PALOMAR MEDICAL  
CENTER, 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

### 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, UCI

HEALTH-LAKEWOOD

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: 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

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-8PM SA 8AM-8PM  
 **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

#### **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:** 295847  
**Board Certified Specialty:** No




**IHP OF SOUTHERN CAL-PHP**  
 955 BOARDWALK STE 100  
 SAN MARCOS, CA 92078  
 **Phone:** (760) 798-8855  
**Fax:** (760) 755-5245  
 **After Hours Phone:** (760) 798-8855  
**Provider Gender:** Female  
**NPI:** 1811307051  
 **Provider English Spoken:** Y  
**Cultural Competency:** N  
**Hospital Affiliation:** Sharp  
 Grossmont Hospital, SHARP  
 CHULA VISTA MED CTR  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 15\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:** 296052  
**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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: 291607

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: 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, TEMECULA  
VALLEY HOSPITAL INC

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

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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

#### HOSSEIN ZADEH MALEKI, 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, SHARP  
 CHULA VISTA MED CTR, LOMA  
 LINDA UNIVERSITY  
 CHILDRENS HOSPITAL, LOMA  
 LINDA UNIVERSITY MED CTR,  
 RIVERSIDE COUNTY  
 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

### 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, 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-6PM  
 SA 9AM-12:30PM

 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### NEUROLOGY

#### SORIA LOPEZ, JOSE



Provider ID: 295745  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 838 NORDAHL RD STE 200







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## D. Directorio de proveedores especialistas




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, SHARP CHULA VISTA MED CTR  
 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**

**LOEFFLER, ALLISON**  
 Provider ID: 311881  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767





Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 Provider Gender: Female  
 NPI: 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  
 Medi-Cal Open 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

### **PEDIATRICS**

**LUM HO, 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\18  
 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**


**LUM HO, 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

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## D. Directorio de proveedores especialistas

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**

#### **POSADAS, EMERITO**

Provider ID: 257536

Board Certified Specialty: No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767


Fax: (760) 566-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1720093198

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes


Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT


### **PEDIATRICS**

#### **QUINTERO, CAROLYN**

Provider ID: 303142

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: 1023033156

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Afar, Spanish  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

#### **HERNANDEZ, MIRIAM**

Provider ID: 298336

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: 1457903700

 Provider 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


### **PHYSICIANS ASSISTANT**

#### **NAVARRETE CELESTINO, MISHEL**

Provider ID: 302439

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: 1578263760

 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  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

#### **POLLEY, SHANNON**

Provider ID: 296093

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: 1225608722

 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  
IHP OF SOUTHERN CAL-PHP

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM  
SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PHYSICIANS ASSISTANT**

#### **RUBIO, HALEY**

Provider ID: 301290

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: Female

NPI: 1598394371

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 2\None

American Sign Language (ASL): N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PSYCHOLOGIST**

#### **ALTAMIRANO, LEON**

Provider ID: 290362

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: 1619271517

 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  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **PSYCHOLOGIST**

#### **ARIELLA, LYND A**

Provider ID: 299716

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: 1073518965


 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\50

American Sign Language (ASL): N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 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

### **PSYCHOLOGIST**

#### **FLYNN, DANIELLE**

Provider ID: 290795  
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: 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**

#### **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

 Accessibility: CONTACT PROVIDER

 Website: N/A  
IPA: IHP of Southern Cal-PHP

## **SAN YSIDRO**









### **FAMILY PRACTICE**

#### **ARRIETA, NOEMI**






Provider ID: 297794  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP



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## D. Directorio de proveedores especialistas








 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









**BUTLER, KELLEY**  
 Provider ID: 310821  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1666 PRECISION PARK LN  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Female  
 NPI: 1316527286  
 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

### FAMILY PRACTICE

**BUTLER, KELLEY**  
 Provider ID: 310820  
 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  
 Provider Gender: Female  
 NPI: 1316527286  
 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

### FAMILY PRACTICE

**CHOU, SUSANNA**  
 Provider ID: 310842  
 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: 1104889724  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MERCY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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


 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**

#### **GOLU, CRISTIANA**

Provider ID: 310232

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: 1083684997

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Romanian  
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**

#### **MANSOUR, SABAH**

Provider ID: 310230

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: 1194388637

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic


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: IHP of Southern Cal-PHP


### **FAMILY PRACTICE**


#### **NAVARRO, VANESSA MARIA**

Provider ID: 297756

Board Certified Specialty: No  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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>ORTEGA, LUIS</b><br/>           Provider ID: 295225<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p>4004 BEYER BLVD<br/>           SAN YSIDRO, CA 92173</p> <p>Phone: (619) 662-4100<br/>           Fax: (619) 205-6305</p> <p>After Hours Phone: (619) 662-4100</p> <p>Provider Gender: Male<br/>           NPI: 1558924936</p> <p>Provider English Spoken: Y<br/>           Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER<br/>           Hours: M-F 8:30AM-5PM<br/>           Website: N/A<br/>           IPA: IHP of Southern Cal-PHP</p> | <p>Phone: (619) 662-4100<br/>           Fax: (619) 205-6305</p> <p>After Hours Phone: (619) 662-4100</p> <p>Provider Gender: Female<br/>           NPI: 1902197544</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER<br/>           Hours: M-F 8AM-5PM<br/>           Website: N/A<br/>           IPA: IHP of Southern Cal-PHP</p>  | <p>Min/Max Age: 18\None<br/>           American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER<br/>           Hours: M-F 8:30AM-5PM<br/>           Website: N/A<br/>           IPA: IHP of Southern Cal-PHP</p>   |
| <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>QURESHI, SOFIA</b><br/>           Provider ID: 308756<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p>4004 BEYER BLVD<br/>           SAN YSIDRO, CA 92173</p>   | <p style="text-align: center;"><b>FAMILY PRACTICE GERIATRIC MEDICINE</b></p> <p><b>BULOW, KWI</b><br/>           Provider ID: 302346<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p>4004 BEYER BLVD<br/>           SAN YSIDRO, CA 92173</p> <p>Phone: (619) 662-4100<br/>           Fax: (619) 205-6305</p> <p>After Hours Phone: (619) 662-4100</p> <p>Provider Gender: Female<br/>           NPI: 1073608576</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD MEDICAL CTR<br/>           Medi-Cal Open Panel: Yes</p> | <p style="text-align: center;"><b>INFECTIOUS DISEASE</b></p> <p><b>ALDOUS, JEANNETTE</b><br/>           Provider ID: 290421<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p>4004 BEYER BLVD<br/>           SAN YSIDRO, CA 92173</p> <p>Phone: (619) 662-4100<br/>           Fax: (619) 205-6305</p> <p>After Hours Phone: (619) 662-4100</p> <p>Provider Gender: Female<br/>           NPI: 1073650339</p> <p>Provider English Spoken: Y<br/>           Provider Language(s) Spoken: Spanish<br/>           Cultural Competency: N<br/>           Hospital Affiliation: UCSD MEDICAL CTR, PALOMAR MEDICAL CENTER<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER<br/>           Website: N/A<br/>           IPA: IHP of Southern Cal-PHP</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

### **INFECTIOUS DISEASE**

#### **RAMIREZ SANCHEZ, 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, 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-8PM SA 8AM-2PM

Website: N/A

IPA: IHP of Southern Cal-PHP, UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **ATIGA, SCHUBERT**

Provider ID: 310885

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619) 662-4100

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

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

### **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

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




Hospital Affiliation: SCRIPPS

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.

## D. Directorio de proveedores especialistas



SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS  
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: 294886  
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: 1255878997  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS  
 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**

**KOBAYASHI, KAREN**  
Provider ID: 310881  
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: 1497929517  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE VALLEY 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: IHP of Southern Cal-PHP

### **PEDIATRICS**








**DOKICH, SRETENKA**  
Provider ID: 313372  
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: 1154409035  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Serbian, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 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

### **PEDIATRICS**


**FUJII, CINDY**  
Provider ID: 298309  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 4050 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.

## D. Directorio de proveedores especialistas






 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): 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

### 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  
Fax: (619) 600-4870  
 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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: 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  
 American Sign Language (ASL): 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) 662-4196  
 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

### 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  
 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

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## D. Directorio de proveedores especialistas

### 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

### 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  
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

### **VALLEY CENTER**

### CERTIFIED NURSE PRACTITIONER

#### **HOULE, STEPHANIE**

Provider ID: 313722

Board Certified Specialty: No  
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

Provider Gender: Female  
NPI: 1003674847

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

### **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,

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## D. Directorio de proveedores especialistas

PARADISE VALLEY HOSPITAL,  
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 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

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

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## D. Directorio de proveedores especialistas

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

#### **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

#### **BEETS, KALMIA**

Provider ID: 312274

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: 1831935881

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hawaiian

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\24

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

| <b>PRACTITIONER</b>                 |  |                                   |   |
|-------------------------------------|--|-----------------------------------|---|
| <b>BEETS, KALMIA</b>                |  | After Hours Phone: (760) 631-5000 | N |
| Provider ID: 313266                 |  | Accessibility: CONTACT PROVIDER   |   |
| Board Certified Specialty: No       |  | Hours: M-F 9AM-5PM                |   |
| IHP OF SOUTHERN CAL-PHP             |  | Website: N/A                      |   |
| 105 DURIAN ST STE A                 |  | IPA: Community Care IPA LLC,      |   |
| VISTA, CA 92083                     |  | IHP of Southern Cal-PHP           |   |
| Phone: (760) 631-5000               |  |                                   |   |
| Fax: (760) 414-3892                 |  |                                   |   |
| After Hours Phone: (760) 631-5000   |  |                                   |   |
| Provider Gender: Female             |  |                                   |   |
| NPI: 1831935881                     |  |                                   |   |
| Provider English Spoken: Y          |  |                                   |   |
| Provider Language(s)                |  |                                   |   |
| Spoken: Hawaiian                    |  |                                   |   |
| Cultural Competency: N              |  |                                   |   |
| Medi-Cal Open Panel: Yes            |  |                                   |   |
| Min/Max Age: 0\24                   |  |                                   |   |
| American Sign Language (ASL):       |  |                                   |   |
| N                                   |  |                                   |   |
| Accessibility: CONTACT PROVIDER     |  |                                   |   |
| Hours: M-F 8AM-5PM                  |  |                                   |   |
| Website: N/A                        |  |                                   |   |
| IPA: IHP of Southern Cal-PHP        |  |                                   |   |
| <b>CERTIFIED NURSE PRACTITIONER</b> |  |                                   |   |
| <b>BEETS, KALMIA</b>                |  |                                   |   |
| Provider ID: 313264                 |  |                                   |   |
| 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: 1629354360                     |  |                                   |   |
| Provider 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                  |  |                                   |   |
| SA 9AM-4PM                          |  |                                   |   |
| Website: N/A                        |  |                                   |   |
| IPA: Community Care IPA LLC,        |  |                                   |   |
| IHP of Southern Cal-PHP             |  |                                   |   |
| <b>CERTIFIED NURSE PRACTITIONER</b> |  |                                   |   |
| <b>BERNETICH, MEGHAN</b>            |  |                                   |   |
| 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             |  |                                   |   |

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## D. Directorio de proveedores especialistas

### CERTIFIED NURSE PRACTITIONER

#### **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

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

### 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

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: 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

#### **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

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## D. Directorio de proveedores especialistas

### CERTIFIED NURSE PRACTITIONER

#### 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

### CERTIFIED NURSE PRACTITIONER

#### 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  
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: 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

### 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

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>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>HERNANDEZ, JESSICA</b><br/>           Provider ID: 302301<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p>105 DURIAN ST STE A<br/>           VISTA, CA 92083</p> <p>Phone: (760) 631-5000<br/>           Fax: (760) 414-3892</p> <p>After Hours Phone: (760) 631-5000</p> <p>Provider Gender: Female<br/>           NPI: 1013668680</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER<br/>           Hours: M-F 8AM-5PM<br/>           Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p> | <p>Fax: (760) 414-3892</p> <p>After Hours Phone: (760) 631-5000</p> <p>Provider Gender: Female<br/>           NPI: 1013668680</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER<br/>           Hours: M-F 8AM-5PM<br/>           Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p>  | <p>N</p> <p>Accessibility: CONTACT PROVIDER<br/>           Hours: M-F 8AM-5PM<br/>           Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p>   |
| <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>HERNANDEZ, JESSICA</b><br/>           Provider ID: 302297<br/>           Board Certified Specialty: No<br/>           IHP OF SOUTHERN CAL-PHP</p> <p>134 GRAPEVINE RD<br/>           VISTA, CA 92083</p> <p>Phone: (760) 631-5000</p>  | <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>HUERTA, STEVEN</b><br/>           Provider ID: 311297<br/>           Board Certified Specialty: No<br/>           COMMUNITY CARE IPA LLC</p> <p>1000 VALE TERRACE DR<br/>           VISTA, CA 92084</p> <p>Phone: (760) 631-5000<br/>           Fax: (760) 414-3892</p> <p>After Hours Phone: (760) 631-5000</p> <p>Provider Gender: Male<br/>           NPI: 1558607440</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER<br/>           Hours: M-F 8AM-5PM<br/>           Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p> | <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>HUERTA, STEVEN</b><br/>           Provider ID: 311299<br/>           Board Certified Specialty: No<br/>           COMMUNITY CARE IPA LLC</p> <p>134 GRAPEVINE RD<br/>           VISTA, CA 92083</p> <p>Phone: (760) 631-5000<br/>           Fax: (760) 414-3892</p> <p>After Hours Phone: (760) 631-5000</p> <p>Provider Gender: Male<br/>           NPI: 1558607440</p> <p>Provider English Spoken: Y<br/>           Cultural Competency: N<br/>           Medi-Cal Open Panel: Yes<br/>           Min/Max Age: 0\None<br/>           American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER<br/>           Hours: M-F 8AM-5PM<br/>           Website: N/A<br/>           IPA: Community Care IPA LLC,<br/>           IHP of Southern Cal-PHP</p> <p><b><u>CERTIFIED NURSE PRACTITIONER</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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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: 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: Community Care IPA LLC,

IHP of Southern Cal-PHP

#### CERTIFIED NURSE PRACTITIONER

### 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

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

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

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: 298083

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: 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

#### **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: 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

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: 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


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## D. Directorio de proveedores especialistas

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: 295502

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

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## D. Directorio de proveedores especialistas

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-5PM  
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: 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

 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: 295507

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: 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-5PM  
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

 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: 303315

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

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## 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: 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

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### **CERTIFIED REGISTERED NURSE MIDWIFE**


---

#### **GUIDI, CASEY**

Provider ID: 300224

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: 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

---

### **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

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CHIROPRACTOR**


---

#### **JU, NATHANIEL**

Provider ID: 290220

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: 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

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-8PM  
F 9AM-5PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### **CHIROPRACTOR**

---

#### **JU, NATHANIEL**

Provider ID: 290222








Board Certified Specialty: No

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## 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: 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





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, CORONA  
 REGIONAL MED CTR,  
 CORONA REGIONAL MED  
 CTR, UCSD LA JOLLA JOHN  
 SALLY THORNTON, UCSD  
 MEDICAL CTR, UCI  
 HEALTH-FOUNTAIN VALLEY  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N




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

### 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

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### HOSPICE AND PALLIATIVE MEDICINE

#### RUBENZI, TAMARA

Provider ID: 282128  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 910 SYCAMORE AVE STE  
 102  
 VISTA, CA 92081  
 Phone: (619) 543-6397

### 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  
 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): Provider ID: 313222

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


---

#### COPELAND, ARDETH

Provider ID: 310697

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: 1699704338

 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

---


### INTERNAL MEDICINE


---

#### COPELAND, ARDETH

Provider ID: 313222

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: 1699704338

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 65\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


---

#### 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) 414-3892

 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

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### INTERVENTIONAL

#### CARDIOLOGY

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#### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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) 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, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): 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


### 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, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\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


### 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) 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/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  
 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: 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  
 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: 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,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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: 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

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: 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):

### OPTOMETRIST

#### **KIM, MICHAEL**

Provider ID: 290903

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP




1000 VALE TERRACE DR  
VISTA, CA 92084

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.

## D. Directorio de proveedores especialistas

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*

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### **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*

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### **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: 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*


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### **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,*





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## D. Directorio de proveedores especialistas

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

#### TAM, EMILY

Provider ID: 290316  
 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: 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

### 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  
 F 8AM-5PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT

### PHYSICIANS ASSISTANT

#### WALLACE, STEPHANIE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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, TRI CITY MEDICAL CTR  
 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

### PHYSICIANS ASSISTANT

**WHARRAM, JENNIFER**  
 Provider ID: 314059  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 2067 W VISTA WAY STE 295

VISTA, CA 92083  
 Phone: (760) 298-5787  
 Fax: (760) 560-2007  
 After Hours Phone: (760) 298-5787  
 Provider Gender: Female  
 NPI: 1063168094  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SALINAS VALLEY MEMORIAL HOSP  
 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

### 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 RANCHO SPRINGS HOSPITAL, 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

CTR, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
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


### **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

 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

### **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


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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## D. Directorio de proveedores especialistas

 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, 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

#### 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)  
677-1111

Provider Gender: Female




NPI: 1619014479

 Provider English Spoken: Y





Cultural Competency: N

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## D. Directorio de proveedores especialistas





Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, SOUTHWEST  
 HEALTHCARE INLAND  
 VALLEY 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: 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, SOUTHWEST


HEALTHCARE INLAND  
 VALLEY 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: 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,  
 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

### PULMONARY DISEASES

**KUMAR, AVNEE**  
 Provider ID: 300013  
 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: Female  
 NPI: 1750745394  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: 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  
 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. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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### **PULMONARY DISEASES**

#### **LEVERONE, NICHOLAS**


Provider ID: 313304

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: Male

NPI: 1407388564

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, 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

 Website: N/A

IPA: UCSD Medical Group


 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, 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

### **PULMONARY DISEASES**

#### **SURI, RAJAT**

Provider ID: 283349

Board Certified Specialty: No

UCSD MEDICAL GROUP

 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

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## 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

Birthing Friendly: Y

### KINDRED HOSPITAL SAN DIEGO

Provider ID: 169663

1940 EL CAJON BLVD  
SAN DIEGO, CA 92104

Phone: (619) 543-4500

After Hours Phone: (619) 543-4500

Accepting New Patients: No  
Min/Max Age: 0\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

### 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

Birthing Friendly: Y

### 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

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## E. Directorio de hospitales: hospital general de atención aguda



days/week  
NPI: 1356410351  
 Website: [www.paradisevallyhospital.net](http://www.paradisevallyhospital.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:  
JCAHO  
 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  
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:  
JCAHO  
 Hours: 24 Hours / 7 days/week  
License Number: 080000050  
NPI: 1841277704

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-memorial-hospital-la-jolla](http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-la-jolla)  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Birthing Friendly: Y

### SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Provider ID: 170305  
 354 SANTA FE DR  
ENCINITAS, CA 92024  
 Phone: (760) 753-6501  
 After Hours Phone: (760) 753-6501  
Accepting New Patients: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### SCRIPPS MERCY HOSPITAL

Provider ID: 170048

4077 5TH AVE STE 100  
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

Birthing Friendly: Y

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

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:  
JCAHO

Hours: 24 Hours / 7 days/week

License Number: 080000039

NPI: 1407839921

Website: [www.sharp.com](http://www.sharp.com)

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Birth Friendly: Y

### 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:  
JCAHO

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

Birth 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.org](http://www.tricitymed.org)

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Birth Friendly: Y

### UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER

Provider ID: 685221

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (619) 287-3270

After Hours Phone: (619) 287-3270

Accepting New Patients: No  
Min/Max Age: 0\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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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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### UC SAN DIEGO HEALTH - EAST JCAHO

#### CAMPUS MEDICAL CENTER

Provider ID: 685221

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (619) 287-3270

After Hours Phone: (619)  
287-3270

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

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

Birthing Friendly: Y

### 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:

JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 090000101

NPI: 1184722779

Website: <https://health.ucsd.edu/locations/pages/hillcrest.aspx>

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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)

### 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

### EL CAJON

#### KASEY'S HOME

Provider ID: 674600

1164 CRYSTAL LN  
EL CAJON, CA 92020

Phone: (619) 465-8010

Fax: (619) 465-8348

After Hours Phone: (619)  
465-8010

Accepting New Patients: No

Hours: M-F 8AM-5PM  
NPI: 1639392079

Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FALLBROOK

#### VIA RIO HOUSE

Provider ID: 662930

1262 VIA ENCINOS DR  
FALLBROOK, CA 92028

Phone: (760) 731-2157

Fax: (760) 721-9872

After Hours Phone: (760)  
731-2157

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 MESA

#### 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

### SHASTA HOME

Provider ID: 674614

10346 CHALLENGE BLVD  
LA MESA, CA 91941

Phone: (619) 465-8010

Fax: (619) 465-8348

After Hours Phone: (619)  
465-8010

Accepting New Patients: No  
Hours: M-F 8AM-5PM  
NPI: 1134342520

Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### OCEANSIDE


#### ANDRU HOME

Provider ID: 664438


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)


 311 DEL FLORA ST  
OCEANSIDE, CA 92058

 Phone: (760) 439-1741

Fax: (949) 218-1670

 After Hours Phone: (760)  
439-1741

Accepting New Patients: No

 Hours: M-F 9AM-5PM

NPI: 1801981667

 Website: N/A


Credentials and/or  
certifications:

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER

### BRADY HOME

Provider ID: 664440

 4825 GLENHAVEN DR  
OCEANSIDE, CA 92056

 Phone: (760) 295-4505

Fax: (949) 218-1670

 After Hours Phone: (760)  
295-4505

Accepting New Patients: No

 Hours: M-F 9AM-5PM

NPI: 1760725766

 Website: N/A

Credentials and/or  
certifications:

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N


 Accessibility: CONTACT

PROVIDER

### MCNEALY HOUSE

Provider ID: 662925

 4602 ALLENDE AVE  
OCEANSIDE, CA 92057

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760)  
721-1706

Accepting New Patients: 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

### 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

### MONARCH HOME

Provider ID: 666883

 877 MUIRFIELD DR  
OCEANSIDE, CA 92058

 Phone: (760) 231-8139

Fax: (760) 529-5148

 After Hours Phone: (760)  
231-8139

Accepting New Patients: No

 Hours: M-F 8AM-5PM

NPI: 1760660336

 Website: N/A

Credentials and/or

certifications:

 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

## SAN MARCOS

### CARLO HOUSE

Provider ID: 662931

 411 CARLO ST  
SAN MARCOS, CA 92078

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760)  
721-1706

Accepting New Patients: No

NPI: 1962488007

 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.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

*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

#### AMBER HOME

*Provider ID: 664436*


 305 CARLSON CT  
VISTA, CA 92083

 *Phone: (760) 631-1527*

*Fax: (949) 218-1670*

 *After Hours Phone: (760) 631-1527*

*Accepting New Patients: No*

 *Hours: M-F 9AM-5PM*

*NPI: 1497924823*

 *Website: N/A*

*Credentials and/or certifications:*

 *Site English Spoken: Y*  
*Cultural Competency: N*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

#### 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*

#### HAYDEN HOME

*Provider ID: 664442*

 822 GRANADA DR  
VISTA, CA 92083

 *Phone: (760) 941-8052*

*Fax: (949) 218-1670*

 *After Hours Phone: (760) 941-8052*

*Accepting New Patients: No*  
*NPI: 1245400670*

 *Website: N/A*  
*Credentials and/or*

*certifications:*

 *Site English Spoken: Y*  
*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](https://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)

### 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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### VISTA HOUSE

Provider ID: 662916

1768 MONTE MAR RD  
VISTA, CA 92084

Phone: (760) 721-1706

Fax: (760) 721-9872


After Hours Phone: (760)  
721-1706


Accepting New Patients: No  
NPI: 1962488007


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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

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 Website: N/A  
Credentials and/or  
certifications:

 Site English Spoken: Y  
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](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

### 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

Medi-Cal: Y

Website: <http://openarmsadhc.com>

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

Medi-Cal: Y

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):

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

Medi-Cal: Y

Website: <http://magnoliaadhc.com>

#### WESTERN ADULT DAY HEALTH CARE CENTER

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: Chaldean Neo-Aramaic, Spanish, Arabic, Tagalog, Farsi

Hours: M-F 7AM-3:30PM  
License Number: 060000892

NPI: 1821125550

Accessibility: CONTACT PROVIDER

American Sign Language (ASL):

N

### EL CAJON

#### EL CAJON ADHC

Provider ID: 637126

854 JACKMAN ST  
EL CAJON, CA 92020

Phone: (619) 328-2112

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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  
Medi-Cal: 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  
Medi-Cal: Y  
Website: N/A

### NATIONAL CITY

#### HORIZON CBAS

Provider ID: 642082  
1035 HARBISON AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 474-1822  
Fax: (619) 474-1826  
After Hours Phone: (619) 474-1822  
Accepting New Patients: No  
Site Language(s) Spoken: Spanish, Tagalog  
Hours: M-F 8AM-4:30PM  
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  
Medi-Cal: Y  
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  
Medi-Cal: Y  
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)






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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







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  
 Medi-Cal: Y  
 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

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  
 Medi-Cal: Y  
 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  
 Medi-Cal: Y  
 Website: [Sandiegofamilycircle.com](http://Sandiegofamilycircle.com)

### SAN MARCOS


#### AMERICARE ADULT DAY HEALTH CARE CENTER

Provider ID: 420060  
 340 RANCHEROS DR STE 196  
 SAN MARCOS, CA 92069  
 Phone: (760) 682-2424  
 Fax: (760) 471-5104  
 After Hours Phone: (760) 682-2424  
 Accepting New Patients: 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  
 Medi-Cal: 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.

## **G. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos**

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 Website: [www.americareadhc.com](http://www.americareadhc.com)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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)

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# I. Directorio de salud mental

## ALPINE

### 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

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: 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

Provider Language(s) Spoken:  
Spanish

Cultural Competency: N

DANI E CASTLEBERRY

1388 BUCKMAN SPRINGS  
RD

CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 824-9071

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

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

Hours: M-F 8AM-8PM  
SA 8AM-4PM

## CASTLEBERRY, DANI

Provider Gender: Female

License Number: LCS95022

NPI: 1053706853

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

## CHULA VISTA

### BAYLON, ALDO

Provider Gender: Male

License Number: PSY29904

NPI: 1649429150

Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish

Cultural Competency: N

ALDO BAYLON

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

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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

 Hours: M-F 8AM-5PM

## CELAYA, PATRICIA

Provider Gender: Female

License Number: PSY33233

NPI: 1952656902


Provider English Spoken: Y

Provider Language(s) Spoken: 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

## 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) 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

## 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

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# I. Directorio de salud mental

 *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*

## **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*

*Provider Language(s) Spoken:  
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*

## **RIVERA, KEVIN JOHN**

*Provider Gender: Male*

*License Number: A193862*


*NPI: 1760986715*

*Provider English Spoken: Y*


*Cultural Competency: N*

**KEVIN JOHN J RIVERA**

 678 THIRD AVE  
CHULA VISTA, CA 91910

 *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 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*

## **SHIELDS, SEBASTIAN**

*Provider Gender: Male*

*License Number: MFC124495*

*NPI: 1558895342*


*Provider English Spoken: Y*

*Provider Language(s) Spoken:  
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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
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

## SUTHERLAND, PAIGE

Provider Gender: Female

License Number: A178168


NPI: 1235767245

Provider English Spoken: Y

Cultural Competency: N

PAIGE A SUTHERLAND

 678 THIRD AVE  
CHULA VISTA, CA 91910

 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 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 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

## CMP PENDLETON

### STEINBERG, JOEL

Provider Gender: Male

License Number: C41789


NPI: 1356566848

Provider English Spoken: Y

Cultural Competency: N

JOEL S STEINBERG

 517 N HORNE ST  
CMP PENDLETON, CA 92054


 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours 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.

# I. Directorio de salud mental

 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 8AM-5PM

## STEINBERG, JOEL

Provider Gender: Male


License Number: C41789


NPI: 1356566848

Provider English Spoken: Y

Cultural Competency: N


JOEL S STEINBERG

 818 PIER VIEW WAY  
CMP PENDLETON, 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: 18\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## STEINBERG, JOEL

Provider Gender: Male


License Number: C41789


NPI: 1356566848

Provider English Spoken: Y

Cultural Competency: N

JOEL S STEINBERG

 517 N HORNE ST  
CMP PENDLETON, 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: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## STEINBERG, JOEL

Provider Gender: Male


License Number: C41789


NPI: 1356566848

Provider English Spoken: Y

Cultural Competency: N

JOEL S STEINBERG

 818 PIER VIEW WAY  
CMP PENDLETON, 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: 18\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

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# I. Directorio de salud mental


 875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
Fax: (619) 205-6305  
 After Hours Phone: (619)  
662-4100  
 Website: N/A  
Accepting New Patients: Yes

Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender  
restriction  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

## CRUZ, GUADALUPE






Provider Gender: Male  
License Number: LCS101900  
NPI: 1649727942  
Provider English Spoken: Y  
Provider Language(s) Spoken:  
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

## LUCEY, MEGHAN








Provider Gender: Female  
License Number: LCS122372  
NPI: 1265105415  
Provider English Spoken: Y  
Cultural Competency: N  
MEGHAN F LUCEY

 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  
 Site Language(s) Spoken:  
Spanish, Italian, Chinese,  
Farsi, Mandarin, Arabic,  
Japanese  
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

## 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

## SADDA, REEM

Provider Gender: Female  
License Number: A163129  
NPI: 1871921833  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic  
Cultural Competency: N  
REEM J SADDA

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020  
☎ Phone: (619) 662-4100  
Fax: (619) 205-6305  
🕒 After Hours Phone: (619) 662-4100  
🌐 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

 After Hours Phone: (760) 736-6767

 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

Provider Language(s) Spoken: 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): Spanish

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

## ROJAS, LEONOR

Provider Gender: Female

License Number: LCS124195

NPI: 1346728862

Provider English Spoken: Y


Provider Language(s) Spoken:

Spanish

Cultural Competency: N

LEONOR ROJAS

 1130 2ND ST  
ENCINITAS, CA 92024

 Phone: (760) 736-6767


Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 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

## 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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

Provider Language(s) Spoken: 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

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

## **BECKMAN, KARI**

Provider Gender: Female

License Number: LCS121629

NPI: 1861243271

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

KARI L BECKMAN

📍 425 N DATE ST  
ESCONDIDO, CA 92025

📞 Phone: (760) 520-8300

Fax: (858) 633-4698

📞 After Hours Phone: (760) 520-8300

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

📄 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## **CASTRO, LIZA**

Provider Gender: Female

License Number: MFC145076

NPI: 1720572654

Provider English Spoken: Y

Cultural Competency: N

LIZA M CASTRO

📍 425 N DATE ST  
ESCONDIDO, CA 92025

📞 Phone: (760) 520-8300

Fax: (858) 633-4698

📞 After Hours Phone: (760) 520-8300

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

📄 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 12\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

## **FU, KATHERINE**

Provider Gender: Female

License Number: A187562

NPI: 1356877807

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*

**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 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*

## **KAHLY, BROOKE**

*Provider Gender: Female*

*License Number: LCS84367*


*NPI: 1649833120*

*Provider English Spoken: Y*

*Cultural Competency: N*


**BROOKE N KAHLY**

 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* *N*

*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 8AM-5PM*

## **LIM, STEVE**

*Provider Gender: Male*

*License Number: LCS122638*


*NPI: 1194590091*

*Provider English Spoken: Y*

*Cultural Competency: N*

**STEVE S LIM**

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

Fax: (760) 466-1373

 After Hours Phone: (760)  
520-8100

 Website: N/A

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 *Site Languages(s) Spoken:*  
Spanish


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

## **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*

## **MCGHEE, JULEA**

*Provider Gender: Female*

*License Number: A95593*

*NPI: 1417016304*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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  
Provider Language(s) Spoken:  
Spanish

Cultural Competency: N

JULEA L MCGHEE

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## PENT, MICHELLE

Provider Gender: Female

License Number: C55145

NPI: 1275627655

Provider English Spoken: Y

Cultural Competency: N

MICHELLE P PENT

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## 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

Provider Language(s) Spoken:  
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

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.




# I. Directorio de salud mental

## **RIVERA, MELISSA**

*Provider Gender: Female*  
*License Number: MFC131285*  
*NPI: 1184171720*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken:*  
*Spanish*

*Cultural Competency: N*

## **MELISSA N RIVERA**

 425 N DATE ST  
ESCONDIDO, CA 92025  
 *Phone: (760) 520-8300*  
*Fax: (858) 633-4698*  
 *After Hours Phone: (760)*  
*520-8300*  
 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


 *Site Languages(s) Spoken:*  
*Spanish*

*TDD: U*

*Min/Max Age: 0\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*

## **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*

## **VENNAM, VAMSI KRISHNA**


*Provider Gender: Male*  
*License Number: 20A19415*  
*NPI: 1679070569*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*  
VAMSI KRISHNA 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*

## **VERCHER, ROSHON**

*Provider Gender: Male*

*License Number: LCS101363*


*NPI: 1316611288*

*Provider English Spoken: Y*


*Cultural Competency: N*

ROSHON VERCHER

 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: 12\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **FALLBROOK**

### **GILROY, LAURA**

*Provider Gender: Female*

*License Number: LCS27123*

*NPI: 1437427978*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: 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 Language(s) Spoken: Spanish*

*TDD: U*

*Min/Max Age: 5\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **MAURIZ, GRAZIANO**

*Provider Gender: Male*

*License Number: LCS78433*


*NPI: 1962654327*

*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

Provider Language(s) Spoken:  Spanish

Cultural Competency: N

GRAZIANO M MAURIZ

 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: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU-F 8:30AM-5PM

## 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

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## WAGONER, KENYADA

Provider Gender: Female

License Number: LCS114731


NPI: 1760172688

Provider English Spoken: Y

Cultural Competency: N

KENYADA M WAGONER

 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: 11\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## IMPERIAL BEACH

### WALSH, EMILY

Provider Gender: Female

License Number: MFC141158

NPI: 1134769490

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

Provider Language(s) Spoken:  
Spanish

Cultural Competency: N

EMILY A WALSH

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

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

## LA JOLLA

### BACANI, AMY

Provider Gender: Female

License Number: MFC39634

NPI: 1073586863

Provider English Spoken: Y

Cultural Competency: N

AMY D BACANI

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

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



8950 VILLA LA JOLLA DR


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# I. Directorio de salud mental

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

**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

**CHESHER, NICHOLAS**  
Provider Gender: Male  
License Number: PSY29290  
NPI: 1124539697  
Provider English Spoken: Y

Cultural Competency: N  
NICHOLAS J CHESHER  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): KRISTEN L DUARTE

N

 Accessibility: CONTACT PROVIDER

## **DHILLON, RACHEL**

Provider Gender: Female

License Number: A178513

NPI: 1992281026


Provider English Spoken: Y

Cultural Competency: N


RACHEL E DHILLON

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (888) 539-8781

 After Hours Phone: (858)  
554-1212

 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): KRISTEN L DUARTE

N

 Accessibility: CONTACT PROVIDER

## **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

## **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

## **EGAN, KAITLYN**

Provider Gender: Female

License Number: PSY32214

NPI: 1629653860


Provider English Spoken: Y

Cultural Competency: N

KAITLYN N EGAN

 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

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# I. Directorio de salud mental

 *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*

## **EICHEN, DAWN**

*Provider Gender: Female  
License Number: PSY27823  
NPI: 1861043366  
Provider English Spoken: Y  
Cultural Competency: N  
DAWN M EICHEN*

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273  
Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

 *Website: N/A*

*Accepting New Patients: 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*

## **ELLEDDGE, LINDSAY**

*Provider Gender: Female  
License Number: LCS96136  
NPI: 1619428828  
Provider English Spoken: Y  
Cultural Competency: N  
LINDSAY E ELLEDDGE*

 8950 VILLA LA JOLLA DR  
STE 101  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273  
Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*


 *Website: N/A*

*Accepting New Patients: 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*

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# I. Directorio de salud mental

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

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

## HENDRIE, KYLE

Provider Gender: Male

License Number: 20A21374

NPI: 1720549827

Provider English Spoken: Y

Cultural Competency: N

KYLE A HENDRIE

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

## HOLMBERG, CARRIE

Provider Gender: Female

License Number: A122061

NPI: 1164714143

Provider English Spoken: Y

Cultural Competency: N

CARRIE HOLMBERG

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

## KHAFAJA, MOHAMAD

Provider Gender: Male

License Number: A115892

NPI: 1780867119

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

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# I. Directorio de salud mental


*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*

 *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*


*Provider Language(s) Spoken:  
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*


*Provider Language(s) Spoken:  
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*

## **MARTINEZ, STEPHANIE**

*Provider Gender: Female*

*License Number: A152787*

*NPI: 1699126367*

*Provider English Spoken: Y*

*Provider Language(s) Spoken:  
Spanish*


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# I. Directorio de salud mental

*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

Provider Language(s) Spoken:


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

## **MITCHELL, NORA**

Provider Gender: Female

License Number: LCS88855

NPI: 1245607043


Provider English Spoken: Y

Cultural Competency: N

**NORA K MITCHELL**

 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

## **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





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# I. Directorio de salud mental

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  
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

## NGUYEN, HOANG

Provider Gender: Male  
License Number: G83977  
NPI: 1720011620  
Provider English Spoken: Y  
Provider Language(s) Spoken: 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

## NGUYEN, JULIA

Provider Gender: Female

License Number: A193351  
NPI: 1881155232  
Provider English Spoken: Y  
Cultural Competency: N  
JULIA K NGUYEN  
 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


## NGUYEN, HOANG

Provider Gender: Male  
License Number: G83977  
NPI: 1720011620  
Provider English Spoken: Y  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
HOANG A NGUYEN  
 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](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 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

## 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

 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


Provider Language(s) Spoken:

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):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## QAYOUMI, WALI

Provider Gender: Male

License Number: A168429

NPI: 1093178220

Provider English Spoken: Y


Provider Language(s) Spoken: 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

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)

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# I. Directorio de salud mental

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

## REED, KRISTIE


Provider Gender: Female  
License Number: PSY30934  
NPI: 1679869556  
Provider English Spoken: Y  
Cultural Competency: N  
KRISTIE L REED  
 3344 N TORREY PINES CT  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\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  
 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

## 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

## 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

*American Sign Language (ASL):* STEPHANIE J TARLE

N

 *Accessibility: CONTACT PROVIDER*

## **SUTHERLAND, PAIGE**

*Provider Gender: Female*

*License Number: A178168*

*NPI: 1235767245*


*Provider English Spoken: Y*

*Cultural Competency: N*

PAIGE A SUTHERLAND


 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*

 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*

## **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*

 *Hours: M-F 8AM-5PM*

## **THOMAS, KELSEY**

*Provider Gender: Female*


*License Number: PSY29738*

*NPI: 1700264264*

*Provider English Spoken: Y*

*Cultural Competency: N*

KELSEY R THOMAS

 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*

## **THOMAS, KELSEY**

*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: 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

Provider Language(s) Spoken:  
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

## NATIONAL CITY

### CHOI, MIN HU

Provider Gender: Female

License Number: MFC135952

NPI: 1871195107

Provider English Spoken: Y

Cultural Competency: N

MIN HU 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

### CHOI, MIN HU

Provider Gender: Female

License Number: MFC135952

NPI: 1871195107

Provider English Spoken: Y

Cultural Competency: N

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# I. Directorio de salud mental

MIN HU 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

Provider Language(s) Spoken:

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 Languages(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

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

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# I. Directorio de salud mental

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 IV, ROBERT

Provider Gender: Male

License Number: LCS117787

NPI: 1689269631

Provider English Spoken: Y

Cultural Competency: N

ROBERT M SIMMONS IV

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

## SIMMONS IV, ROBERT

Provider Gender: Male

License Number: LCS117787

NPI: 1689269631

Provider English Spoken: Y

Cultural Competency: N

ROBERT M SIMMONS IV

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

### BARUCH, VANIA

Provider Gender: Female

License Number: LCS102454

NPI: 1205469053

Provider English Spoken: Y



Cultural Competency: N



VANIA M BARUCH

818 PIER VIEW WAY OCEANSIDE, CA 92054

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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.

# 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  
 Hours: M 8AM-7PM  
W 8AM-6:30PM  
TH 8:30AM-7PM  
F 8:30AM-12PM

## **BARUCH, VANIA**







Provider Gender: Female  
License Number: LCS102454  
NPI: 1205469053  
Provider English Spoken: Y  
Cultural Competency: N  
VANIA M BARUCH

 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 8AM-7PM  
W 8AM-6:30PM  
TH 8:30AM-7PM  
F 8:30AM-12PM

## **BARUCH, VANIA**








Provider Gender: Female  
License Number: LCS102454  
NPI: 1205469053  
Provider English Spoken: Y  
Cultural Competency: N  
VANIA M BARUCH

 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 8AM-7PM

W 8AM-6:30PM  
TH 8:30AM-7PM  
F 8:30AM-12PM

## **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*


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*

## **BELL, JENNIFER**

*Provider Gender: Female*

*License Number: 20A20702*


*NPI: 1154614956*

*Provider English Spoken: Y*

*Cultural Competency: N*

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*

## **CHALMERS, VIRGINIA**

*Provider Gender: Female*

*License Number: LCS28053*

*NPI: 1265613715*


*Provider English Spoken: Y*

*Provider Language(s) Spoken:*  
*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*

## **CRUZ, VANESSA**

*Provider Gender: Female*

*License Number: LCS87166*


*NPI: 1285170662*

*Provider English Spoken: Y*

*Cultural Competency: N*


VANESSA Y CRUZ

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

*Accepting New Patients: 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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**

 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*

## **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*

*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*

## **DOUGHERTY, CHRISTINE**

*Provider Gender: Female*

*License Number: LCS26686*


*NPI: 1003194960*

*Provider English Spoken: Y*

*Cultural Competency: N*

**CHRISTINE A DOUGHERTY**

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A

*Accepting New Patients: 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**

 517 N HORNE ST  
OCEANSIDE, CA 92054

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# 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


## **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


## **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


## **MONTEZ, REBECCA**

Provider Gender: Female  
License Number: LCS26869  
NPI: 1396047809


Provider English Spoken: Y  
Provider Language(s) Spoken: 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

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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): MARGARET R NEVILLE  
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): MARGARET R NEVILLE  
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

 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

## 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

 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

## **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: (562) 264-6000*

*Fax: (760) 631-5000*

 *After Hours Phone: (562) 264-6000*

 *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: (562) 264-6000*

*Fax: (760) 631-5000*

 *After Hours Phone: (562) 264-6000*

 *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**

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 *Phone: (562) 264-6000*

*Fax: (760) 631-5000*

 *After Hours Phone: (562) 264-6000*

 *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*

## **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 Language(s) Spoken: Spanish*

*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](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental

 *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*

 *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*

*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*


*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**

 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):*

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# I. Directorio de salud mental

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 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*

## **SMITH, SONYA**

*Provider Gender: Female*

*License Number: LCS82598*

*NPI: 1902070857*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: 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

 *Accessibility: CONTACT PROVIDER*

## **SMITH, SONYA**

*Provider Gender: Female*

*License Number: LCS82598*

*NPI: 1902070857*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: 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*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

## **SMITH, SONYA**

*Provider Gender: Female*

*License Number: LCS82598*

*NPI: 1902070857*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: 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*

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# I. Directorio de salud mental

American Sign Language (ASL): *Provider English Spoken: Y*  
*N*

 *Accessibility: CONTACT PROVIDER*

## **STEINBERG, JOEL**

*Provider Gender: Male*

*License Number: C41789*


*NPI: 1356566848*

*Provider English Spoken: Y*

*Cultural Competency: N*


JOEL S STEINBERG

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish*

*TDD: U*


*Min/Max Age: 18\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **STEINBERG, JOEL**

*Provider Gender: Male*


*License Number: C41789*

*NPI: 1356566848*

*Cultural Competency: N*


JOEL S STEINBERG

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish*

*TDD: U*


*Min/Max Age: 18\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **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):*

*N*

 *Accessibility: CONTACT PROVIDER*

## **WILSON, CARLENE**

*Provider Gender: Female*

*License Number: LCS74685*


*NPI: 1508327081*

*Provider English Spoken: Y*

*Cultural Competency: N*

CARLENE WILSON

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental

## 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  
Hours: M-F 8AM-5PM  
SA 9AM-4PM

## POWAY

## MODHWADIA, MAMTA

Provider Gender: Female  
License Number: A113990  
NPI: 1043353667  
Provider English Spoken: Y  
Provider Language(s) Spoken:  
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 Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 16\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N

American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 9AM-5PM

## SAN DIEGO

## ABERCROMBIE, SHERI

Provider Gender: Female  
License Number: PSY18536  
NPI: 1932292422  
Provider English Spoken: Y  
Cultural Competency: N  
SHERI ABERCROMBIE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
Fax: (858) 633-4680  
After Hours Phone: (858) 279-0925

Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 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

## 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): SARAH J BANKS

N

 Accessibility: CONTACT PROVIDER

## **BANKS, SARAH**

Provider Gender: Female

License Number: PSY30296


NPI: 1164701132

Provider English Spoken: Y


Cultural Competency: N

SARAH J BANKS

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): SARAH J BANKS

N

 Accessibility: CONTACT PROVIDER

## **BANKS, SARAH**


Provider Gender: Female

License Number: PSY30296


NPI: 1164701132

Provider English Spoken: Y

Cultural Competency: N

 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

## **BANKS, SARAH**

Provider Gender: Female

License Number: PSY30296

NPI: 1164701132


Provider English Spoken: Y


Cultural Competency: N

American Sign Language (ASL): 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

## **BAQIR, HUMA**

Provider Gender: Female

License Number: A188608


NPI: 1306499132

Provider English Spoken: Y

Cultural Competency: N


HUMA BAQIR

 6645 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

## **BAQIR, HUMA**

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: A188608

NPI: 1306499132

Provider English Spoken: Y

Cultural Competency: N

HUMA BAQIR

 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

## BAQIR, HUMA

Provider Gender: Female

License Number: A188608

NPI: 1306499132

Provider English Spoken: Y

Cultural Competency: N


HUMA BAQIR

 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

## 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

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 8AM-4:30PM

TU 8AM-12PM

W 8AM-4:30PM

TH 8AM-12PM

## 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

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## BREEDLOVE, AMANDA

Provider Gender: Female

License Number: MFC139230

NPI: 1316487119

Provider English Spoken: Y







Cultural Competency: N

AMANDA A BREEDLOVE



 1666 PRECISION PARK 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](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






# I. Directorio de salud mental

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

## **CABALLERO, NOE**



Provider Gender: Male  
License Number: A181276  
NPI: 1407483480  
Provider English Spoken: Y  
Cultural Competency: N  
NOE A CABALLERO  
 6645 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

## **CABALLERO, NOE**

Provider Gender: Male  
License Number: A181276

NPI: 1407483480  
Provider English Spoken: Y  
Cultural Competency: N  
NOE A CABALLERO  
 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

## **CABALLERO, NOE**

Provider Gender: Male  
License Number: A181276  
NPI: 1407483480  
Provider English Spoken: Y  
Cultural Competency: N  
NOE A CABALLERO  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

## 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 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

## CARINO DIOKNO, RHODA

Provider Gender: Female

License Number: PSY28073


NPI: 1629109483

Provider English Spoken: Y

Cultural Competency: N

RHODA C 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

## 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

 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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*

 *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*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **CHOI, MIN HU**

*Provider Gender: Female*

*License Number: MFC135952*


*NPI: 1871195107*

*Provider English Spoken: Y*

*Cultural Competency: N*  
**MIN HU 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 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**

 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\None*

*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\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT*

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# I. Directorio de salud mental

**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

📍 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\None

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

## **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

Provider Language(s) Spoken:

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**


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 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

 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  
Provider Language(s) Spoken:  
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

## DIAZ, JAENAI

Provider Gender: Female  
License Number: LCS80689  
NPI: 1508241811


Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish

Cultural Competency: N

JAENAI DIAZ

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

American Sign Language (ASL): KATIE L DOSS

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

 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

## **DOSS, KATIE**

Provider Gender: Female

License Number: LCS112693


NPI: 1134825979

Provider English Spoken: Y

Cultural Competency: N

KATIE L DOSS

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U


Min/Max Age: 0\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

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# I. Directorio de salud mental

## **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

## **ESPERANZA, MELIZZA**

Provider Gender: Female

License Number: LCS100093

NPI: 1184763005

Provider English Spoken: Y

Cultural Competency: N

MELIZZA R ESPERANZA

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

## **ESTAVILLO, SAUL**

Provider Gender: Male

License Number: MFC102610

NPI: 1528330073

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

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# I. Directorio de salud mental

 *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

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*

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# I. Directorio de salud mental


*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*


*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*

*Provider Language(s) Spoken:  
Spanish*

*Cultural Competency: N*

JENNI GARCIA


 3025 BEYER BLVD


SAN DIEGO, CA 92154

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: (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 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

## **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): Spanish

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

Provider Language(s) Spoken:


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): N

 Accessibility: CONTACT PROVIDER

## **GULOTTA, SAMANTHA**

Provider Gender: Female

License Number: MFC134199

NPI: 1790407732


Provider English Spoken: Y


Cultural Competency: N

SAMANTHA L GULOTTA

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

## **HERNANDEZ, SILVIA**

Provider Gender: Female

License Number: MFC51787

NPI: 1982821179


Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

SILVIA E HERNANDEZ

 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

## **JOSHI, YASH**

Provider Gender: Male

License Number: A147156


NPI: 1598151433


Provider English Spoken: Y

Cultural Competency: N

YASH B JOSHI

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: 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

Provider Language(s) Spoken: Arabic

Cultural Competency: N

MOHAMAD H KHAFAJA

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: 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

Provider Language(s) Spoken: Arabic

Cultural Competency: N

MOHAMAD H KHAFAJA

 6645 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

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# I. Directorio de salud mental


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TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## **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

## **KRUCKENBERG, KATHERINE**

Provider Gender: Female

License Number: A184317

NPI: 1518595826

Provider English Spoken: Y

Cultural Competency: N

KATHERINE M

KRUCKENBERG


 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

## **KRUCKENBERG, KATHERINE**

*Provider Gender: Female*

*License Number: A184317*

*NPI: 1518595826*

*Provider English Spoken: Y*


*Cultural Competency: N*

KATHERINE M

KRUCKENBERG

 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*

## **KRUCKENBERG, KATHERINE**

*Provider Gender: Female*

*License Number: A184317*

*NPI: 1518595826*

*Provider English Spoken: Y*

*Cultural Competency: N*

KATHERINE M

KRUCKENBERG

 6645 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*

## **KRUCKENBERG, KATHERINE**

*Provider Gender: Female*

*License Number: A184317*

*NPI: 1518595826*

*Provider English Spoken: Y*


*Cultural Competency: N*

KATHERINE M


KRUCKENBERG


 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*

## **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*

*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*

## **LEBENSOHN CHIALVO, FLORENCIA**

*Provider Gender: Female*

*License Number: PSY30776*

*NPI: 1134788730*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*


**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  
restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

**LEE, DAVID**

*Provider Gender: Male*

*License Number: A124329*

*NPI: 1871884130*

*Provider English Spoken: Y*


*Provider Language(s) Spoken:  
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*





*Provider Language(s) Spoken:  
Mandarin*

*Cultural Competency: N*

**XIA LI**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

 6645 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

## LI, XIA

Provider Gender: Female

License Number: A163344


NPI: 1336670413


Provider English Spoken: Y

Provider Language(s) Spoken:  
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

## LIU, TIMOTHY

Provider Gender: Male

License Number: A105535

NPI: 1720262801


Provider English Spoken: Y

Provider Language(s) Spoken:  
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

Provider Language(s) Spoken:


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


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# I. Directorio de salud mental

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

**MALAK, LAWRENCE**

Provider Gender: Male

License Number: A115345

NPI: 1467773028


Provider English Spoken: Y

Cultural Competency: N

LAWRENCE T MALAK

 6645 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

**MALAK, LAWRENCE**

Provider Gender: Male

License Number: A115345


NPI: 1467773028


Provider English Spoken: Y

Cultural Competency: N

LAWRENCE T MALAK

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 Fax: (858) 633-4681

 After Hours Phone: (619)  
563-0250

 Website: N/A

Accepting New Patients: 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


Provider Language(s) Spoken:  
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

Provider Language(s) Spoken:  
Spanish


Cultural Competency: N

STEPHANIE MARTINEZ

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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


 6645 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

## MARTINEZ, STEPHANIE



Provider Gender: Female  
License Number: A152787  
NPI: 1699126367  
Provider English Spoken: Y  
Provider Language(s) Spoken:  
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  
Provider Language(s) Spoken:  
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  
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

## MEIER, EMILY

Provider Gender: Female  
License Number: Psy25266  
NPI: 1255530572  
Provider English Spoken: Y  
Cultural Competency: N  
EMILY A MEIER



 350 DICKINSON ST  
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.








# I. Directorio de salud mental

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

## MILLS, BRAD


Provider Gender: Male  
License Number: LCS87409  
NPI: 1598542813  
Provider English Spoken: Y  
Provider Language(s) Spoken: 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: Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): JEAN-PHILIPPE MIRON  
N


 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

 6645 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

## MIRON, JEAN-PHILIPPE

Provider Gender: Male  
License Number: A186033  
NPI: 1952178196  
Provider English Spoken: Y  
Cultural Competency: N

 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


## 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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):* SHAVON C MOORE

N

 *Accessibility: CONTACT PROVIDER*

## **MONTOYA, JESSICA**

*Provider Gender: Female*

*License Number: PSY31647*


*NPI: 1003421256*

*Provider English Spoken: Y*

*Cultural Competency: N*

JESSICA L MONTOYA

 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*


*TDD: U*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):* Arabic

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*


*Provider Language(s) Spoken:*

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*


*Provider Language(s) Spoken:*

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

 *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*

*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*

*Provider Language(s) Spoken: Vietnamese*


*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*


*Provider Language(s) Spoken: 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*

## **NGUYEN, JULIA**

*Provider Gender: Female*

*License Number: A193351*

*NPI: 1881155232*

*Provider English Spoken: Y*

*Cultural Competency: N*

**JULIA K NGUYEN**

 6645 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*

## **NGUYEN, JULIA**

*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: A193351  
NPI: 1881155232

Provider English Spoken: Y  
Cultural Competency: N

JULIA K NGUYEN

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

## NING, GRACE

Provider Gender: Female

License Number: PSY27293  
NPI: 1598911315

Provider English Spoken: Y

Provider Language(s) Spoken:

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

Provider Language(s) Spoken:

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

## NORMAN, MARC

Provider Gender: Male

License Number: PSY16278  
NPI: 1922169101

Provider English Spoken: Y  
Cultural Competency: N

MARC A NORMAN

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-2827

After Hours Phone: (619)  
543-2827

Website: N/A

Accepting New Patients: 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

## NORMAN, MARC

Provider Gender: Male

License Number: PSY16278  
NPI: 1922169101

Provider English Spoken: Y  
Cultural Competency: N



MARC A NORMAN

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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



 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

## **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  
Provider Language(s) Spoken:  
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


## **PASTORES, GLEN**

Provider Gender: Male

License Number: MFC94162  
NPI: 1609980234

Provider English Spoken: Y  
Cultural Competency: N  
GLEN F PASTORES

 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

## **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

## 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


Provider Language(s) Spoken: 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

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

## RADOJEVIC, NATASHA

Provider Gender: Female

License Number: PSY28495


NPI: 1821365008

Provider English Spoken: Y

Cultural Competency: N

NATASHA RADOJEVIC

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 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](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: 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  
Provider Language(s) Spoken: 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  
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): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM

## RIVERA, KEVIN JOHN


Provider Gender: Male  
License Number: A193862  
NPI: 1760986715  
Provider English Spoken: Y  
Cultural Competency: N  
KEVIN JOHN J RIVERA  
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:


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

*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

## **RIVERA, KEVIN JOHN**


Provider Gender: Male  
License Number: A193862  
NPI: 1760986715

Provider English Spoken: Y  
Cultural Competency: N

KEVIN JOHN J RIVERA

 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

## **RIVERA, KEVIN JOHN**

Provider Gender: Male

License Number: A193862

NPI: 1760986715

Provider English Spoken: Y

Cultural Competency: N

KEVIN JOHN J RIVERA

 6645 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

## **RIVERA, KEVIN JOHN**

Provider Gender: Male

License Number: A193862


NPI: 1760986715

Provider English Spoken: Y

Cultural Competency: N

KEVIN JOHN J RIVERA

 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

## **RIVERA, KEVIN JOHN**

Provider Gender: Male

License Number: A193862


NPI: 1760986715

Provider English Spoken: Y

Cultural Competency: N

KEVIN JOHN J RIVERA

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): Provider English Spoken: Y  
N

 Accessibility: CONTACT  
PROVIDER

## 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):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

## SALO, STEPHANIE

Provider Gender: Female


License Number: PSY26290

NPI: 1477967784

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)  
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

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# I. Directorio de salud mental


 *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

 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

 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

 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*  
*restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Hours: M-F 8AM-5PM*

## **SCHLOSSER, TARA**

*Provider Gender: Female*  
*License Number: MFC107868*  
*NPI: 1407220437*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*

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*

## **SCHNEEBERGER, ANDRES**

*Provider Gender: Male*

*License Number: C175502*


*NPI: 1184867376*

*Provider English Spoken: Y*

*Cultural Competency: N*


ANDRES R SCHNEEBERGER

 6645 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*

## **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

## SILVEY, CHRISTOPHER

Provider Gender: Male

License Number: LCS85942

NPI: 1932793502


Provider English Spoken: Y

Cultural Competency: N

CHRISTOPHER J SILVEY

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 Phone: (858) 578-4220

Fax: (858) 578-4417

 After Hours Phone: (858) 578-4220

 Website: N/A

Accepting New Patients: 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

## SUAREZ, ROBERTO

Provider Gender: Male

License Number: MFC25098

NPI: 1386785160

Provider English Spoken: Y


Provider Language(s) Spoken: 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

## SUTHERLAND, PAIGE

Provider Gender: Female

License Number: A178168

NPI: 1235767245


Provider English Spoken: Y

Cultural Competency: N

PAIGE A SUTHERLAND

 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

## SUTHERLAND, PAIGE

Provider Gender: Female

License Number: A178168

NPI: 1235767245


Provider English Spoken: Y

Cultural Competency: N

PAIGE A SUTHERLAND

 6645 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

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# I. Directorio de salud mental

*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

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*

## **THACKABERRY, JESSICA**

*Provider Gender: Female*

*License Number: A128967*

*NPI: 1134478910*


*Provider English Spoken: Y*

*Cultural Competency: N*

**JESSICA L THACKABERRY**


 6645 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*

## **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*

 *Accessibility: CONTACT PROVIDER*






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# I. Directorio de salud mental

## TO, TUAN






*Provider Gender: Male*  
*License Number: PSY30204*  
*NPI: 1255696183*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken:*  
*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*  
*Provider Language(s) Spoken:*  
*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*  
*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*  
*Provider Language(s) Spoken:*  
*Vietnamese*  
*Cultural Competency: N*  
TUAN TO

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858)*  
*810-8700*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 5\None*  
*Gender Restriction: No Gender*  
*restriction*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

## TROYER, EMILY

*Provider Gender: Female*  
*License Number: A149101*  
*NPI: 1326484437*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
EMILY A TROYER

 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

## 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 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 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

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\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

## YAGUDAYEVA, RAISA

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 Gender: Female*

*License Number: 20A14848*

*NPI: 1942555990*

*Provider English Spoken: Y*

*Provider Language(s) Spoken:*


*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*

*Provider Language(s) Spoken:*


*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 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 8:30AM-5:30PM*

## **ZAYAS, MARIO**

*Provider Gender: Male*

*License Number: MFC111273*

*NPI: 1275943557*


*Provider English Spoken: Y*

*Provider Language(s) Spoken:*


*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*


*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**

 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 Language(s) Spoken: Spanish*

*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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental

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

 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*

## SAN MARCOS

### ALTAMIRANO, LEON

*Provider Gender: Male*

*License Number: PSY23734*

*NPI: 1619271517*


*Provider English Spoken: Y*

*Provider Language(s) Spoken:  
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, LYNDA

*Provider Gender: Female*

*License Number: PSY19450*


*NPI: 1073518965*

*Provider English Spoken: Y*

*Cultural Competency: N*

LYNDA R ARIELLA

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 *Phone: (760) 736-6767*

*Fax: (760) 736-6744*

 *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: 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*


*Provider Language(s) Spoken:*

*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*


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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*

## **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*


*Provider Language(s) Spoken:*

*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 Language(s) Spoken: Spanish*


*TDD: U*

*Min/Max Age: 15\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

## **MERGENTHALER, SIGRID**

*Provider Gender: Female*

*License Number: LCS123604*

*NPI: 1477759017*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: German*

*Cultural Competency: N*


**SIGRID F MERGENTHALER**

 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*

 *Site Language(s) Spoken: Spanish*

*TDD: U*

*Min/Max Age: 18\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): NPI: 1831361278

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## RIVADENEYRA, KELLY

Provider Gender: Female

License Number: LCS122911


NPI: 1790242469

Provider English Spoken: Y

Cultural Competency: N

KELLY RIVADENEYRA

 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

 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 8AM-5PM

## TONG, GARRICK

Provider Gender: Male

License Number: A102192


Provider English Spoken: Y

Provider Language(s) Spoken:  
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

Provider Language(s) Spoken:  
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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## SAN YSIDRO

### BALTRUS, JUSTINE ANN

Provider Gender: Female

License Number: MFC132018

NPI: 1285040709


Provider English Spoken: Y

Provider Language(s) Spoken:  
Tagalog


Cultural Competency: N

JUSTINE ANN A BALTRUS

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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

License Number: A166646

NPI: 1386149706

Provider English Spoken: Y

Provider Language(s) Spoken: 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): License Number: G49072

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

NPI: 1780734343

Provider English Spoken: Y

Provider Language(s) Spoken: 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

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

Provider Language(s) Spoken: Spanish

Cultural Competency: N

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# I. Directorio de salud mental


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  
Provider Language(s) Spoken:  
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

## 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

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
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 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


## LOPEZ, MARIBEL

Provider Gender: Female  
License Number: LCS86171  
NPI: 1669180600

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

Provider Language(s) Spoken:  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

## TAPIA, ASHLEY

Provider Gender: Female

License Number: LCS118965


NPI: 1952821472

Provider English Spoken: Y


Cultural Competency: N

ASHLEY TAPIA

 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: 12\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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: MFC113536

NPI: 1952723736

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

**BARUCH, VANIA**

Provider Gender: Female

License Number: LCS102454

NPI: 1205469053

Provider English Spoken: Y

Cultural Competency: N

VANIA M BARUCH

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 8AM-7PM

W 8AM-6:30PM

TH 8:30AM-7PM

F 8:30AM-12PM

**BARUCH, VANIA**

Provider Gender: Female

License Number: LCS102454

NPI: 1205469053

Provider English Spoken: Y

Cultural Competency: N

VANIA M BARUCH

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-7PM

W 8AM-6:30PM

TH 8:30AM-7PM

F 8:30AM-12PM

**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: 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](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

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*

## **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  
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

 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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-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

 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, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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

## **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 Languages(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

## **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

## **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: (562) 264-6000

Fax: (760) 631-5000

After Hours Phone: (562)  
264-6000

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

## **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: (562) 264-6000*

*Fax: (760) 631-5000*

 *After Hours Phone: (562)  
264-6000*

 *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*

## **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**

 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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*  
*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*


*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency: N*

SONYA L SMITH

 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*

## **SMITH, SONYA**

*Provider Gender: Female*  
*License Number: LCS82598*  
*NPI: 1902070857*

*Provider English Spoken: Y*


*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency: N*

SONYA L SMITH

 134 GRAPEVINE RD  
VISTA, CA 92083

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760)*  
*631-5000*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender*  
*restriction*

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

 *Accessibility: CONTACT*  
*PROVIDER*

## **STEINBERG, JOEL**


*Provider Gender: Male*  
*License Number: C41789*  
*NPI: 1356566848*

*Provider English Spoken: Y*

*Cultural Competency: N*

JOEL S STEINBERG

 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: 18\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.



# I. Directorio de salud mental

**PROVIDER**  
🕒 *Hours: M-F 8AM-5PM*

**STEINBERG, JOEL**  
*Provider Gender: Male*  
*License Number: C41789*  
*NPI: 1356566848*  
*Provider English Spoken: Y*  
*Cultural Competency: N*

**JOEL S STEINBERG**  
📍 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: 18\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
♿ *Accessibility: CONTACT PROVIDER*  
🕒 *Hours: M-F 8AM-5PM*

**STEINBERG, JOEL**  
*Provider Gender: Male*  
*License Number: C41789*  
*NPI: 1356566848*  
*Provider English Spoken: Y*  
*Cultural Competency: N*

**JOEL S STEINBERG**  
📍 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: 18\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
♿ *Accessibility: CONTACT PROVIDER*  
🕒 *Hours: M-F 8AM-5PM*

**STEINBERG, JOEL**  
*Provider Gender: Male*  
*License Number: C41789*  
*NPI: 1356566848*  
*Provider English Spoken: Y*  
*Cultural Competency: N*

**JOEL S STEINBERG**  
📍 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: 18\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
♿ *Accessibility: CONTACT PROVIDER*  
🕒 *Hours: M-F 8AM-5PM*


**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 de salud está sujeta a cambios.

# I. Directorio de salud mental

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 Hours: M-F 8AM-5PM  
SA 9AM-4PM

## **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

Provider Language(s) Spoken:

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): TU 10AM-6PM

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

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450


NPI: 1063866887

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

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485


NPI: 1013605526

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

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438


Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

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

### KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### 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

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

Provider Language(s) Spoken:  
Arabic

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

### 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

### MARYOUNG, ALLISON, OD

Provider Gender: Female

License Number: 35512

NPI: 1083309124

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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435  
NPI: 1235366782  
Provider English Spoken: Y  
Provider Language(s) Spoken: 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  
Provider Language(s) Spoken: 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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  
 Provider Language(s) Spoken: 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

### TO, BRITTANY, OD

Provider Gender: Female  
 License Number: 10651  
 NPI: 1306997143  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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

### 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

Provider Language(s) Spoken:  
Spanish

Cultural Competency: Y

### EYECARE OF BONITA

4502 BONITA RD  
BONITA, CA 91902

Phone: (619) 479-7334

Fax: (619) 475-3456

After Hours Phone: (619)  
479-7334

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max 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 8AM-1PM

F 8AM-6PM

SA 9AM-2PM

### CARLSBAD

### HO, TRAM, OD

Provider Gender: Female

License Number: 13485

NPI: 1245464460

Provider English Spoken: Y

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: Y

### EYE STYLE OPTOMETRY

5814 VAN ALLEN WAY STE  
146

CARLSBAD, CA 92008

Phone: (760) 606-2020

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

☎ *After Hours Phone: (760) 606-2020*

*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): 1U*

🕒 *Hours: TU 9AM-5PM  
W 10AM-6PM  
TH 9AM-5PM  
F 8AM-4PM  
SA 9AM-3PM*

### **RAMOLIA, ANIKA, OD**

*Provider Gender: Female*

*License Number: 13802*

*NPI: 1205084787*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Hindi, Spanish*

*Cultural Competency: Y*

**BEACON OPTOMETRY**

📍 7720 EL CAMINO REAL STE G

CARLSBAD, CA 92009

☎ *Phone: (760) 278-8068*

*Fax: (760) 278-3539*

☎ *After Hours Phone: (760) 278-8068*

*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-W 8:30AM-5PM  
TH 10:30AM-7PM  
F 8:30AM-5PM*

### **THAN, CINDY, OD**

*Provider Gender: Female*

*License Number: 13602*

*NPI: 1316103633*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Vietnamese*

*Cultural Competency: Y*

**PIER VISION OPTOMETRY**

📍 2525 EL CAMINO REAL STE 125

CARLSBAD, CA 92008

☎ *Phone: (760) 912-5552*

*Fax: (619) 996-0700*

☎ *After Hours Phone: (760) 912-5552*

*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: TU-F 11AM-6PM  
SA 11AM-6PM*

## **CHULA VISTA**

### **CASTILLEJOS, DAVID, MD**

*Provider Gender: Male*

*License Number: A44482*

*NPI: 1558446401*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: French, Portuguese, Spanish, Tagalog*

*Cultural Competency: Y*

**CASTILLEJOS EYE INSTITUTE MED GROUP**

📍 342 F ST  
CHULA VISTA, CA 91910

☎ *Phone: (619) 422-1471*

*Fax: (619) 271-7044*

☎ *After Hours Phone: (619) 422-1471*

*Accepting New Patients: Yes*

☑ *Site English Spoken: Y*

☑ *Site Language(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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): 1T

 Hours: M 8AM-5PM  
TU 7AM-5PM  
W-F 8AM-5PM


### CASTILLEJOS, MARIA, MD

Provider Gender: Female  
License Number: A37652  
NPI: 1043395098  
Provider English Spoken: Y  
Provider Language(s) Spoken:  
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

### 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):

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

Provider Language(s) Spoken:


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:  
Hindi, Spanish


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: 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

Provider Language(s) Spoken:  
Spanish


Cultural Competency: Y

### PETER D HUANG OD INC

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 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 Language(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): 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

### **KALRA, ANKUR, OD**

Provider Gender: Male

License Number: 11898

NPI: 1124195789

Provider English Spoken: Y


Provider Language(s) Spoken: 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 Language(s) Spoken: Hindi, Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): 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


Provider Language(s) Spoken: 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 Language(s) Spoken: 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

### **KIM, JENNY, OD**

Provider Gender: Female

License Number: 35831

NPI: 1497588362

Provider English Spoken: Y


Provider Language(s) Spoken: Korean

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: 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

Provider Language(s) Spoken: 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:

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

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: 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

SA 9AM-5PM

### NGUYEN, TRACY, OD

Provider Gender: Female

License Number: 10859

NPI: 1265596621

Provider English Spoken: Y

Provider Language(s) Spoken:

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 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-TH 10AM-3PM

### OSSAREH, DIBA, OD

Provider Gender: Female

License Number: 35830

NPI: 1235816067

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 Language(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

### 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 Language(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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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:* restriction  
*French, Spanish, Tagalog*  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* Public transportation (within 1/2 mile from Site): 1T  
 *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  
*Provider Language(s) Spoken:* 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
-  *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:* Hindi, Spanish  
*Min/Max Age:* 0\None  
*Gender Restriction:* No Gender restriction  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER
- 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:* 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  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* Y  
**OTAY RANCH EYEWORKS OPTOMETRY**  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915  
 *Phone:* (619) 421-6600  
*Fax:* (619) 421-6006  
 *After Hours Phone:* (619) 421-6600  
*Accepting New Patients:* Yes  
 *Site English Spoken:* Y  
 *Site Languages(s) Spoken:* 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

M-F 9AM-7PM  
SA 9AM-5PM

### TRINH, RACHELLE, OD

Provider Gender: Female  
License Number: 35531  
NPI: 1467139287  
Provider English Spoken: Y  
Provider Language(s) Spoken: Vietnamese  
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: 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  
Provider Language(s) Spoken: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (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

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

Provider Language(s) Spoken:

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Russian*

*Cultural Competency: Y*

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

801 ORANGE AVE STE 204  
CORONADO, CA 92118

Phone: (619) 437-4406

Fax: (619) 522-7983

After Hours Phone: (619)  
437-4406

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max 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

### EL CAJON

**AOTO, KIM, OD**

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s) Spoken:

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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **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

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 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

### **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):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 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):

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


Provider Language(s) Spoken:

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

### **HUANG, GRACE, OD**

Provider Gender: Female

License Number: 35485


NPI: 1013605526

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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 8:30AM-6PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male

License Number: A34834

NPI: 1760473797


Provider English Spoken: Y

Provider Language(s) Spoken: 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

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584


Provider English Spoken: Y

Provider Language(s) Spoken: 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

### **MARYOUNG, ALLISON, OD**

Provider Gender: Female

License Number: 35512


NPI: 1083309124

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): 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 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

### **PANDYA, BHUMIKA, OD**

Provider Gender: Female

License Number: 35025

NPI: 1063182822

Provider English Spoken: Y

Provider Language(s) Spoken:

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

Provider Language(s) Spoken:

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 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 1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-6PM*

### **TO, BRITTANY, OD**

*Provider Gender: Female*

*License Number: 10651*

*NPI: 1306997143*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: 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*

### CALIFORNIA MEDICAL GROUP


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 *Phone: (619) 440-5400*

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 *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*

*Provider Language(s) Spoken: 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*

### **TON-NU, MY LINH, OD**

*Provider Gender: Female*

*License Number: 34990*

*NPI: 1245733476*




*Provider English Spoken: Y*

*Cultural Competency: Y*

RETINA INSTITUTE 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](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 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, R AARON, OD**  
 Provider Gender: Male  
 License Number: 13478  
 NPI: 1821259458  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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 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

### WERNER, REX, OD

Provider Gender: Male

License Number: 9378  
 NPI: 1891760716  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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 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

### ZAIDI, NOORINA, OD

Provider Gender: Female  
 License Number: 35615  
 NPI: 1023477262  
 Provider English Spoken: Y  
 Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

American Sign Language (ASL): 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

### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista


*Provider Language(s) Spoken:*

*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 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*

### **BANSAL, PREETI, MD**

*Provider Gender: Female*

*License Number: A90890*

*NPI: 1871664631*

*Provider English Spoken: Y*


*Provider Language(s) Spoken:  
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 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*

### **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*

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **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

### **DEAN, MOENA, OD**

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max 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

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

### **HUDSON, HENRY, MD**

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max 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

### **KALBAKJI, NATALY, OD**

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Provider Language(s) Spoken:

Arabic

Cultural Competency: Y

### **ACUITY EYE GROUP**

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ENCINITAS, CA 92024

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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

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

Provider Language(s) Spoken:

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 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

### **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 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

### **LEE, JASON, OD**

Provider Gender: Male

License Number: 14881

NPI: 1679985584

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL): **MOLL, ANGELA, MD**

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 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): **MORRISON REYES, JOSHUA,**

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

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

**MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y


Provider Language(s) Spoken:

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

Provider Language(s) Spoken:

German, Spanish

Cultural Competency: Y

RADY CHILDRENS HOSPITAL ENCINITAS

 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024

 Phone: (858) 309-7702

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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: (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): Provider Gender: Male

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

Provider Language(s) Spoken: Spanish



Cultural Competency: Y



ACUITY EYE GROUP

 320 SANTA FE DR STE 104 ENCINITAS, CA 92024






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## J. Directorio de proveedores de la vista: servicios oculares y de la vista



 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

### 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

#### ASIS, STEPHANIE, OD

Provider Gender: Female  
 License Number: 34013  
 NPI: 1902383540

Provider English Spoken: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*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


Provider Language(s) Spoken:  
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

Provider Language(s) Spoken:  
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

 Accessibility: CONTACT  
PROVIDER

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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 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

restriction

American Sign Language (ASL): **CHAU, VIVIAN, OD**

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

 Hours: M-F 8AM-5PM

Provider Gender: Female

License Number: 35427

NPI: 1558052951

Provider English Spoken: Y


Provider Language(s) Spoken: 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

Provider Language(s) Spoken: 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

### 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 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

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485

NPI: 1013605526


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

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 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

Provider Language(s) Spoken:

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

### 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

Provider Language(s) Spoken:

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): 1T

 Hours: M-F 8AM-5PM

### **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

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


Provider Language(s) Spoken:  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): IT

American Sign Language (ASL):  Hours: M-F 8:30AM-4:30PM

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): IT

 Hours: M-TH 9AM-5:30PM F 9AM-1PM

### LEE, JASON, OD

Provider Gender: Male

License Number: 14881

NPI: 1679985584


Provider English Spoken: Y


Provider Language(s) Spoken: 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

### MARYOUNG, ALLISON, OD

Provider Gender: Female


License Number: 35512


NPI: 1083309124

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

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): IT

 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 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): IT

 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


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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 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): Public transportation (within 1/2 mile from Site): 1T  
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


Provider Language(s) Spoken: Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP


 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

 Phone: (760) 743-5872  
Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max 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


Provider Language(s) Spoken: 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### PANSARA, MEGHA, MD

Provider Gender: Female

License Number: A143429

NPI: 1184983728

Provider English Spoken: Y

Provider Language(s) Spoken:

Gujarati

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: 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

Provider Language(s) Spoken:

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

Provider Language(s) Spoken:  
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:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

*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


### **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


Provider Language(s) Spoken: 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

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

### **TO, BRITTANY, OD**

Provider Gender: Female

License Number: 10651

NPI: 1306997143

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY

STE 200  
 ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 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

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

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

 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

### 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

 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


Provider Language(s) Spoken:  
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 Language(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  
F 9AM-5PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798


NPI: 1477968667


Provider English Spoken: Y


Provider Language(s) Spoken:  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): Provider Gender: Male  
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*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: Y*

INLAND EYE SPECIALISTS

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028


 *Phone: (760) 728-5728*

*Fax: (760) 728-5934*

 *After Hours Phone: (760) 728-5728*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish*

*Min/Max 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):*

*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*

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

|  |   |  |
|--|---|--|
| <p> 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> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p> Hours: M 1PM-5PM<br/>W 9AM-6PM<br/>F 1PM-5PM</p>   | <p>W 9AM-6PM<br/>F 1PM-5PM</p> <p><b>KHINDA, SUNEHA, OD</b></p> <p>Provider Gender: Female</p> <p>License Number: 35494</p> <p>NPI: 1750066726</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p>   |
| <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M-F 8AM-5PM</p>  | <p><b>GEORGE, BRUCE, OD</b></p> <p>Provider Gender: Male</p> <p>License Number: 7696</p> <p>NPI: 1356414551</p> <p>Provider English Spoken: Y</p> <p>Provider Language(s) Spoken: Korean, Spanish</p> <p>Cultural Competency: Y</p>   | <p><b>INLAND EYE SPECIALISTS</b></p> <p> 521 E ELDER ST STE 102<br/>FALLBROOK, CA 92028</p> <p> Phone: (760) 728-5728</p> <p>Fax: (760) 728-5934</p> <p> After Hours Phone: (760) 728-5728</p>  |
| <p><b>GEORGE, KENDALL, OD</b></p> <p>Provider Gender: Male</p> <p>License Number: 34270</p> <p>NPI: 1619529948</p> <p>Provider English Spoken: Y</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: Y</p> <p>BRUCE D GEORGE OD</p>  | <p> 1102 S MAIN AVE<br/>FALLBROOK, CA 92028</p> <p> Phone: (760) 723-8417</p> <p>Fax: (760) 758-2063</p> <p> After Hours Phone: (760) 723-8417</p> <p>Accepting New Patients: Yes</p>  | <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p> 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> 1102 S MAIN AVE<br/>FALLBROOK, CA 92028</p> <p> Phone: (760) 723-8417</p> <p>Fax: (760) 758-2063</p> <p> After Hours Phone: (760) 723-8417</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p> 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> Site English Spoken: Y</p> <p> 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> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p> Hours: M 1PM-5PM</p> | <p> Site English Spoken: Y</p> <p> 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> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M-F 8AM-5PM</p> <p><b>NOORI, SARA, OD</b></p> <p>Provider Gender: Female</p> <p>License Number: 35457</p> <p>NPI: 1477248912</p> <p>Provider English Spoken: Y</p> <p>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

### 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

Provider Language(s) Spoken:  
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, HELFON, OD

Provider Gender: Male

License Number: 6681

NPI: 1619942034

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

#### HANONO, ABRAHAM, OD

Provider Gender: Male

License Number: 14900

NPI: 1356754741

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

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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): 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*

#### **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*

 *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:*

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*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  
 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  
 Provider Language(s) Spoken: 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

### HOO, PAMELA, OD


Provider Gender: Female  
 License Number: 11033  
 NPI: 1275566010  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (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

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485

NPI: 1013605526


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

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037


 Phone: (858) 457-3010

Fax: (858) 457-0028

 After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max 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

Provider Language(s) Spoken: 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

### HUSTANA, LARA, OD

Provider Gender: Female

License Number: 11472

NPI: 1235161597

Provider English Spoken: Y

Provider Language(s) Spoken:

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

French

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL): Provider Gender: Female

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

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

Provider Language(s) Spoken:  
Arabic

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
Provider Language(s) Spoken:  
Arabic

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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### 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

### MARYOUNG, ALLISON, OD

Provider Gender: Female

License Number: 35512

NPI: 1083309124

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 Language(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

Provider Language(s) Spoken: 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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 8AM-4:30PM  
SA 8AM-2PM

### **MIZOGUCHI, LIANNE, OD**


Provider Gender: Female  
License Number: 10104  
NPI: 1619900313  
Provider English Spoken: Y  
Cultural Competency: Y

### **PERLMAN**

#### **OPHTHALMOLOGY-UCSD**

 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes


 Site English Spoken: Y

Min/Max 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

### **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

### **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

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Provider Language(s) Spoken:


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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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  
Provider Language(s) Spoken: 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  
Provider Language(s) Spoken: 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**

### **TO, BRITTANY, OD**

Provider Gender: Female  
License Number: 10651  
NPI: 1306997143  
Provider English Spoken: Y



Provider Language(s) Spoken: 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**

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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) 457-0028

☎ After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(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

### TONNU, ANH, OD

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

Provider Language(s) Spoken: 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 Language(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 Language(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

Provider Language(s) Spoken: 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 Language(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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

License Number: 33869  
 NPI: 1790291565  
 Provider English Spoken: Y  
 Provider Language(s) Spoken:  
 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

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

Provider Language(s) Spoken:  
 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

Provider Language(s) Spoken:  
 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

Provider Language(s) Spoken:  
 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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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-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*  
*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*  
*Provider Language(s) Spoken: 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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  
 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  
 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  
 Provider Language(s) Spoken: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### 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

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

Provider Language(s) Spoken: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 9AM-5PM  
SA 9AM-2PM

### 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

### 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  
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

Provider Language(s) Spoken:  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): 1U

 Hours: M-F 8:30AM-4:30PM

### DEAN, MOENA, OD

Provider Gender: Female


License Number: 33955


NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: 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

### 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

### 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

### DYER, SHARON, OD

Provider Gender: Female


License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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

**GOLLOGLY, HEIDRUN, MD**  
 Provider Gender: Female  
 License Number: A134761  
 NPI: 1477879823  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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  
 Provider Language(s) Spoken: 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

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

**HAN, SULKI, OD**  
 Provider Gender: Female  
 License Number: 34171  
 NPI: 1750802195

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Provider English Spoken: Y  
 Provider Language(s) Spoken:  
 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

### 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

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485

NPI: 1013605526

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

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485

NPI: 1013605526

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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 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 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

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: 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


Provider Language(s) Spoken: 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

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y


Provider Language(s) Spoken: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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  
 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

### KATZMAN, BARRY, MD

Provider Gender: Male  
 License Number: A34834  
 NPI: 1760473797  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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 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

### 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

### KHALIL, VADY, OD

Provider Gender: Male  
 License Number: 35137  
 NPI: 1275263584

Provider English Spoken: Y  
 Provider Language(s) Spoken: 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

### KHALIL, VADY, OD

Provider Gender: Male  
 License Number: 35137  
 NPI: 1275263584

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

Provider Language(s) Spoken: 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

Provider Language(s) Spoken: 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: German, Spanish, Chinese

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](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

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

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

### **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

### **MARYOUNG, ALLISON, OD**

Provider Gender: Female

License Number: 35512

NPI: 1083309124

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:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): 1U

 Hours: M-F 8AM-5PM

### **MARYOUNG, ALLISON, OD**

Provider Gender: Female

License Number: 35512

NPI: 1083309124


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

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

Provider Language(s) Spoken: Spanish

Cultural Competency: Y





ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J




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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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  
 NPI: 1235366782  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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  
 Provider Language(s) Spoken: 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  
 Provider Language(s) Spoken: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): 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  
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  
Provider Language(s) Spoken: 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  
Provider Language(s) Spoken: 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:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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


### **PRABHU, SUJATA, MD**


Provider Gender: Female  
 License Number: A115965  
 NPI: 1982872552  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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


### **PRABHU, SUJATA, MD**

Provider Gender: Female  
 License Number: A115965  
 NPI: 1982872552  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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


### **QUACH, PHUC, OD**


Provider Gender: Male  
 License Number: 12891  
 NPI: 1770617805

Provider English Spoken: Y  
 Provider Language(s) Spoken: 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

### **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

### TO, BRITTANY, OD

Provider Gender: Female  
License Number: 10651  
NPI: 1306997143

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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): 1T

 Hours: M-F 8AM-5PM

### TO, BRITTANY, OD

Provider Gender: Female

License Number: 10651

NPI: 1306997143

Provider English Spoken: Y

Provider Language(s) Spoken:

Vietnamese

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

### 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 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

### 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 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

### TONNU, ANH, OD

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

Provider Language(s) Spoken:

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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  
 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  
 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  
 Provider Language(s) Spoken: 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

-  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
- VIVIRITO, MARY, OD**  
 Provider Gender: Female  
 License Number: 33798  
 NPI: 1477968667  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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
- VIVIRITO, MARY, OD**  
 Provider Gender: Female  
 License Number: 33798  
 NPI: 1477968667  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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
-  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
- WONG, SHARON, OD**  
 Provider Gender: Female  
 License Number: 15137  
 NPI: 1497159552  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### **YOUNG, ALLA, OD**

Provider Gender: Female  
License Number: 34191  
NPI: 1285085142  
Provider English Spoken: Y  
Provider Language(s) Spoken: Russian

Cultural Competency: Y  
ALVARADO EYE ASSOCIATES  
MED CLINIC INC

📍 7877 PARKWAY DR STE 100  
LA MESA, CA 91942  
📞 Phone: (619) 460-3711  
Fax: (619) 460-2184

🕒 After Hours Phone: (619) 460-3711  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
Min/Max 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

### **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 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

### **ZAIDI, NOORINA, OD**

Provider Gender: Female  
License Number: 35615  
NPI: 1023477262

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

### **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



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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:* 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

☉ 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

Provider Language(s) Spoken: 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 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 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

#### BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### 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

### 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 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

### 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

### GOLLOGLY, HEIDRUN, MD

Provider Gender: Female

License Number: A134761

NPI: 1477879823

Provider English Spoken: Y

Provider Language(s) Spoken:

German, French, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max 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

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485

NPI: 1013605526

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

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485

NPI: 1013605526

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### 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

**KALBAKJI, NATALY, OD**  
Provider Gender: Female  
License Number: 34943  
NPI: 1700556438  
Provider English Spoken: Y  
Provider Language(s) Spoken: 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

### KALBAKJI, NATALY, OD

Provider Gender: Female  
License Number: 34943  
NPI: 1700556438

Provider English Spoken: Y  
Provider Language(s) Spoken: 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  
Provider Language(s) Spoken: Hindi  
Cultural Competency: Y  
LUSTRO EYEWORKS OPTOMETRY  
📍 1481 E PLAZA 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.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

Provider Language(s) Spoken: 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

### KEDDINGTON, JOAN, OD

Provider Gender: Female

License Number: 6263

NPI: 1992872691

Provider English Spoken: Y

Provider Language(s) Spoken: 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 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

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

Provider Language(s) Spoken: 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 8AM-4:30PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584


Provider English Spoken: Y

Provider Language(s) Spoken: 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 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

### **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

### **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 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

### **KING, MARY, OD**

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y


Provider Language(s) Spoken: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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:* 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  
*Provider Language(s) Spoken:* Spanish, Chinese  
*Cultural Competency:* Y

SAN DIEGO EYE


PROFESSIONALS

 2345 E 8TH ST STE 111  
 NATIONAL CITY, CA 91950  
 *Phone:* (619) 583-4295  
*Fax:* (619) 825-7300

 *After Hours Phone:* (619) 583-4295

*Accepting New Patients:* Yes


 *Site English Spoken:* Y

 *Site Languages(s) Spoken:* Spanish


*Min/Max 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

### MARYOUNG, ALLISON, OD

*Provider Gender:* Female  
*License Number:* 35512  
*NPI:* 1083309124  
*Provider English Spoken:* Y  
*Cultural Competency:* 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

### 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

### MARYOUNG, ALLISON, OD

Provider Gender: Female


License Number: 35512


NPI: 1083309124


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

### 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

### MCGRAW, JOSEPH, MD

Provider Gender: Male


License Number: A155228


NPI: 1588624852


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950


 Phone: (619) 472-1010

 Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max 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

### MENDOZA, RAYMUNDO, OD

Provider Gender: Male

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

License Number: 8150  
 NPI: 1306837760  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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  
 Provider Language(s) Spoken: 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

**MORRISON REYES, JOSHUA, MD**  
 Provider Gender: Male  
 License Number: A125435  
 NPI: 1235366782  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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  
 Hours: M-F 8AM-4:30PM

**NGUYEN, THERESA, OD**  
 Provider Gender: Female  
 License Number: 35530TLG  
 NPI: 1609555713  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 LUSTRO EYEWORKS  
 OPTOMETRY  
 1481 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Phone: (619) 477-2159  
 Fax: (619) 477-2128  
 After Hours Phone: (619) 477-2159  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Arabic, Hindi, 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.

## 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: 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

Provider Language(s) Spoken: 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

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

### **PRABHU, SUJATA, MD**

Provider Gender: Female

License Number: A115965


NPI: 1982872552


Provider English Spoken: Y

Provider Language(s) Spoken: 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**

Provider Gender: Male


License Number: 34978


NPI: 1568813434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

### TO, BRITTANY, OD

Provider Gender: Female  
 License Number: 10651  
 NPI: 1306997143  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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 PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-4:30PM

### TO, BRITTANY, OD

Provider Gender: Female  
 License Number: 10651  
 NPI: 1306997143  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese

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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

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

### TOUBIA, ELIAS, OD

Provider Gender: Male

License Number: 33758

NPI: 1740701481

Provider English Spoken: Y

Provider Language(s) Spoken: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

TH 8AM-6PM  
F 8AM-5PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

### WU, EVA, OD

Provider Gender: Female

License Number: 14743

NPI: 1073954442

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

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:


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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








*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

### **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

### **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

### **NGUYEN, BERLINDA, OD**

Provider Gender: Female  
 License Number: 35862  
 NPI: 1417776238  
 Provider English Spoken: Y  
 Provider 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, Vietnamese*

*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  
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*


*Provider Language(s) Spoken:  
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*

*Provider Language(s) Spoken:  
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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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-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 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*

**ADAMS, MONA, OD**  
*Provider Gender: Female*  
*License Number: 14457*  
*NPI: 1942564521*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**RADY CHILDRENS SPECIALISTS**  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 *Phone: (858) 309-7702*  
*Fax: (858) 966-8901*  
 *After Hours Phone: (858) 309-7702*  
*Accepting New Patients: 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*  
*Provider Language(s) Spoken: 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (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*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: 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*

### **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*

### **BERGMARK, JAMIE, OD**

*Provider Gender: Female*

*License Number: 33657*

*NPI: 1669920757*

*Provider English Spoken: Y*

*Cultural Competency: Y*


**RADY CHILDRENS**

**SPECIALISTS**

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista


 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

### **BOECK, CARL, OD**

Provider Gender: Male

License Number: 6620


NPI: 1588656151

Provider English Spoken: Y


Provider Language(s) Spoken:  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

### 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

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

### CHAIN, PEI CHI, OD

Provider Gender: Female

License Number: 34439

NPI: 1730676727

Provider English Spoken: Y

Provider Language(s) Spoken:

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):

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

### CHEN, LESLIE, OD

Provider Gender: Female

License Number: 12792

NPI: 1508953332

Provider English Spoken: Y

Provider Language(s) Spoken:  
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:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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


*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-W 9AM-5PM  
 TH 9AM-1:30PM  
 F 9AM-5PM  
 SA 9AM-1PM

### 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  
 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 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 9AM-5:30PM  
 SA 9AM-3PM





### DUONG, KIM, OD



Provider Gender: Female  
 License Number: 34222  
 NPI: 1114448651  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: Y  
 RADY CHILDRENS

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### 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

### 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

### 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  
 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 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

### HO, AMIEE, OD

Provider Gender: Female  
 License Number: 14527  
 NPI: 1396009478

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista


*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*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F 8AM-5PM*

### **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*

### **HOANG, KEVIN, OD**

*Provider Gender: Male*

*License Number: 34401*

*NPI: 1790339216*


*Provider English Spoken: Y*

*Provider Language(s) Spoken:  
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*

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*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

### **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*  
*Provider Language(s) Spoken: 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

### **HUANG, GRACE, OD**

*Provider Gender: Female*  
*License Number: 35485*  
*NPI: 1013605526*  
*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](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

### 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

Provider Language(s) Spoken:  
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, PAUL, MD

Provider Gender: Male

License Number: A79141

NPI: 1871577056

Provider English Spoken: Y

Provider Language(s) Spoken:  
Vietnamese

Cultural Competency: Y

### ADVANCED EYE AND LASER CTR OF CA INC

4844 UNIVERSITY AVE STE  
A

SAN DIEGO, CA 92105

Phone: (619) 283-1303

Fax: (619) 283-1666

After Hours Phone: (619)  
283-1303

Accepting New Patients: 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, CHI, OD

Provider Gender: Female

License Number: 12901

NPI: 1922187426

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL): N

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

### HUYNH, PAUL, MD

Provider Gender: Male

License Number: A79141

NPI: 1871577056

Provider English Spoken: Y

Provider Language(s) Spoken:


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):



Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### HUYNH, LOAN, OD

Provider Gender: Female

License Number: 34472

NPI: 1003454604

Provider English Spoken: Y

Provider Language(s) Spoken:


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

### 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

### JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009

NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### 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

Provider Language(s) Spoken:  
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):  
1/2 mile from Site): 1U

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

### KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

Provider Language(s) Spoken:  
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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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


Provider Language(s) Spoken:

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

### **KHAN, FAHAD, MD**

Provider Gender: Male

License Number: A163142

NPI: 1548605843

Provider English Spoken: Y


Provider Language(s) Spoken:

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 Languages(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

 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (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): N*

♿ *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): N*

♿ *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): N*

♿ *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*

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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

 Hours: M-F 8AM-4PM

### 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 1/2 mile from Site): 1U

 Hours: M-F 9AM-5:30PM SA 9AM-3PM

### 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):

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

### 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

Provider Language(s) Spoken: Spanish

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*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

Provider Language(s) Spoken:

Spanish, Chinese


Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

 5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108


 Phone: (619) 295-2900

Fax: (888) 210-5799

 After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max 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

### LIN, HENRY, OD

Provider Gender: Male

License Number: 11368

NPI: 1861405664

Provider English Spoken: Y

Provider Language(s) Spoken:


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):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 9:30AM-6PM  
SA 9AM-3PM

### LLANES, BENJAMIN, OD

Provider Gender: Male

License Number: 8782

NPI: 1053309005

Provider English Spoken: Y

Provider Language(s) Spoken:


Spanish, Tagalog

Cultural Competency: Y

SEE KLEER EYECARE CENTER

 9580 BLACK MOUNTAIN  
RD STE J

SAN DIEGO, CA 92126


 Phone: (858) 536-8952

Fax: (858) 536-8951

 After Hours Phone: (858)  
536-8952

Accepting New Patients: Yes

 Site English Spoken: Y

 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): 1T

🕒 Hours: M-TH 11AM-6PM  
F 1PM-5PM  
SA 9AM-1PM

### MARR, RYAN, OD

Provider Gender: Male

License Number: 35302

NPI: 1235857525

Provider English Spoken: Y

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

📄 Site Languages(s) Spoken: Korean, 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 8:30AM-5:30PM

### MARR, RYAN, OD

Provider Gender: Male

License Number: 35302

NPI: 1235857525

Provider English Spoken: Y

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

### MARYOUNG, ALLISON, OD

Provider Gender: Female

License Number: 35512

NPI: 1083309124

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

### MCCLEAN, ESMERALDA, OD

Provider Gender: Female

License Number: 15001

NPI: 1962817981

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

### HILLCREST EYE

### CENTER-UCSD

📍 4060 4TH AVE STE 610 SAN DIEGO, CA 92103

📞 Phone: (619) 543-6244

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: (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

Provider Language(s) Spoken: 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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  
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): License Number: A125435  
NPI: 1235366782  
Provider English Spoken: Y  
Provider Language(s) Spoken: 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): 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

📍 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

### NGUYEN, JASMINE, OD

Provider Gender: Female  
License Number: 11189  
NPI: 1497896922  
Provider English Spoken: Y  
Provider Language(s) Spoken: Vietnamese

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

Provider Language(s) Spoken:  
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, VIET, OD

Provider Gender: Male

License Number: 35481

NPI: 1861170573

Provider English Spoken: Y

Provider Language(s) Spoken:  
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, KELVIN, OD

Provider Gender: Male

License Number: 11085

NPI: 1518923572

Provider English Spoken: Y

Provider Language(s) Spoken:  
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

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Korean, Spanish,  
Vietnamese



















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](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

- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:30AM-5:30PM*
- NGUYEN, BRUCE, OD**  
*Provider Gender: Male*  
*License Number: 14156*  
*NPI: 1376839019*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: 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*  
 *Site Languages(s) Spoken: Korean, 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*
- 1/2 mile from Site): 1T*  
 *Hours: M-F 8:30AM-5:30PM*
- NGUYEN, BRUCE, OD**  
*Provider Gender: Male*  
*License Number: 14156*  
*NPI: 1376839019*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: 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, THANH, OD**  
*Provider Gender: Female*  
*License Number: 13126*  
*NPI: 1992813323*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: 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*
- O HALLORAN, HENRY, MD**  
*Provider Gender: Male*  
*License Number: A73282*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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: 1235287947

Provider English Spoken: Y

Provider Language(s) Spoken:  
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, 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

### PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Provider Language(s) Spoken:

Gujarati, Hindi, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max 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

### PHAM, TONY, OD

Provider Gender: Male

License Number: 12348

NPI: 1841271434

Provider English Spoken: Y

Provider Language(s) Spoken:

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): 1/2 mile from Site): 1U

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


Provider Language(s) Spoken:

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 Language(s) Spoken:  
Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within

 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 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: SU-SA 9AM-6PM

### PRABHU, SUJATA, MD

Provider Gender: Female

License Number: A115965

NPI: 1982872552


Provider English Spoken: Y

Provider Language(s) Spoken:  
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

### SANDOC, EMILY, OD

Provider Gender: Female

License Number: 13535

NPI: 1992969794

Provider English Spoken: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Cultural Competency: Y*  
OPTOM-EYES VISION CARE  
OPTOMETRY

5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900

Fax: (888) 210-5799

After Hours Phone: (619)  
295-2900

Accepting New Patients: 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 9AM-5:30PM  
SA 9AM-3PM

### SANDOC, EMILY, OD

Provider Gender: Female

License Number: 13535

NPI: 1992969794

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

### 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 Language(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

NPI: 1518381045

Provider English Spoken: Y

Provider Language(s) Spoken:  
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 Language(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-F 9AM-5PM  
SA 9AM-1PM*

### TAM, MAY, OD

*Provider Gender: Female*

*License Number: 11960*

*NPI: 1548255896*

*Provider English Spoken: Y*


*Provider Language(s) Spoken: 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*

*Provider Language(s) Spoken: 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*

### 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 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*

### TO, BRITTANY, OD

*Provider Gender: Female*

*License Number: 10651*

*NPI: 1306997143*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: Vietnamese*

*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](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: (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

📍 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): 1/2 mile from Site): 1U

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

### TONNU, ANH, OD

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

Provider Language(s) Spoken: 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

License Number: 9556  
 NPI: 1073671087  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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

NPI: 1932280054  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: 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

**VO, ANDREW MINH, OD**  
 Provider Gender: Male  
 License Number: 33869  
 NPI: 1790291565  
 Provider English Spoken: Y  
 Provider Language(s) Spoken:

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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> Site English Spoken: Y<br/>Min/Max Age: 0\None<br/>Gender Restriction: No Gender restriction<br/>American Sign Language (ASL): N<br/> Accessibility: CONTACT PROVIDER<br/>Public transportation (within 1/2 mile from Site): 1U</p>   | <p>Public transportation (within 1/2 mile from Site): 1T<br/> Hours: M-F 8AM-4PM</p>   | <p>License Number: A160988<br/>NPI: 1609258920<br/>Provider English Spoken: Y<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: Y<br/>RSF OPHTHALMOLOGY</p>  |
| <p><b>YU, CAROL, OD</b><br/>Provider Gender: Female<br/>License Number: 34047<br/>NPI: 1639697451<br/>Provider English Spoken: Y<br/>Provider Language(s) Spoken: Spanish, Chinese<br/>Cultural Competency: Y<br/>HILLCREST EYE CENTER-UCSD<br/> 4060 4TH AVE STE 610<br/>SAN DIEGO, CA 92103<br/> Phone: (619) 543-6244<br/>Fax: (619) 295-5034<br/> After Hours Phone: (619) 543-6244<br/>Accepting New Patients: Yes<br/> Site English Spoken: Y<br/>Min/Max Age: 0\None<br/>Gender Restriction: No Gender restriction<br/>American Sign Language (ASL): N</p> | <p><b>ZAIDI, NOORINA, OD</b><br/>Provider Gender: Female<br/>License Number: 35615<br/>NPI: 1023477262<br/>Provider English Spoken: Y<br/>Cultural Competency: Y<br/>WEST COAST EYE CARE<br/> 6945 EL CAJON BLVD<br/>SAN DIEGO, CA 92115<br/> Phone: (619) 697-4600<br/>Fax: (619) 697-2410<br/> After Hours Phone: (619) 697-4600<br/>Accepting New Patients: Yes<br/> Site English Spoken: Y<br/>Min/Max Age: 0\None<br/>Gender Restriction: No Gender restriction<br/>American Sign Language (ASL): N<br/> Accessibility: CONTACT PROVIDER<br/>Public transportation (within 1/2 mile from Site): 1U<br/> Hours: M 7:30AM-4:30PM<br/>TU 8AM-5PM<br/>W 8:30AM-5PM<br/>TH 8AM-6PM<br/>F 8AM-4PM</p> | <p> 100 N RANCHO SANTA FE RD STE 12<br/>SAN MARCOS, CA 92069<br/> Phone: (760) 598-0400<br/>Fax: (760) 249-7394<br/> After Hours Phone: (760) 598-0400<br/>Accepting New Patients: Yes<br/> Site English Spoken: Y<br/> Site Language(s) Spoken: Spanish<br/>Min/Max Age: 0\None<br/>Gender Restriction: No Gender restriction<br/>American Sign Language (ASL): N</p> |
| <p> Accessibility: CONTACT PROVIDER</p>   | <p><b>SAN MARCOS</b><br/><b>GARFF, KEVIN, MD</b><br/>Provider Gender: Male</p>   | <p><b>GUAN, HOWARD, MD</b><br/>Provider Gender: Male<br/>License Number: A119766<br/>NPI: 1134427636<br/>Provider English Spoken: Y<br/>Provider Language(s) Spoken: Spanish, Chinese<br/>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

### RSF OPHTHALMOLOGY

100 N RANCHO SANTA FE RD STE 12

SAN MARCOS, CA 92069

Phone: (760) 598-0400

Fax: (760) 249-7394

After Hours Phone: (760) 598-0400

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max 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

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

Cultural Competency: Y

### RSF OPHTHALMOLOGY

100 N RANCHO SANTA FE RD STE 12

SAN MARCOS, CA 92069

Phone: (760) 598-0400

Fax: (760) 249-7394

After Hours Phone: (760) 598-0400

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max 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

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): 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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

Provider Language(s) Spoken:  
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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes 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): 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

Provider Language(s) Spoken: Hindi

Cultural Competency: Y

EYE CARE OPTOMETRY

ASSOCIATES

687 SWEETWATER RD  
SPRING VALLEY, CA 91977

Phone: (619) 466-9444

Fax: (619) 466-9314

After Hours Phone: (619)  
466-9444

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: 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

### KEDDINGTON, JOAN, OD

Provider Gender: Female

License Number: 6263

NPI: 1992872691

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

EYE CARE OPTOMETRY

ASSOCIATES

687 SWEETWATER RD  
SPRING VALLEY, CA 91977

Phone: (619) 466-9444

Fax: (619) 466-9314

After Hours Phone: (619)  
466-9444

Accepting New Patients: 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

### KING, MARY, OD

Provider Gender: Female

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish

Cultural Competency: Y

EYE CARE OPTOMETRY

ASSOCIATES

687 SWEETWATER RD  
SPRING VALLEY, CA 91977

Phone: (619) 466-9444

Fax: (619) 466-9314

After Hours Phone: (619)  
466-9444

Accepting New Patients: 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 9AM-6PM  
SA 9AM-5PM

### NGUYEN, THERESA, OD

Provider Gender: Female

License Number: 35530TLG

NPI: 1609555713

Provider English Spoken: Y

Cultural Competency: Y

EYE CARE OPTOMETRY

ASSOCIATES

687 SWEETWATER RD  
SPRING VALLEY, CA 91977

Phone: (619) 466-9444

Fax: (619) 466-9314

After Hours Phone: (619)  
466-9444

Accepting New Patients: 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 9AM-6PM  
SA 9AM-5PM

### SOLIS, KEVIN, OD

Provider Gender: Male

License Number: 10420

NPI: 1538362116

Provider English Spoken: Y

Cultural Competency: Y

EYE CARE OPTOMETRY

ASSOCIATES

687 SWEETWATER RD  
SPRING VALLEY, CA 91977

Phone: (619) 466-9444

Fax: (619) 466-9314

After Hours Phone: (619)  
466-9444

Accepting New Patients: 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 9AM-6PM  
SA 9AM-5PM

### TOUBIA, ELIAS, OD

Provider Gender: Male

License Number: 33758

NPI: 1740701481

Provider English Spoken: Y

Provider Language(s) Spoken:  
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 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

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

Provider Language(s) Spoken:


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-TH 9AM-5PM F 9AM-1PM

## VISTA

**DEMLINGER, GLENN, OD**

Provider Gender: Male

License Number: 8954

NPI: 1508932518

Provider English Spoken: Y

Provider Language(s) Spoken:


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 1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM W 7AM-5PM TH 9AM-6PM

**GEORGE, KENDALL, OD**

Provider Gender: Male

License Number: 34270

NPI: 1619529948


Provider English Spoken: Y

Provider Language(s) Spoken: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en 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

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### **GEORGE, BRUCE, OD**

*Provider Gender: Male*

*License Number: 7696*

*NPI: 1356414551*

*Provider English Spoken: Y*


*Provider Language(s) Spoken:*

*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*

*Provider Language(s) Spoken:*

*Vietnamese*


*Cultural Competency: Y*

**KINDERSPECS-GOOD EYES**

**OPTOMETRY**

 110 CIVIC CENTER DR STE  
204

VISTA, CA 92084

 *Phone: (760) 753-3665*

*Fax: (408) 969-1653*

 *After Hours Phone: (760)  
753-3665*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


*Min/Max 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*

### **TRAN, THAO, OD**

*Provider Gender: Female*

*License Number: 12867*










*NPI: 1962581421*

*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.

## 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)

### CARLSBAD

#### SAN DIEGO HEALTHCARE QUALITY COLLABORATIVE

7632 CORTINA CT  
CARLSBAD, CA 92009  
Phone: (760) 707-9256  
After Hours Phone: (760) 707-9256  
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: (760) 707-9256

#### SAN DIEGO HEALTHCARE QUALITY COLLABORATIVE

7632 CORTINA CT  
CARLSBAD, CA 92009  
Phone: (760) 707-9256

After Hours Phone: (760) 707-9256  
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: (760) 707-9256

### 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

### CULVER CITY

#### MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE 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

\*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)

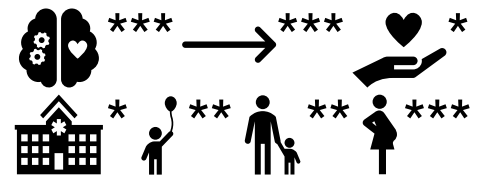
*Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients: ecm@mymedzed.com*  
*Phone for New Referrals and Existing Patients: (323) 203-0070*

### MEDZED PHYSICIAN SERVICES INC

 300 CORPORATE POINTE 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*








*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

### EL CAJON

#### 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:*



\*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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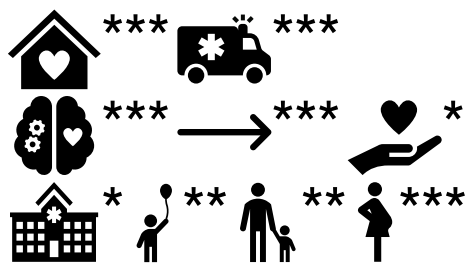


## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

### 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@LAMA  
ESTRA.ORG


Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMO  
UNT 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 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

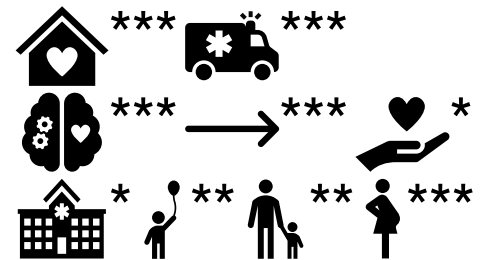
### ENCINITAS

#### 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  
 Website: N/A

ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: referrals@sdwellnesscollaborative.org

\*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)

Phone for New Referrals and Existing Patients: (619)

273-3295

Mailing Address: 1084 N EL CAMINO REAL STE B; 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

### SAN DIEGO HEALTHCARE QUALITY

#### COLLABORATIVE

1084 N EL CAMINO REAL STE B149

ENCINITAS, CA 92024

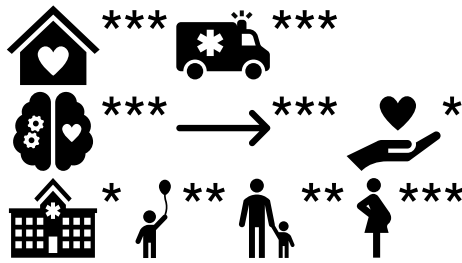
Phone: (619) 273-3295

After Hours Phone: (619) 273-3295

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: [referrals@sdweillnesscollaborative.org](mailto:referrals@sdweillnesscollaborative.org)

Phone for New Referrals and Existing Patients: (619) 273-3295

Mailing Address: 1084 N EL CAMINO REAL STE B; 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 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


\*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)

### 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

### 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 Tenancy and Sustaining Services, Housing Transition

Navigation Services  
 Street Medicine Provider: N  
 Phone for New Referrals and Existing Patients: (310) 280-5203

### 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: [ibclinic.org](http://ibclinic.org)  
 ECM Population of Focus:








Community Supports Services: N/A

Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [tsadlowski@ibclinic.org](mailto: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: [andrea@serenehealth.com](mailto:andrea@serenehealth.com)  
 Phone for New Referrals and

\*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)

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](mailto:andrea@serenehealth.com)

Phone for New Referrals and Existing Patients: (619)  
354-1409

### LA MAESTRA COMMUNITY HEALTH CENTERS

7967 BROADWAY  
LEMON GROVE, CA 91945

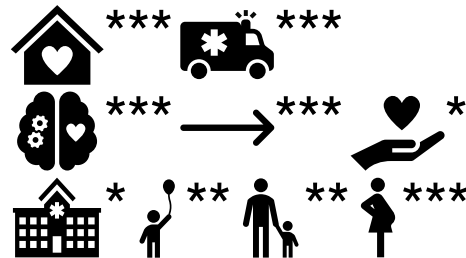
Phone: (619) 510-4641

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](mailto:ECM.CS@LAMAESTRA.ORG)

Phone for New Referrals and Existing Patients: (619)  
510-4641

Mailing Address: 4060 FAIRMO  
UNT AVE; San Diego; CA; 92105

Jl 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

7967 BROADWAY  
LEMON GROVE, CA 91945

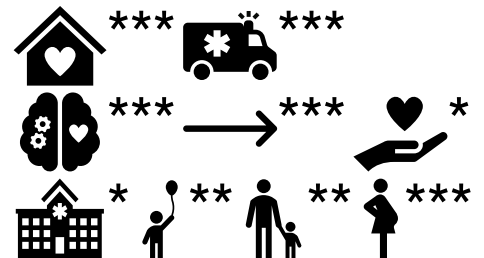
Phone: (619) 510-4641

After Hours Phone: (619)  
510-4641

Accessibility: CONTACT  
PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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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: ECM.CS@LAMA.OSTRA.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

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

 Hours: M-F 7:30AM-4PM

 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

 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


### LOS ANGELES

### EXODUS RECOVERY INC

 1902 MARENGO ST STE 107 LOS ANGELES, CA 90033

 Phone: (323) 276-6471


 After Hours Phone: (323) 276-6471


 Hours: M-F 7:30AM-4PM

 Accessibility: CONTACT

### 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

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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@LAMA  
 ESTRA.ORG

Phone for New Referrals and Existing Patients: (619)  
 510-4641

Mailing Address: 4060 FAIRMO  
 UNT AVE; San Diego; CA; 92105

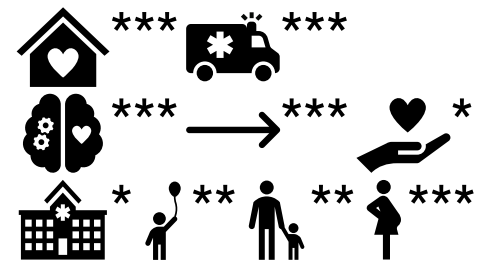
JI ECM Provider Billing- Direct  
 Contract with Correctional  
 Facilities; JI ECM Provider  
 Billing- FFS (PAVE Enrollment)  
 JI ECM Provider  
 Services-Pre-Release Services  
 and Participating in Warm  
 Handoffs

 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@LAMA  
 ESTRA.ORG



Phone for New Referrals and Existing Patients: (619)  
 510-4641

Mailing Address: 4060 FAIRMO  
 UNT AVE; San Diego; CA; 92105  
 JI ECM Provider Billing- Direct  
 Contract with Correctional


### NATIONAL CITY

#### LA MAESTRA COMMUNITY HEALTH CENTERS

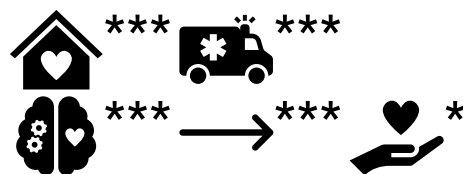
 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

 Phone: (619) 510-4641  
 After Hours Phone: (619)  
 510-4641

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

ECM Population of Focus:



#### LA MAESTRA COMMUNITY HEALTH CENTERS

 217 HIGHLAND AVE

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Facilities;JI ECM Provider  
Billing- FFS (PAVE Enrollment)  
JI ECM Provider  
Services-Pre-Release Services  
and Participating in Warm  
Handoffs

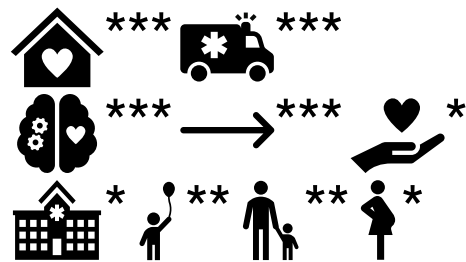
### ORINDA

#### 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

### PLAYA DEL REY

**NURTURING CARE LLC**  
322 CULVER BLVD STE 1151  
PLAYA DEL REY, CA 90293  
Phone: (323) 622-4911  
After Hours Phone: (323)  
622-4911  
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: ADMIN@NURTURINGCARELLC.COM  
Phone for New Referrals and Existing Patients: (323) 622-4911  
Mailing Address: 13736 STOCKBROOK RD;Moreno Valley;CA;92

553  
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

### 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

\*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)

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

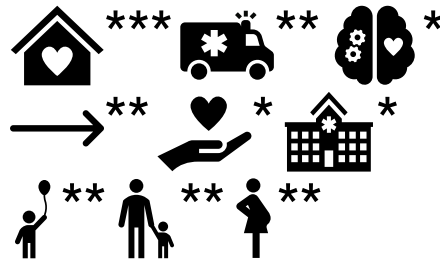
2201 K ST  
SACRAMENTO, CA 95816  
Phone: (888) 749-8877

After Hours Phone: (888)  
749-8877

Accessibility: CONTACT  
PROVIDER

Website: N/A

ECM Population of Focus:



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

### HEALTHY CONNECT SAN DIEGO

1202 MORENA BLVD  
SAN DIEGO, CA 92110

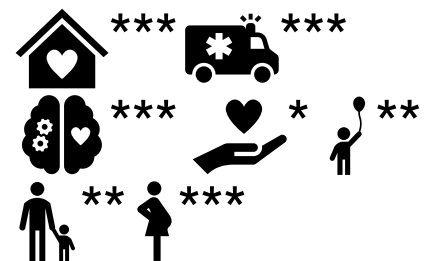
Phone: (619) 507-9333  
After Hours Phone: (619)  
507-9333

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

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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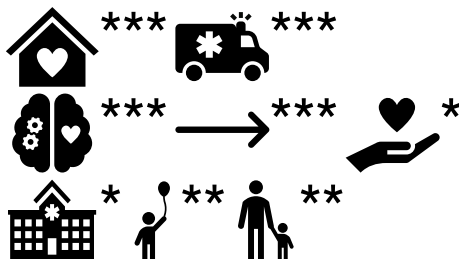


## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

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

### SERENE HEALTH

 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

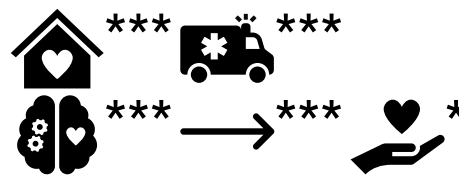
Email for New Referrals and Existing Patients: [andrea@serenehealth.com](mailto:andrea@serenehealth.com)

Phone for New Referrals and Existing Patients: (619) 354-1409  
 Mailing Address: 4849 RONSO N CT STE 207; San Diego; CA; 92111

Jl ECM Provider Billing- FFS (PAVE Enrollment)  
 Jl ECM Provider Services-Warm Handoffs Only

### SERENE HEALTH

 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 RONSO N CT STE 207; San Diego; CA; 92111

Jl ECM Provider Billing- FFS (PAVE Enrollment)  
 Jl ECM Provider Services-Warm Handoffs Only

### 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

\*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.

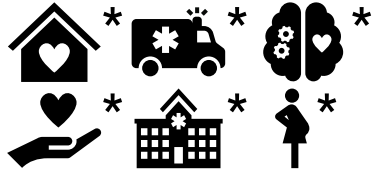
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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

### 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 Ex

isting Patients: [calaim@jfssd.org](mailto:calaim@jfssd.org)

g

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 Ex

isting Patients: [calaim@jfssd.org](mailto:calaim@jfssd.org)

g


Phone for New Referrals and


Existing Patients: (858)


637-3221

### HEALTHY CONNECT SAN DIEGO

 1202 MORENA BLVD  
SAN DIEGO, CA 92110

 Phone: (619) 507-9333

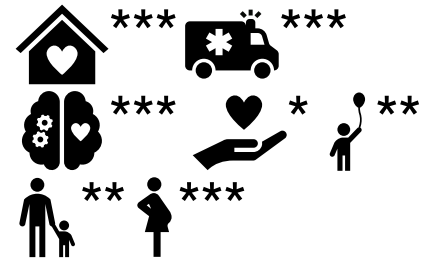
 After Hours Phone: (619) 507-9333

 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 Ex

isting Patients: [mhammel@co](mailto:mhammel@co)

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

[mresearch.org](http://mresearch.org)

Phone for New Referrals and Existing Patients: (619) 507-9333

### HEALTHY CONNECT SAN DIEGO

3570 CAMINO DEL RIO N SAN DIEGO, CA 92108

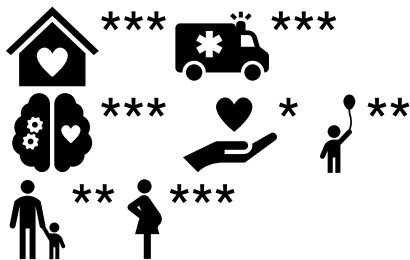
Phone: (619) 507-9333

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@co](mailto:mhammel@co)

[mresearch.org](http://mresearch.org)

Phone for New Referrals and Existing Patients: (619) 507-9333

### HEALTHY CONNECT SAN DIEGO

3570 CAMINO DEL RIO N SAN DIEGO, CA 92108

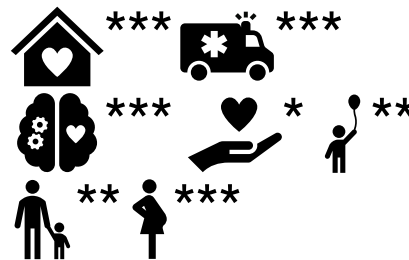
Phone: (619) 507-9333

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@co](mailto:mhammel@co)

[mresearch.org](http://mresearch.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: [www.horizoncenters.org](http://www.horizoncenters.org)

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

326-1100

### IMPERIAL BEACH HEALTH CENTER





1016 OUTER RD SAN DIEGO, CA 92154

\*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)

 Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733  
 Accessibility: CONTACT PROVIDER  
 Website: [ibclinic.org](http://ibclinic.org)  
 ECM Population of Focus:

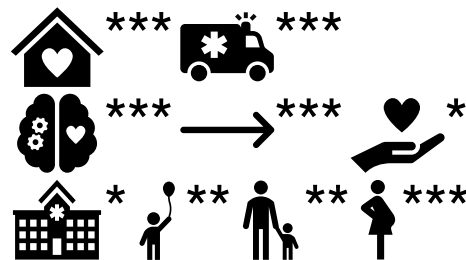


Community Supports Services:  
 N/A  
 Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [tsadlowski@ibclinic.org](mailto:tsadlowski@ibclinic.org)  
 Phone for New Referrals and Existing Patients: (619) 429-3733

### 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:

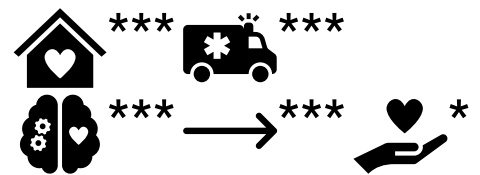


Community Supports Services:  
 Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services  
 Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [CalAIMReferrals@fhcsd.org](mailto:CalAIMReferrals@fhcsd.org)  
 Phone for New Referrals and Existing Patients: (619) 876-4450  
 Mailing Address: 823 GATEWA

Y 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

### 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:



\*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 Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients: 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*

### 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*

### 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: Day Habilitation Programs, 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: Day Habilitation Programs, Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services, Recuperative Care*

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

*(Medical Respite), Short-Term Post-Hospitalization Housing Street Medicine Provider: N Phone for New Referrals and Existing Patients: (619) 810-8668*

### 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:

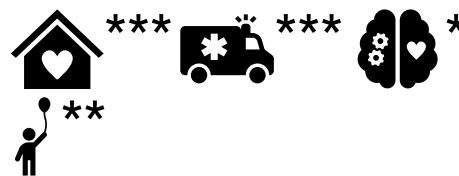


Community Supports Services: N/A  
Street Medicine Provider: N  
Phone for New Referrals and Existing Patients: (858) 279-0925

### 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

### LA MAESTRA COMMUNITY HEALTH CENTERS

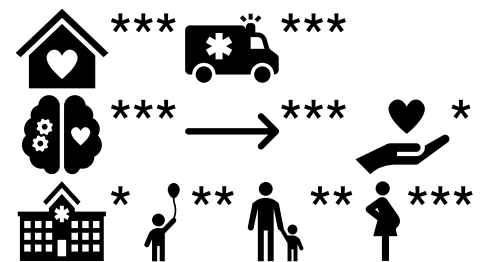
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 510-4641

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

\*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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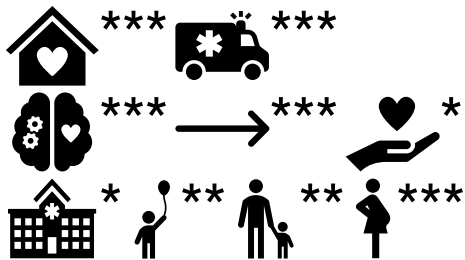
## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

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@LAMA.OSTRA.ORG

Phone for New Referrals and Existing Patients: (619) 510-4641

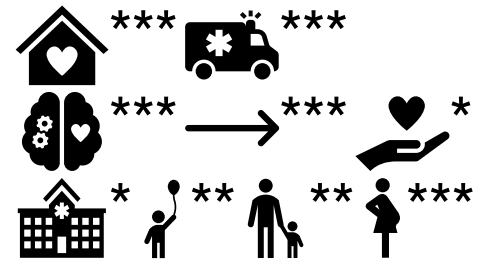
Mailing Address: 4060 FAIRMOUNT AVE; San Diego, CA; 92105  
JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment)  
JI ECM Provider  
Services-Pre-Release Services and Participating in Warm Handoffs

### 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@LAMA.OSTRA.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

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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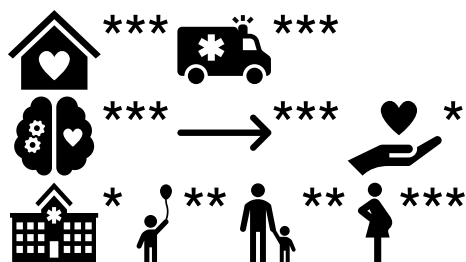
## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

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

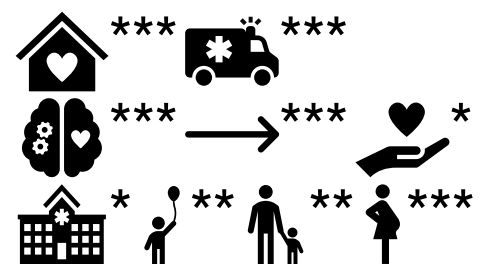
Email for New Referrals and Existing Patients: ECM.CS@LAMA  
 ESTRA.ORG  
 Phone for New Referrals and Existing Patients: (619)  
 510-4641

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

ECM Population of Focus:



Community Supports Services:  
 N/A

Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: ECM.CS@LAMA  
 ESTRA.ORG  
 Phone for New Referrals and Existing Patients: (619)  
 510-4641

Mailing Address: 4060 FAIRMOUNT AVE;  
 San Diego;CA;92105  
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 Contract with Correctional  
 Facilities;JI ECM Provider  
 Billing- FFS (PAVE Enrollment)  
 JI ECM Provider  
 Services-Pre-Release Services  
 and Participating in Warm  
 Handoffs

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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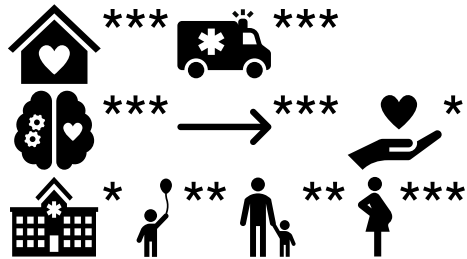


## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

### 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@LAMA  
ESTRA.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

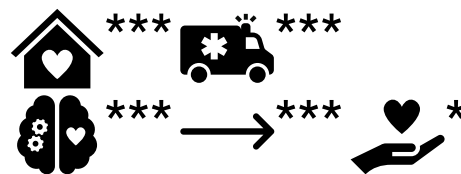


Community Supports Services:  
N/A  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: ECM.CS@LAMA  
ESTRA.ORG  
Phone for New Referrals and Existing Patients: (619)  
510-4641

### 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:



### LA MAESTRA COMMUNITY HEALTH CENTERS

 4167 FAIRMOUNT AVE

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

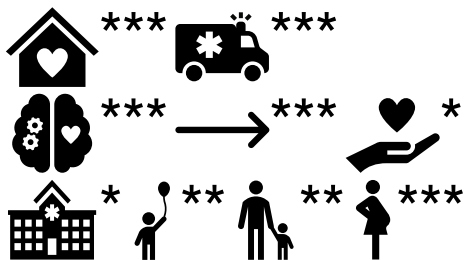
† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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)

 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@LAMA ESTRA.ORG*

*Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMOUNT AVE; San Diego; CA; 92105*

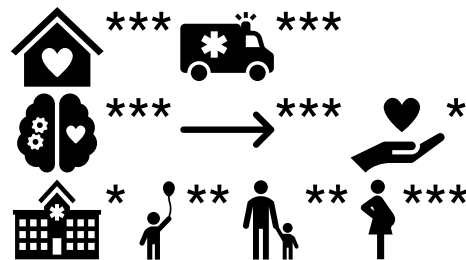
*JI ECM Provider Billing- Direct Contract with Correctional*

*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@LAMA ESTRA.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*

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

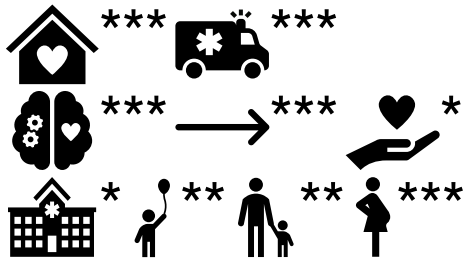
† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

 Website: N/A

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

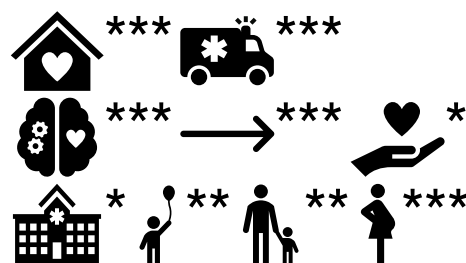
### LA MAESTRA COMMUNITY HEALTH CENTERS

 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](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

 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:

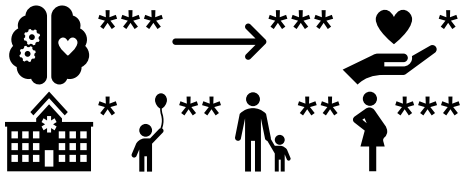


\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)



Community Supports Services:  
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 FAIRMO UNT 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

### MCALISTER INSTITUTE

2506 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (916) 442-0277  
After Hours Phone: (916) 442-0277  
Accessibility: CONTACT PROVIDER  
Website: N/A

Community Supports Services: Sobering Centers  
Street Medicine Provider: N  
Phone for New Referrals and Existing Patients: (916)

442-0277

### 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:



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

### 2-1-1 SAN DIEGO






\*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)

 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:



Community Supports Services:  
Housing Tenancy and  
Sustaining Services, Housing  
Transition Navigation Services

Street Medicine Provider: N

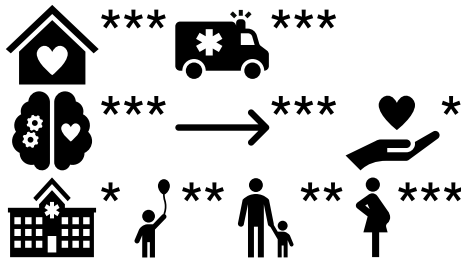
Email for New Referrals and Existing Patients: [ecm@211sandiego.org](mailto:ecm@211sandiego.org)

Phone for New Referrals and Existing Patients: (858) 380-5750

**VOLUNTEERS OF  
AMERICA SOUTHWEST  
CALIFORNIA  
INCORPORATION**

 3530 CAMINO DEL RIO N  
STE 300  
SAN DIEGO, CA 92108  
 Phone: (619) 398-4585  
 After Hours Phone: (619)  
398-4585  
 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@voasw.org](mailto:ecm@voasw.org)

Phone for New Referrals and Existing Patients: (619) 398-4585


Mailing Address: 3530 CAMINO DEL RIO N STE 300; San Diego; CA; 92108

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:  
N/A

Street Medicine Provider: N

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Email for New Referrals and Existing Patients: [JILL@LIGHTBRI DGEHOSPICE.COM](mailto:JILL@LIGHTBRI DGEHOSPICE.COM)  
Phone for New Referrals and Existing Patients: (858) 458-2992

### 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:

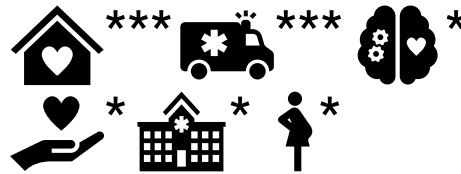


Community Supports Services:  
Housing Tenancy and  
Sustaining Services, Housing  
Transition Navigation

Services, Personal Care and  
Homemaker Services, Respite  
Services  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: [ecm@picf.org](mailto:ecm@picf.org)  
Phone for New Referrals and Existing Patients: (747) 500-4609

#### 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

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](mailto:ecm@picf.org)  
Phone for New Referrals and Existing Patients: (747) 500-4609

### SAN MARCOS

#### AMERICARE ADULT DAY HEALTH CARE CENTER

License Number: 060000832

 340 RANCHEROS DR STE 196  
SAN MARCOS, CA 92069  
 Phone: (760) 682-2424  
 After Hours Phone: (760) 682-2424  
 Site English Spoken: Y  
 Accessibility: CONTACT PROVIDER  
 Website: [www.americareadhc.com](http://www.americareadhc.com)

Cultural Competency: N

Accepting New Patients: No

\*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)

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

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](mailto:ecmteam@vcc.org)  
Phone for New Referrals and Existing Patients: (760) 631-5000

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## L. Centros de atención de urgencia de Blue Shield Promise

### SAN DIEGO

#### AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

5671 BALBOA AVE  
SAN DIEGO, CA 92111

(858) 800-2880

(858) 800-2880

Spanish

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

Spanish

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

1740 ROSECRANS ST  
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

Spanish

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

Spanish

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: 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



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## L. Centros de atención de urgencia de Blue Shield Promise






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  
 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  
 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  
 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  
 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  
 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


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## 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

### 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  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: No

#### RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN







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 N/A  
 Accepting New Patients: No

### **ESCONDIDO**







### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197  
 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029  
 (760) 755-7600  
 (760) 755-7600  
 M-F 8AM-5PM  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: No

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Accepting New Patients: No

### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN**


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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](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

 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  
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ESCONDIDO, CA 92029

 (760) 755-7600

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 M-F 8AM-5PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No


### LA MESA


### RADY CHILDRENS


### SPECIALISTS SAN DIEGO MED

#### FN D TN

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 FN D TN

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## L. Centros de atención de urgencia de Blue Shield Promise

|  |  |   |
|--|--|---|
| <p>LA MESA, CA 91942<br/>  (619) 713-5375<br/>  (619) 713-5375<br/>  <i>Accessibility:</i> CONTACT PROVIDER<br/>  N/A<br/>           Accepting New Patients: No</p>  | <p> (619) 713-5375<br/>  (619) 713-5375<br/>  <i>Accessibility:</i> CONTACT PROVIDER<br/>  N/A<br/>           Accepting New Patients: No</p>   | <p> <i>Accessibility:</i> CONTACT PROVIDER<br/>  N/A<br/>           Accepting New Patients: No</p>  |
| <p><b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br/> <i>NPI:</i> 1669617197<br/>  5565 GROSSMONT<br/>           CENTER DR STE 2<br/>           LA MESA, CA 91942<br/>  (619) 713-5375<br/>  (619) 713-5375<br/>  <i>Accessibility:</i> CONTACT PROVIDER<br/>  N/A<br/>           Accepting New Patients: No</p> | <p><b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br/> <i>NPI:</i> 1669617197<br/>  5565 GROSSMONT<br/>           CENTER DR STE 2<br/>           LA MESA, CA 91942<br/>  (619) 713-5375<br/>  (619) 713-5375<br/>  <i>Accessibility:</i> CONTACT PROVIDER<br/>  N/A<br/>           Accepting New Patients: No</p> | <p><b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br/> <i>NPI:</i> 1669617197<br/>  5565 GROSSMONT<br/>           CENTER DR STE 2<br/>           LA MESA, CA 91942<br/>  (619) 713-5375<br/>  (619) 713-5375<br/>  <i>Accessibility:</i> CONTACT PROVIDER<br/>  N/A<br/>           Accepting New Patients: No</p> |
| <p><b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br/> <i>NPI:</i> 1669617197<br/>  5565 GROSSMONT<br/>           CENTER DR STE 2<br/>           LA MESA, CA 91942</p>   | <p><b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br/> <i>NPI:</i> 1669617197<br/>  5565 GROSSMONT<br/>           CENTER DR STE 2<br/>           LA MESA, CA 91942<br/>  (619) 713-5375<br/>  (619) 713-5375</p>   | <p><b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br/> <i>NPI:</i> 1669617197<br/>  5565 GROSSMONT<br/>           CENTER DR STE 2<br/>           LA MESA, CA 91942<br/>  (619) 713-5375<br/>  (619) 713-5375<br/>  <i>Accessibility:</i> CONTACT PROVIDER</p>  |

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 N/A


Accepting New Patients: No

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LA MESA, CA 91942

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 5565 GROSSMONT

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## L. Centros de atención de urgencia de Blue Shield Promise

|   |   |   |
|---|---|---|
| <p>CENTER DR STE 2<br/>LA MESA, CA 91942<br/> (619) 713-5375<br/> (619) 713-5375<br/> <i>Accessibility:</i> CONTACT PROVIDER<br/> N/A<br/>Accepting New Patients: No</p>  | <p>LA MESA, CA 91942<br/> (619) 713-5375<br/> (619) 713-5375<br/> <i>Accessibility:</i> CONTACT PROVIDER<br/> N/A<br/>Accepting New Patients: No</p>  | <p> (619) 713-5375<br/> (619) 713-5375<br/> <i>Accessibility:</i> CONTACT PROVIDER<br/> N/A<br/>Accepting New Patients: No</p>  |
| <p><b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br/><i>NPI:</i> 1669617197<br/> 5565 GROSSMONT<br/>CENTER DR STE 2<br/>LA MESA, CA 91942<br/> (619) 713-5375<br/> (619) 713-5375<br/> <i>Accessibility:</i> CONTACT PROVIDER<br/> N/A<br/>Accepting New Patients: No</p> | <p><b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br/><i>NPI:</i> 1669617197<br/> 5565 GROSSMONT<br/>CENTER DR STE 2<br/>LA MESA, CA 91942<br/> (619) 713-5375<br/> (619) 713-5375<br/> <i>Accessibility:</i> CONTACT PROVIDER<br/> N/A<br/>Accepting New Patients: No</p> | <p><b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br/><i>NPI:</i> 1669617197<br/> 5565 GROSSMONT<br/>CENTER DR STE 2<br/>LA MESA, CA 91942<br/> (619) 713-5375<br/> (619) 713-5375<br/> <i>Accessibility:</i> CONTACT PROVIDER<br/> N/A<br/>Accepting New Patients: No</p> |
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## L. Centros de atención de urgencia de Blue Shield Promise


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 N/A


Accepting New Patients: No

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|  5565 GROSSMONT<br>CENTER DR STE 2<br>LA MESA, CA 91942<br> (619) 713-5375<br> (619) 713-5375<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No   | CENTER DR STE 2<br>LA MESA, CA 91942<br> (619) 713-5375<br> (619) 713-5375<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No  | LA MESA, CA 91942<br> (619) 713-5375<br> (619) 713-5375<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No   |
| <b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br><i>NPI:</i> 1669617197<br> 5565 GROSSMONT<br>CENTER DR STE 2<br>LA MESA, CA 91942<br> (619) 713-5375<br> (619) 713-5375<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No | <b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br><i>NPI:</i> 1669617197<br> 5565 GROSSMONT<br>CENTER DR STE 2<br>LA MESA, CA 91942<br> (619) 713-5375<br> (619) 713-5375<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No | <b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br><i>NPI:</i> 1669617197<br> 5565 GROSSMONT<br>CENTER DR STE 2<br>LA MESA, CA 91942<br> (619) 713-5375<br> (619) 713-5375<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No |
| <b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br><i>NPI:</i> 1669617197<br> 5565 GROSSMONT   | <b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br><i>NPI:</i> 1669617197<br> 5565 GROSSMONT<br>CENTER DR STE 2   | <b>RADY CHILDRENS<br/>           SPECIALISTS SAN DIEGO MED<br/>           FNDTN</b><br><i>NPI:</i> 1669617197<br> 5565 GROSSMONT<br>CENTER DR STE 2<br>LA MESA, CA 91942  |


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## L. Centros de atención de urgencia de Blue Shield Promise

 (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


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*NPI:* 1669617197  
 5565 GROSSMONT  
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 LA MESA, CA 91942

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 (619) 713-5375  
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 *Accessibility:* CONTACT PROVIDER  
 N/A

Accepting New Patients: No

### OCEANSIDE


**RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN**





*NPI:* 1669617197  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056

 (760) 547-1020  
 (760) 547-1020  
 *Accessibility:* CONTACT

PROVIDER  
 N/A  
 Accepting New Patients: No


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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: No

### SAN DIEGO

**RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN**


*NPI:* 1669617197  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 (858) 966-8800  
 (858) 966-8800  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: No


**RADY CHILDRENS  
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## L. Centros de atención de urgencia de Blue Shield Promise

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

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 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


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FNFTN**

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### **SPECIALISTS SAN DIEGO MED FNDTN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

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**RADY CHILDRENS  
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*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

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 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


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 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNFTN**

*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 (619) 280-2905

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**RADY CHILDRENS**


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## L. Centros de atención de urgencia de Blue Shield Promise


### **SPECIALISTS SAN DIEGO MED**

#### **FNDTN**

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150  
SAN DIEGO, CA 92105

 (619) 280-2905

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 *Accessibility:* CONTACT  
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 *Accessibility:* CONTACT  
PROVIDER

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SAN DIEGO, CA 92105

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 *Accessibility:* CONTACT  
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 N/A

Accepting New Patients: No


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 *Accessibility:* CONTACT  
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Accepting New Patients: No

### **RADY CHILDRENS**

### **SPECIALISTS SAN DIEGO MED**

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## L. Centros de atención de urgencia de Blue Shield Promise

|  |  |  |
|--|--|--|
|  4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No   | 150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No  | SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No   |
| <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No | <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No | <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No |
| <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150  | <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150  | <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105   |

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## L. Centros de atención de urgencia de Blue Shield Promise

|   |   |   |
|---|---|---|
|  (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No   |  <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No   |  N/A<br>Accepting New Patients: No   |
| <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No | <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No | <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No           |
| <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905  | <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER  | <b>RADY CHILDRENS<br/>SPECIALISTS SAN DIEGO MED<br/>FNDTN</b><br><i>NPI:</i> 1669617197<br> 4305 UNIVERSITY AVE STE<br>150<br>SAN DIEGO, CA 92105<br> (619) 280-2905<br> (619) 280-2905<br> <i>Accessibility:</i> CONTACT PROVIDER<br> N/A<br>Accepting New Patients: No |

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## L. Centros de atención de urgencia de Blue Shield Promise

### RADY CHILDRENS


#### SPECIALISTS SAN DIEGO MED


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SAN DIEGO, CA 92105

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SAN DIEGO, CA 92105

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 (619) 280-2905

 *Accessibility:* CONTACT  
PROVIDER

 N/A


Accepting New Patients: No


### SOUTHBAY URGENT CARE INC


NPI: 1558746750

 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.southbayurgen  
tncare.com/](https://www.southbayurgen<br/>tncare.com/)

Accepting New Patients: No

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# M. Lista de médicos de atención primaria

|   |   |   |
|---|---|---|
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# M. Lista de médicos de atención primaria

|                                       |                  |                                      |                       |                                      |                        |
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